

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
HEALTH, ENVIRONMENTAL HEALTH AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE – 13 MARCH 2013

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NEW TRI-BOROUGH PUBLIC HEALTH SERVICE

Further to the report dated 24 January 2013, this report presents further detailed information regarding the Public Health revenue budget. It also compares relative spend across tri borough partners both absolutely and as denominated by head of population.

The 2013/14 gross revenue budget for the new Tri-borough Public Health Service is £75.2 million. This is funded by income of £73.4 million, mainly derived from the Department of Health, and net council funding of £1.8 million. Council funding relates to the current Substance Misuse Service (reported as a component part of Adult Social Care budgets in 2012/13) rather than the new Public Health responsibilities.

The report also covers the proposed operating model for public health and an organogram is attached as appendix 3.

The Scrutiny Committee is invited to note the report and the detail contained therein.

FOR COMMENT

1. PROPOSED PUBLIC HEALTH BUDGETS - updated

- 1.1 At the Scrutiny Committee's meeting on 24 January further analysis was required on relative levels of spend particularly with regard to the

respective populations in each borough. The table below provides such additional information;

£000s	WCC	RBKC	LBHF	Total
Grants	30,384	20,636	20,287	71,307
LA funded (Substance misuse)	419	1,182	236	1,837
Other income	1,166	74	826	2,066
Total Income	31,969	21,892	21,349	75,210
Employee costs	1,467	1,156	1,068	3,691
Contracted services	29,638	20,089	19,073	68,800
Other costs	333	218	799	1,350
Total direct costs	31,438	21,463	20,940	73,841
Recharges	531	429	409	1,369
Total costs	31,969	21,892	21,349	75,210
% total costs	43%	29%	28%	100%
Population (n)				
0-49	164,023	113,639	143,341	421,003
50-74	44,201	36,355	31,790	112,346
>75	11,358	8,257	7,314	26,929
Total	219,582	158,251	182,445	560,278
Total (%)	39%	28%	33%	100%
Total costs per head (£)				
	146	138	117	134
Total costs prorata to pop'n				
	29,476	21,243	24,491	75,210
(Dec) Inc in spend to average	(2,493)	(649)	3,142	0
Average spend per head	134	134	134	134

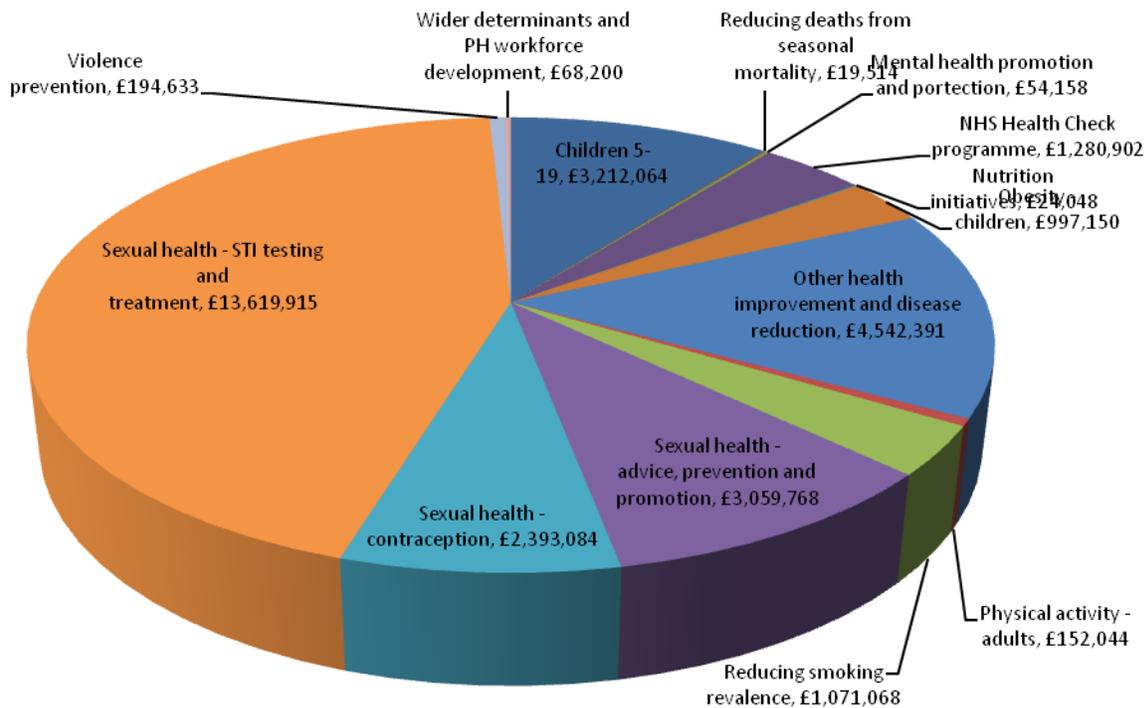
1.2 Westminster is budgeted to spend £32.0m (43% of tri borough) of total costs on a population of 219,582 (39% of tri borough). Comparative figures for the Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham are total costs of £21.9m (29%) and £21.3m (28%) on populations of 158,251 (28%) and 182,445 (33%) respectively.

1.3 Westminster's spend per head of population is highest at £146 per head. The Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham's comparative figures are £138 and £117 respectively. If Westminster's budgeted total costs were directly proportional to its share of tri borough population it would spend £2.5m/£12 per head less to bring its average spend per head

down to the average of £134. The Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham's comparative figures are £0.6m/£4 per head less and £3.1m/£17 per head more respectively.

2. FURTHER ANALYSIS AND COMPARATIVE DATA

2.1 The scrutiny committee meeting on 24th January also requested further analysis of the types of expenditure included in Public Health budgets. Tri-borough public health contracts for 2012-13 (a total of £30,688,939) are summarised in the pie chart below. The figure is a sub set of a budgeted amount of £68.8m as disclosed in paragraph 3.1 above. The difference between the two figures mainly relates to substance misuse expenditure of £21.0m and other budgeted amounts that are not represented by specific contracts within the contracts database but will be used to mitigate against risk particularly in areas of spend that are demand led.



3. EQUALITIES IMPACT

3.1 Equality impact assessments have been carried out:

- by the National Health Service in relation to the transfer of their current employees to the Councils
- by the Department of Health, in relation to the allocation of public health grant to local authorities

3.2 A balanced budget will be set in relation to public health. An Equality Impact Assessment will accompany recommendations about the Council's priorities for public health and changes to their commissioning intentions from 2013-14 onwards.

4. PROPOSED OPERATING MODEL FOR PUBLIC HEALTH FROM 1 APRIL 2013

Statutory responsibilities

4.1 The Tri-borough Councils will have public health duties in all three domains of public health:

- Health improvement. This involves creating opportunities and removing barriers so that individuals, families and communities take positive action to maintain and improve their health through physical activity and diet (etc) as well as action to address the social determinants of health such as the built environment and worklessness
- Health protection. The Council's current responsibilities in protecting the health of the local population from threats to health will be expanded and enhanced by their employment of public health specialists who can draw upon the expertise of Public Health England.
- Health care public health. The Councils' public health staff will work with CCGs to ensure that services are commissioned on the basis of good evidence to prevent as well as treat disease and address local need.

Overview of public health functions

4.2 Activities undertaken or commissioned by the Public Health Team will fall into one or more of the following categories:

Mandated functions

These are functions the local authority is required to carry out as a condition of the public health grant.

- Sexual health services – STI testing and treatment
- Sexual health services – contraception
- NHS Health Check programme
- Local authority role in health protection
- Public health advice
- National Child Measurement programme

Non-Mandated Functions

These are purposes to which the local authority may wish to use the public health grant but there is no requirement to provide or commission them

- Sexual health services – advice, prevention and promotion
- Obesity – adults
- Obesity - children
- Physical activity – adults
- Physical activity – children
- Drug misuse – adults
- Alcohol misuse – adults
- Substance misuse (drugs and alcohol) – youth services
- Reducing smoking prevalence
- Children 5 – 19 public health programmes
- Non mandatory elements of the NHS Health Check programme
- Nutrition initiatives
- Health at Work
- Accident Prevention
- Mental health promotion and protection
- Other health improvement and disease prevention activities
- Violence prevention
- Dental public health
- Fluoridation
- Local authority role in surveillance and control of infectious diseases
- Information and Intelligence
- Public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Wider determinants and PH workforce development

How the Council will be held to account

- 4.3 To date, the only information on performance management issued by the Department of Health is the set of grant conditions published on 10 January 2013. These cover how the grant may be spent and the activities on which it may be spent. The Councils will be required to report spend against the categories above.
- 4.4 The public health team will comprise:
- 38 posts transferred from the NHS
 - 10 SMS posts transferred from Adult Social Care

Team structures:

- 4.5 The Public Health function will be led by the Director of Public Health, reporting to the Chief Executive of Westminster City Council (as a line manager), accountable to both CEOs for the delivery of the public health plan in each borough, and supported by three Deputy Directors, one for each borough. Each of the Deputy Directors is a consultant in public health and will sit on the Boards of the CCGs in his or her borough. Each of the three consultants will have a functional portfolio which will span all three boroughs and will manage a team to deliver it. These portfolios are:

Social determinants and public health intelligence:

- 4.6 This team covers public health intelligence & knowledge management. It will also work across the councils providing public health advice in relation to work, housing, planning and regeneration, crime and violence. It will also work to develop public health skills in the non-specialist public health workforce.

Public Health Families and Children

- 4.7 As well as a focus on family and children, including the commissioning of school nursing and the healthy schools programme, this team will lead on early years nutrition, the promotion of healthy weight, third sector and community engagement and mental health protection and promotion.

Behaviour change and health protection

- 4.8 This team will commission a range of services to support behaviour change, including the health check programme, as well as delivering the Councils' responsibilities for sexual health and health protection, including assurance of infection prevention, screening, immunisation and health EPRR arrangements.
- 4.9 Business support has been centralised and will manage the relationship with CCGs and Public Health England as well as managing the delivery of the public health work programme. The team will also act as the link with governance and member services.

5. RECOMMENDATIONS

- 5.1 The Scrutiny Committee is invited to refer comments on this report to the Director of Public Health.

FOR COMMENT

Dr Melanie Smith
Director of Public Health

Background papers used in preparing this report: None.

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Service Budget Summary

<i>per v14 plus adjustments</i>												
Public Health	WCC			RBKC			LBHF			Total		
	Public Health Services	Sub stance Misuse	Total	Public Health Services	Sub stance Misuse	Total	Public Health Services	Sub stance Misuse	Total	Public Health Services	Sub stance Misuse	Total
Employees	1,324	143	1,467	974	182	1,156	918	150	1,068	3,216	475	3,691
Contracts	20,804	9,192	29,996	13,620	6,469	20,089	13,586	5,619	19,205	48,010	21,280	69,290
Other	864	-	864	647	-	647	1,208	-	1,208	2,719	-	2,719
Total	22,992	9,335	32,327	15,241	6,651	21,892	15,712	5,769	21,481	53,945	21,755	75,700

Public Health Subjective Budget Summary

	WCC	RBKC	LBHF	Total
Employee costs	1,467	1,156	1,068	3,691
Contracted services	29,996	20,089	19,205	69,290
Other costs	333	218	799	1,350
Recharges	531	429	409	1,369
Gross spending	32,327	21,892	21,481	75,700
Grants	30,384	20,636	20,287	71,307
Other income	1,080	0	444	1,524
Income	31,464	20,636	20,731	72,831
Net Spending	863	1,256	750	2,869