

Report to:	HEALTH AND WELLBEING BOARD
Date:	10 March 2016
Executive Member / Reporting Officer:	Councillor G Cooney – Executive Member, Healthy and Working Angela Hardman – Director of Public Health
Subject:	IMPACT OF CUTS TO PUBLIC HEALTH GRANT
Report Summary:	<p>On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year, 2015-16. The 6.2% in year cut in public health grant for Tameside amounts to £942,928.</p> <p>In the November 2015 spending Review, additional cuts in the Public Health grant were announced, which will be an average real terms cut of 3.9% each year to 2020/21. This translates into a further cash reduction of 9.6% in addition to the £200 million of savings that were announced earlier this year.</p> <p>This paper sets out the approach that the Council is taking to respond to the 2015/16 in-year Public Health grant cut, and the reduction in grant funding that will continue to 2020/21.</p> <p>The budget for 2015/16 and 2016/17 will include reduced expenditure on public health commissioned services.</p>
Recommendations:	The Health and Wellbeing Board are asked to note and consider the approach being adopted and contribute views on how the Council and wider system responds to the funding situation described in the report.
Links to Health and Wellbeing Strategy:	The public health grant funds the delivery of services that contribute to the delivery of all priorities described in the Joint Health and Wellbeing Strategy.
Policy Implications:	There are no policy implications associated with this report.
Financial Implications: (Authorised by the Section 151 Officer)	<p>Section 4 of the report provides the associated details of the expenditure savings to deliver the recurrent £0.943m reduction to the Public Health Grant received by the Council in 2015/16 and future years.</p> <p>Confirmation of the associated levels of Public Health Grant to be received by the Council in 2016/17 and 2017/18 was only received in early February 2016. Consequently the proposals to deliver the additional reduction of £0.363m from 1 April 2016 are currently in progress and will be reported to the next Health and Wellbeing Board following the necessary consultation.</p> <p>The reductions to the level of grant for the years 2017/18 to 2019/20 (as detailed in section 2.3 of the report) will also follow a similar consultation process and will be reported to a future meeting.</p>

It should also be noted that the grant from 1 April 2016 will be included within the single commissioning pooled fund and should therefore be aligned and considered alongside the outcomes of the single commissioning strategy once the strategy is finalised and has been approved.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

The Council is required to deliver a balanced budget and cannot spend more than its allocated budget. That said we know that these budgets are critical to reduce health inequalities and the need to avoid expending money dealing with future and expensive health interventions so clearly it is important as a health economy we determine where pooled budget is spent to manage these specific reductions in budget.

Risk Management :

These are set out in the report.

Access to Information :

The background papers relating to this report can be inspected by contacting Debbie Watson, Head of Health and Wellbeing



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1. INTRODUCTION

1.1 In 2010 the Government announced its intention to transfer public health functions, previously provided by the National Health Service, to local authorities. The necessary legislation was enacted in the Health and Social Care Act 2012 with responsibility transferring to local authorities from April 2013.

1.2 From 1 October 2015, Local Authorities took over additional responsibility from NHS England for commissioning public health services for children aged 0-5. This includes health Visiting and Family Nurse Partnership (FNP) targeted services for teenage mothers.

1.3 The Council has a duty to take such steps as it considers appropriate for improving the health of the people in its area. The public health grant is provided to discharge public health responsibilities that are summarised as:

- Improve significantly the health and wellbeing of local populations;
- Carry out health protection and health improvement functions delegated from the Secretary of State ;
- Reduce health inequalities across the life-course, including within hard to reach groups
- Ensure the provision of population healthcare advice.

1.4 The Council has a statutory duty to provide mandatory functions, these being:

- Weighing and measurement of children;
- The School Nurse service and Health Visiting;
- Health Checks;
- Open access Sexual Health Services;
- Public Health Advice; and
- Health Protection Advice.

1.5 The Council also has a statutory duty to have regard to the NHS Constitution when exercising its public health functions under the NHS Act 2006. In particular, this means that when making a decision relating to public health functions, the Council must properly consider the Constitution and how it can be applied, in so far as it is relevant to the issue in question.

1.6 The Public Health grant allocation for Tameside for the financial year 2015/16 was £13,463,000 plus £1,771,000 for 0-5 commissioning. This grant is used to commission the following Public Health services:

- Contraception and Sexual Health services, both treatment and sexual health promotion and prevention;
- Health Improvement services, including Smoking Cessation, Weight Management Health Trainers and Health Community Development Workers;
- Integrated Drug and Alcohol services;
- Locally Commissioned Services in Primary Care (GPs and Pharmacies), including contraception, NHS Health Checks, Weight Management, Nicotine Replacement Therapy;
- Infection Control services;
- Workplace Health Programme;
- Employment and skills support;
- Programme via Environmental Services to tackle illicit and illegal tobacco and alcohol and underage sales;
- Community based and Primary Care NHS Health Checks;
- Smoking cessation service within the hospital's Maternity Unit;

- Mental Wellbeing services for Young People;
- Physical Activity promotion including Live Well service for residents with long term conditions, Ageing Well and Early Years programmes;
- Children and Family services, including Early Attachment, Oral Health, Children's Nutrition Team, School Nursing and Family Health Mentors and Nursery Nurse provision in the community;
- 0-5 years Healthy Child Programme, including Health Visiting and Family Nurse Partnership;
- Early Years New Delivery Model implementation – funding evidence based parenting programmes, workforce development and pathway development;
- Campaigns and social marketing including Picture of Health, Hypertension campaign, GULP (give up loving pop), Breastmilk It's Amazing;
- Infant Feeding Coordinator and community Breastfeeding support services;
- Support to schools and colleges around Young Peoples' Health and Wellbeing;
- Asset Based Community Development initiatives to support the growth of community resilience and the third sector;
- Falls services within the community and in hospital;
- Affordable Warmth programme ;
- Hospital discharge service to prevent homelessness;
- Support for the Greater Manchester Public Health Network – Tobacco Free Futures, Food Active, Working Well;
- Making Every Contact Count – training provision;
- Contribution to the Women and Families Centre at Cavendish Mill;
- Contribution to Bridges service for domestic abuse;
- Contribution to CVAT and Citizen's advice bureau.

1.7 In addition, where opportunity has allowed, several time-limited projects have been initiated, including:

- An Ageing Well programme that has delivered diverse projects related to 'Living Well with Dementia';
- A Health Champions Programme with volunteers at People First Tameside;
- Several projects related to social isolation and loneliness, particularly amongst Tameside's older residents;
- Housing residents 'peer-research' project, looking into increasing sense of community and wellbeing on two housing estates;
- A welfare rights programme within GP surgeries targeting the most vulnerable residents to reduce debt and improve financial resilience.

2. BACKGROUND AND CONTEXT

2.1 In July 2015 the Treasury proposed a 6.2% in year reduction in all Local Authorities' Public Health Grant. On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year. The 6.2% in year cut in public health grant for Tameside amounts to £942,928. In addition the Government's Autumn Review announcement, due on 25 November, is expected to contain further savings targets for Local Authorities.

2.2 Following the spending review, the CEO of Public Health England sent out on 27th November 2015 the following information to local authority CEOs and Directors of Public Health (DsPH):

"The Chancellor talked about savings in the Public Health grant, which will be an average real terms saving of 3.9% each year to 2020/21. This translates into a further cash reduction of 9.6% in addition to the £200 million of savings that were announced earlier this year. From the baseline of £3,461m (which includes 0-5 commissioning and

takes account of the £200m savings) the savings will be phased in at 2.2% in 16/17, 2.5% in 17/18, 2.6% in each of the two following years, and flat cash in 20/21”.

- 2.3 For Tameside Council this means on top of the 6.2% already applied in 2015/16, a confirmed reduction of £363,180 for 2016/17 and another reduction of £387,000 in 2017/18 which will have a very significant impact on the commissioned public health services (see below).

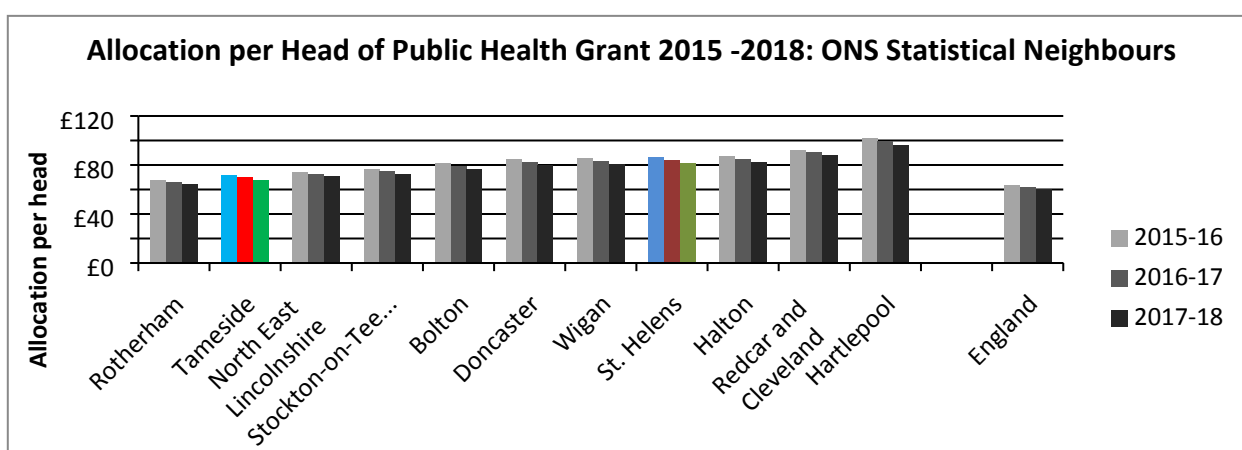
Working example of grant reduction:

Baseline PH Grant 2015/16	£13,463,108
Full Year adjustment 0-5	£ 3,542,000
	£17,005,108
TMBC 6.2% reduction applied (recurrent)	-£ 942,928
Revised Baseline total grant 2015/16	£16,062,180

Financial Year	PH Cut %	PH Cut £	Revised PH Grant Allocation
16/17*	2.26%	363,180	£15,699,000
17/18*	2.46%	387,000	£15,312,000
18/19	2.6%	398,000	£14,914,000
19/20	2.6%	389,000	£14,525,000
20/21	0.0%	0	
TOTAL	9.92%	1,537,180	

*Reductions confirmed

- 2.4 All the proposed above reductions will have significant implications on our commissioned services and in particular those services that impact the most on inequalities. 85% of the public health grant is commissioned through contracts. Confirmation of these reductions will present enormous challenge to reduce, decommission or renegotiate contracts for April 2016/17.
- 2.5 It should be noted that Tameside already has a low allocation per head of public health grant compared to ONS statistical neighbours with the same level of deprivation and health challenges.



- 2.6 To respond to this, Public Health implemented a prioritisation framework and has undertaken a review of total budget in 2015/16. The service has developed a set of savings proposals against current Public Health expenditure.

3. PUBLIC HEALTH BUDGET STRATEGY

- 3.1 As the notification around 2015/16 in-year savings came so late, over a five month period (Quarter 3 and Quarter 4) it has been very difficult to find and fully deliver the savings, because the remaining budget controlled by Public Health is almost all in commissioned services under contract that need a minimum notice period, or in staff costs.
- 3.2 In response to anticipated cuts to the public health budget, the budget strategy has been reviewed and action taken to postpone or withdraw new investments whilst the impact of potential cuts were reviewed.
- 3.2 Opportunity was taken to reduce programme spend wherever budgets had not been formally committed, to reduce programme budgets for 2015/16 onwards and to conclude any time limited or phased projects rather than extend or mainstream them.
- 3.3 This approach has meant that a direct impact of reductions in front line services and statutory provision would be minimised however, it will still impact on the overall Public Health Outcomes Framework outcomes achieved where disinvestment is not matched with reinvestment in further interventions.
- 3.4 There is a risk that reducing programme budgets will limit the ability to react quickly to changing circumstances and implement targeted responses beyond the more mainstream approaches provided within the larger contracted services. Section 4 outlines the savings plan for 2015/16 to reduce the public health budget by 6.2%.
- 3.5 The proposal is that the public health grant will form a Tameside economy pooled fund from April 2016. A report will be considered by the Council's Executive Cabinet and the CCG Governing Body on 23 March 2016. The report will explain the associated governance and reporting arrangements relating to the fund for the 2016/2017 financial year.

4. SUMMARY OF PROPOSED PUBLIC HEALTH BUDGET REDUCTIONS 15/16

Starting and Developing Well Programmes

- 4.1 A review of the public health budgets recently assigned to the roll out of the Greater Manchester Early Years Delivery Model has identified a reduction in the Early Years recurrent budget of 11%. The saving has been made by redesigning the delivery model for parenting programmes and reduction in the planned expansion of the early attachment service. The next phase of the Breastmilk Its Amazing campaign aimed at the engagement of dads and grandparents will be ceased.
- 4.2 Review of the commissioned Oral Health services identified an area of clinical dental provision that fell under the responsibility of NHS England. Responsibility for this service has been passed back to NHSE and the previous budget, £12k in year and £25k full year, has been allocated towards savings.
- 4.3 The transfer of the 0-5 Healthy Child programme to Local Authority included a one off resource to support the commissioning of the programme. This will now be delivered internally within current staffing resource. The current Home safety equipment scheme with GMFRS and child accident training will not be refreshed in 2015/16.
- 4.4 The total saving proposed from the Starting and Developing Well programme is **£197,000**.

Living and Working Well Programme

- 4.5 There is a proposed 80% reduction in the programme budget and reduction in capacity to support the Health Workplace programme. Spend on the tobacco control programme

budget has been suspended impacting the prevention programme in schools and targeted outreach programmes.

- 4.6 A reduction in programme budget impacting on opportunities to promote public mental health, 5 ways to wellbeing and asset based approaches to prevent mental ill health and challenge stigma and discrimination is proposed. Plans to invest in asset based community development (ABCD) have been reviewed and a procurement exercise to procure a new ABCD Strengthening Communities service approach was terminated.
- 4.7 A proposed reduction for weight management support in Primary Care funding and a reduction in Making Every Contact Count programme funding will mean a reduction in training capacity.
- 4.8 Health protection is a core function of public health and provides a range of interventions that protect the public from infectious disease and environmental hazards. Savings will mean a reduction in capacity in specialist expertise, but the Council will look to deliver this function differently in partnership with Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside NHS Foundation Trust.
- 4.9 The new contract for substance misuse included a reduction in contract value of £100k from 2017/18. The proposal is that the saving is being brought forward a year to 2016/17 and the provider is being consulted on the impact. Potential savings from accommodation costs have also been identified in Drug Intervention Programme and Integrated Offender Management.
- 4.10 The total saving proposed from the Living and Working Well programme is **£441,000**.

Ageing Well Programme

- 4.11 A reduction in the Ageing Well programme budget has been proposed with a total saving of **£25,000**.

Additional Savings

- 4.12 There are a number of additional proposals that relate to reducing staff costs and IT consumables. These savings amount to **£36,000**.
- 4.13 Work has commenced to review all contracts and meet with providers to negotiate a reduction to current contract prices. Reductions will be identified for 15/16 and for inclusion in contracts for 2016/17. This will include the larger contracts with NHS providers such as Stockport FT and Pennine Care FT. The target amount for reduction for 15/16 is **£164,928**. This has given an in year pressure due to the nature of contractual terms and has largely been mitigated through a range of measures, including holding vacancies, cutting planned public health initiatives and eliminating non-essential expenditure.
- 4.18 A Public Health staffing redesign has identified part year savings of **£79,000**. The Public Health team has reduced by a third from a year ago with particular reductions in capacity in commissioning and public health intelligence.
- 4.19 As these proposals deliver on the 6.2% reduction only, further financial modelling is currently being carried out to understand the additional savings required for 2016/17 onwards.

5. IMPACT FOR TAMESIDE

5.1 The table below illustrates the potential impact of proposed budget reductions identified.

Life Course	Potential Impacts
Starting and Developing Well	
Early Years funding reduction Oral Health review and reduction Cease Breastmilk Its Amazing programme 0-5 transition Healthy Child Programme commissioning costs Cease Child Accident Programme	<ul style="list-style-type: none"> • Increase in inequalities regarding Tameside children and young people having the best opportunities and start in life. • Potential negative impact on Tameside children being school ready. • Potential increase in A&E admissions • Potential impact on school attendance and levels of attainment. • Poorer health outcomes in general.
Living Well	
Drug Intervention Programme and Integrated Offender Management Re-negotiation of current contracts Reduction of Workplace Health Programme Reduction of Stop Smoking, Tobacco Programme and NRT prescribing Reduction of Asset Based Community Development Reduction of Public Mental Health Programme Reduction of weight management programme in Primary Care Reduction in Making Every Contact Count programme	<ul style="list-style-type: none"> • Potential reductions in number of residents adopting healthy behaviour, as a result of fewer options of and access to the tools, help and support needed to make informed lifestyle choices. • Potential negative impact on Tameside residents' health and mental wellbeing, including wellbeing in the workplace. • Reduced progress in making Tameside a smoke-free borough. • Reduced capacity in supporting Tameside residents and community groups in increasing community resilience in order to promote self-action and self-care.
Ageing and Dying Well	
Reduction of Ageing Well programme	<ul style="list-style-type: none"> • Increase potential for isolation and loneliness amongst our older residents. • Increased impact on our partner services, for example, increases in hospital demand and admissions. • A reduction in secondary prevention interventions may result in poorer health and social outcomes and an increased demand on acute and social care. • Reduced support in community-based interventions will likely result in increased pressure on carers and families. • Potential reduction in an individual's sense and attainment of confidence and independence.

6. CONSULTATION AND PROVIDER ENGAGEMENT

6.1 A public consultation on the Council's Big Conversation Website took place over a four week period, commencing 4 December 2015 until Monday 4 January 2016. The proposals for in year 15/16 reductions were described and the public were invited to comment. The late announcement of the cuts together with timescale and ability to promote the consultation was challenging.

6.2 **Appendix 2** outlines the structure of the consultation and the consultation questions. There were 17 respondents to the public consultation. Comments included:

"Children and Young people would be affected by cuts and changes to the community Health services, which would result in more teenage pregnancies, lots more drugs and alcohol problems and anti-social behaviours increased, more street crimes, more obesity without weight management programmes which will mean more young people hospitalised. Also mental health issues for families and young people, depression, more domestic violence due to family pressures or money issues."

"People will not have dementia support and a huge impact on the Hospital services will happen. Older people will not be able to access such services and be supported."

"My Grandsons have benefited from children's centre activities and parenting courses - want this to be available to other families; emotional support in schools is really important"

"This would not have an impact. In fact it could streamline services"

"I worry about the reduction in health visiting and school nursing services as I am a school nurse myself. Not only do I worry about my job, but I also consider the far wider reaching implications of reducing these services on young people's health. At present school nurses deliver the healthy child programme (on an already stretched budget) and if they were unable to deliver this there would likely be far worse health implications (and cost to the NHS) further down the road. We must continue to promote healthy lifestyles and deliver the early intervention and prevention strategies that ultimately save the NHS in the long run."

"I want to say how much I have valued the support from health visiting team and nursery nurses based at hyde clinic since developmental concerns were raised about my daughter 2 years ago (she is now 4). Their support and care really made a big difference and was a lifeline to us at a very anxious time. Without their support we would have been lost and frightened. I am a professional and educated person and well able to find information but when something is said about your child you need that support. I could not have coped without them."

6.3 A letter from the Director of Public Health was sent to all providers in November informing them of the proposed cuts to the public health budget, with one to one meetings taking place throughout November/ December to start the process of consultation and possible re-negotiating contract values. In addition public health commissioning leads have met with all Providers to look at possible financial scenarios of a 7%, 10% and 15% reduction on current contracts.

7. EQUALITIES

7.1 Equality Impact Assessments (EIA) will be prepared for each area of redesign as plans are further developed and options are proposed. An initial EIA is attached in **Appendix 2** of the report.

8. SUMMARY

- 8.1 The Council faces significant budgetary challenges over the coming years and therefore needs to diversify the service delivery market by looking at new and innovative approaches to deliver services whilst reducing cost of provision significantly. The savings outlined in this report look to deliver on the 6.2% public health budget cut imposed on the Council in 15/16. Public Health as part of a single commissioning function will use the available evidence on return on investment (ROI) from public health preventative measures to refine the approach to delivering savings. All recommissioning and redesign will look at delivering the maximum return on investment and net savings to the system, while improving health outcomes.
- 8.2 All public health commissioned services are currently under review following confirmation of the new funding cuts so that the appropriate level of investment can be achieved in 2016/17, balancing protecting the public's health with achieving better health outcomes through prioritised, high value interventions. At the same time, the public health programmes will need to be geared to supporting the delivery of the Council's priorities and those identified through the Care Together programme and joint commissioning strategy.

9. RECOMMENDATIONS

- 9.1 As outlined on the front page of the report.

APPENDIX 1

Subject	Consultation on Reducing Funding for Public Health services		
Service / Business Unit	Service Area	Directorate	
Public Health	Public Health	Public Health	
EIA Start Date (Actual)	EIA Completion Date (Expected)	Completion (Actual)	Date
October 2015	October 2015		

Lead Contact / Officer Responsible	Richard Scarborough
Service Unit Manager Responsible	Debbie Watson

EIA Group (lead contact first)	Job title	Service
Teresa Jankowska	Public Health Lead Commissioner	Public Health
Debbie Watson	Head of Health and Wellbeing	Public Health
Richard Scarborough	Public Health Development Manager	Public Health

SUMMARY BOX
<p>Due to continued cuts in Government financial support to local authorities the Council is considering a range of service cuts to enable a balanced budget. The proposals to reduce funding for public health are within the context of a proposed 2015/16 in year cut of 6.2% to the ring-fenced public health grant and further threats to future funding.</p> <p>The Council is considering a package of reductions to Public Health spending. As well as reducing budget allocations for targeted public health interventions and time limited projects, the proposals include reducing programme spend in key areas and reductions in all contracted services.</p> <p>This EIA relates to the consultation process on the proposal to reduce Council revenue funding for public health in year 15/16.</p> <p>This EIA concentrates on ensuring that the consultation process is accessible to the diverse population within the Borough and to current and potential beneficiaries of public health services. The consultation will commence with detailed discussions with service providers about options to manage the reduction in funding and the impacts of this.</p> <p>The main public consultation will be in the form of an on line survey that provides an explanation of the reason for the proposed changes and a free format text box to allow for people to provide any comments, views and suggestions they wish to be taken into account. It is proposed that the survey forms part of the Council's Big Conversation consultation process to enable the results to be evaluated in a consistent manner. It will be available for a 4 week period.</p> <p>The EIA highlights a possible issue around ensuring consultation responses are representative of</p>

the community/customers benefiting from public health services. To ensure this is the case monitoring of responses throughout the consultation period will be undertaken. Monitoring of responses will identify if particular services or particular groups, e.g. age, ethnicity, gender, disability are not responding and will enable more targeted consultation.

Section 1 - Background

BACKGROUND

Responsibility for public health functions transferred from the NHS to Local Authorities in April 2013 with the further transfer of responsibility for Health Visitors and the Family Nurse Partnership services for young parents in October 2016.

The Council has a duty to take such steps as it considers appropriate for improving the health of the people in its area. The public health grant is provided to discharge public health responsibilities that are summarised as:

- Improve significantly the health and wellbeing of local populations;
- Carry out health protection and health improvement functions delegated from the Secretary of State ;
- Reduce health inequalities across the life-course, including within hard to reach groups
- Ensure the provision of population healthcare advice.

The Council has a statutory duty to provide the following mandatory functions:

- weighing and measurement of children;
- the school nurse service and health visiting;
- health checks;
- Open Access Sexual Health Services;
- Public Health Advice;
- Health Protection Advice.

The impact of the public health grant is measured against the national Public Health Outcomes Framework (PHOF) <http://www.phoutcomes.info/>

The Council commissions public health services from a range of providers with 85% of the grant spent via commissioned services. This includes NHS Foundation Trusts, GPs and pharmacies and local and national providers. In addition to longer term contracts, Public Health also commission shorter term projects to target particular public health outcomes and contribute towards other services commissioned by the Council where there is a direct impact on public health outcomes.

When councils are undertaking their public health functions they must have regard to the NHS Constitution. In particular, this means that when making a decision relating to public health functions, the Council must properly consider the Constitution and how it can be applied, in so far as it is relevant to the issue in question.

In July 2015 the Treasury proposed a 6.2% in year reduction in all Local Authorities' Public Health Grant. On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year. The 6.2% in year cut in public health grant for Tameside amounts to £942,928.

In anticipation of this cut being implemented opportunity has been taken to reduce programme spend wherever budgets have not been formally committed and to conclude any time limited projects rather than extend or mainstream them.

In addition to the expected implementation of a 6.2% reduction in public health grant for 2015/16,

Government are consulting on changes in the distribution formula for the national public health grant allocations for 2016/17 onwards. Should the proposed changes to the formula be implemented this would lead to a further £340k reduction to the grant to the Council.

In addition the Government's Autumn Review announcement, due in the near future, is expected to contain further savings targets for Local Authorities and may also reduce the funding available for the national public health grant. This means that we could be facing a smaller share of a reduced level of funding.

Section 2 – Issues to consider & evidence base

ISSUES TO CONSIDER

The proposed funding reduction will impact most on communities and individuals who experience high levels of relative deprivation and disadvantage and highest levels of social exclusion, in addition it will impact on some groups within the protected characteristics, therefore the consultation process must ensure that these groups are included:

(A) Gender: Consideration has been given to the gender balance and it is not considered that a different approach to consultation is required.

B) Pregnancy and maternity: Some service provision is targeted at women who are pregnant and maternity services. Consideration has been given to this group and it is not considered that a different approach to consultation is required.

C) Age: the budget reductions will affect all ages with reductions across all life courses. The consultation process must take account of this factor.

D Sexual orientation: We have no indication of the positive or negative impacts of the proposals. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

E Disability: The consultation process must take account of the communication preferences of older people with a disability and their carers.

F. Gender Re-assignment: We have no indication of the positive or negative impacts of the proposals. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

G. Ethnicity: Consideration has been given to the issue of ethnicity and no potential adverse impacts have been identified when this proposal is implemented. The consultation process must be accessible to all residents of the Borough.

H) Religion or Belief: Consideration has been given to the issue of religion and/or belief and no potential adverse impacts have been identified when this proposal is implemented. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

I) Civil Partnership and Marriage: Consideration has been given to the issue of civil partnership and marriage and no potential adverse impacts have been identified when this proposal is implemented. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

LIST OF EVIDENCE SOURCES

Tameside Joint Strategic Needs Assessment 2015/16
Public Health Annual report 2014/15

Section 3 – Impact

IMPACT

The proposal under consultation is to reduce funding for public health services.

It is likely that the funding reduction will result in 1 or more of the following impacts:

Life Course	Potential Impacts
Starting and Developing Well	
Early Years funding reduction Oral Health review and reduction Cease Breastmilk Its Amazing programme 0-5 transition Healthy Child Programme commissioning costs Cease Child Accident Programme	<ul style="list-style-type: none"> • Increase in inequalities regarding Tameside children and young people having the best opportunities and start in life. • Potential negative impact on Tameside children being school ready. • Potential increase in A&E admissions • Potential impact on school attendance and levels of attainment. • Poorer health outcomes in general.
Living Well	
Drug Intervention Programme and Integrated Offender Management Re-negotiation of current contracts Reduction of Workplace Health Programme Reduction of Stop Smoking, Tobacco Programme and NRT prescribing Reduction of Asset Based Community Development Reduction of Public Mental Health Programme Reduction of weight management programme in Primary Care Reduction in Making Every Contact Count programme	<ul style="list-style-type: none"> • Potential reductions in number of residents adopting healthy behaviour, as a result of fewer options of and access to the tools, help and support needed to make informed lifestyle choices. • Potential negative impact on Tameside residents' health and mental wellbeing, including wellbeing in the workplace. • Reduced progress in making Tameside a smoke-free borough. • Reduced capacity in supporting Tameside residents and community groups in increasing community resilience in order to promote self-action and self-care.
Ageing and Dying Well	
Reduction of Ageing Well programme	<ul style="list-style-type: none"> • Increase potential for isolation and loneliness amongst our older residents. • Increased impact on our partner services, for example, increases in hospital demand and admissions. • A reduction in secondary prevention interventions may result in poorer health and social outcomes and an

	<p>increased demand on acute and social care.</p> <ul style="list-style-type: none"> • Reduced support in community-based interventions will likely result in increased pressure on carers and families. • Potential reduction in an individual's sense and attainment of confidence and independence.
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The consultation process is required to enable us to fully assess and evaluate the impact of the funding withdrawal on people who currently and who may potentially use these services. An inadequate process could mean that the Council fails in its duty to fully consider the impacts of the proposal.

Section 4 – Proposals & Mitigation

PROPOSALS & MITIGATION
<p>The main risk is that the proposed consultation process is not adequate and does not enable the current and potential service users who will be impacted by the funding withdrawal to participate.</p> <p>In 2014 the Council undertook consultation about proposals for the wellbeing services. During this period, people who live or work in Tameside were encouraged to share their views and ideas for a new Wellness Service. This consultation used online surveys, facilitated sessions and events.</p> <p>The proposal is to use a similar targeted process to consult with groups that are not represented within the responses to the online consultation where necessary.</p> <p>We propose to undertake consultation with organisations affected and encourage them to invite their staff and customers to respond to the survey.</p> <p>It is proposed to ask CVAT to circulate the consultation to their members and to encourage them to respond to ensure that we include diverse community groups.</p>

Audience	Mechanism	Content	Date
Service Providers	Individual meetings	Context of continued Government cuts in Council funding and its impact on Tameside. Summary and rationale of proposal. Request to service providers to describe the impact of the reductions in PH funding on their service model and proposals to manage the change.	w/c 30 th Nov 2015 onwards
Public	Big Conversation	Context of continued Government cuts in Council funding and its impact on Tameside. Summary and rationale of proposal/s. Request to respond with views about the impact of the proposal (Appendix 2)	4 th Dec 2015 until 4 th Jan 2016
Stakeholders	CCG, CVAT, wider Council	As above	w/c 30 th Nov 2015

CVAT members	Link to the Big Conversation	The Council will provide a link to the consultation to Community and Voluntary Action Tameside asking them to promote the consultation with member agencies.	4th Dec 2015 until 4th Jan 2016
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Section 5 – Monitoring

MONITORING PROGRESS
Monitoring of responses will identify if particular services or particular groups, e.g. age, ethnicity, gender, disability are not responding and will enable more targeted consultation.

Issue / Action	Lead officer	Timescale
Analysis of response to Big Conversation and follow up with specific providers	Richard Scarborough	<i>Nov 15 – Jan 16</i>

Sign off

Signature of Service Unit Manager	Date
Signature of Assistant Executive Director / Assistant Chief Executive	Date

APPENDIX 2

WORDING FOR BIG CONVERSATION – Public Health

Introduction

As part of its strategy to improve the health of the population of Tameside, Tameside Council funds a range of public health services and interventions. These include:

- Contraception and Sexual Health services, both treatment and sexual health promotion and prevention;
- Health Improvement services, including Smoking Cessation, Weight Management Health Trainers and Community Health Development Workers;
- Integrated Drug and Alcohol services;
- Locally Commissioned Services in Primary Care (GPs and Pharmacies), including contraception, NHS Health Checks, Weight Management, Nicotine Replacement Therapy;
- Infection Control services;
- Community based NHS Health Checks;
- Smoking cessation service within the hospital's Maternity Unit;
- Mental Wellbeing services for Young People;
- Children and Family services, including Early Attachment, Oral Health, School Nursing and Nursery Nurse provision in the community;
- 0-5 years Healthy Child Programme, including Health Visitors;
- Breastfeeding support services;
- Support to schools and colleges around Young Peoples' Wellbeing;
- Asset Based Community Development initiatives to support the growth of community resilience;
- Falls services within the community and in hospital;
- Making Every Contact Count – training provision.

Context

Since 2010 the Council has had £104 million less to spend on services due to funding cuts from the Government. Over the next 5 years we know the Government will continue to make further cuts to our funding. We expect that will mean another £90 million less to spend on services. That's nearly £200 million over the 10 year period.

Cuts in funding from Government have a significant impact on how much the Council has to spend on services as Government funding provides the greater proportion of the Council's finance. In fact, the money raised from Council Tax paid by local residents makes up only one third of the Council's funding.

To meet the challenge that we face as a Council as a result of these cuts a range of proposals are currently being considered. They include, having to reduce support for carers, people with learning disabilities and the frail elderly; reductions in school transport; reductions in street cleansing and the maintenance of our parks; further cuts of our libraries and cultural events; less money for roads and winter gritting; as well as cuts to children's centres.

In July 2015 the Treasury proposed a 6.2% in year reduction in all Local Authorities' Public Health Grant. On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year. The 6.2% in year cut in public health grant for Tameside amounts to £942,928. In anticipation of this cut being implemented opportunity has been taken to reduce programme spend wherever budgets have not been formally committed and to conclude any time limited projects rather than extend or mainstream them.

In addition to the expected implementation of a 6.2% reduction in public health grant for 2015/16, Government are consulting on changes in the distribution formula for the national public health grant allocations for 2016/17 onwards. Should the proposed changes to the formula be implemented this would lead to a further £340k reduction to the grant to the Council.

In addition the Government's Autumn Review announcement, due in the near future, is expected to contain further savings targets for Local Authorities and may also reduce the funding available for the national public health grant. This means that we could be facing a smaller share of a reduced level of funding.

Proposal

The Council has been forced to review and reduce our spending on public health services. We have to save just under £1 Million in this area. As part of this we are considering reducing the amount of money we allocate for programme budgets and reduce funding for commissioned services.

This will mean that there will be fewer interventions aimed at improving the health of the Tameside population

Questions – to be drafted with communications

Your views

We are inviting your comments on our proposal.

Start Date for consultation: Friday 4 December 2016

Closing Date for Consultation: Monday 4 January 2016



PUBLIC HEALTH SERVICES CONSULTATION

1. We want to hear your views. This information will only be used as part of the consultation and will not be used or processed for any other purpose. Thank you for joining in our Big Conversation.

Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Town:	<input type="text"/>
Postcode:	<input type="text"/>
Email	<input type="text"/>

QUESTIONS

2. On the understanding that the reductions in budget for Public Health are restricted to the services outlined in this proposal, to what extent do you agree/disagree with the following statement?

“I believe the proposed reductions are being made to the right services.”

Strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree

2a If answering somewhat or strongly disagree please complete the following statements
“I feel it would be more appropriate to make a reduction to _____” (20 word limit)

“The reduction could be made to this service by _____”
(100 word limit)

2b If you have made a suggestion to reduce a budget elsewhere, who would be impacted by the resulting change? (multiple choice)

Children and Young People,
Working Age People,
Older People,

Other

3. Do you have any further suggestions?
(Free text 200 word limit)