

Section 3 - E: Public Health

Table 3: Revenue - Overview

Budget Period: 2019-20 to 2023-24

		Detailed Plans		Outline Plans			Description	
Ref	Title	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000		
1	OPENING GROSS EXPENDITURE	26,478	25,491	25,367	25,322	25,341		
E/R.1.001	Base Adjustments	-54	-	-	-	-	Adjustment for permanent changes to base budget from decisions made in 2018-19.	Health
1.999	REVISED OPENING GROSS EXPENDITURE	26,424	25,491	25,367	25,322	25,341		
2	INFLATION							
E/R.2.001	Inflation	16	18	18	19	19	Forecast pressure from inflation in the Public Health Directorate, excluding inflation on any costs linked to the standard rate of inflation where the inflation rate is assumed to be 0%. Inflation appears low due to the majority of public health spend being committed to external contracts. Providers are expected to meet inflationary and demographic pressures within the agreed contract envelope.	Health
2.999	Subtotal Inflation	16	18	18	19	19		
3	DEMOGRAPHY AND DEMAND							
3.999	Subtotal Demography and Demand	-	-	-	-	-		
4	PRESSURES							
4.999	Subtotal Pressures	-	-	-	-	-		
5	INVESTMENTS							
5.999	Subtotal Investments	-	-	-	-	-		
6	SAVINGS							
E/R.6.031	Health NHS Health Checks - IT software contract decommissioned	-41	-	-	-	-	<p>NHS Health Checks is a cardiovascular risk assessment offered to people aged to 40 to 74 year olds every five years who do not have a diagnosed health condition. GP practices are commissioned to identify and invite eligible individuals to have an NHS Health Check. A robust data collection process is required to manage patient data and to ensure that anonymized data is sent to the Local Authority as part of the performance monitoring and payment system to the GPs. In 2017 after securing agreement from the Clinical Commissioning Group (CCG) which has responsibility for practice systems new software was commissioned to sit on GP practice systems. The introduction of GPPR compromised the security of the software as it could not meet fully the GDPR requirements and therefore the contract was decommissioned. The IT company fully agreed with this approach and assumed any additional cost for removing systems already in practices.</p> <p>GP practice systems have developed rapidly and they are now able to manage NHS Health Check data electronically and share anonymized data with the Local Authority at no cost to the Local Authority.</p>	Health

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Ref	Title	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	Description	Committee				
E/R.6.032	NHS Health Checks Funding	-50	-	-	-	-	- There has been a recurrent underspend on the NHS Health Checks Programme since the transfer of the funding from the NHS to the Local Authority which has reflected fairly stable activity levels.	Health				
E/R.6.033	Drug & Alcohol service - funding reduction built in to new service contract	-162	-127	-63	-	-	- Savings will be secured through the re-commissioning of the Cambridgeshire Adult Drug and Alcohol Treatment Services, which will enable transformational changes to be undertaken. The Drugs and Alcohol Joint Strategic Needs Assessment, (2016) indicated changes in needs that are addressed in the new service model. An aging long-term drug using population that enter and re-enter the Service has complex health and social problems that do not require intensive acute drug treatment services but more cost effective support services to ensure their good mental and physical health and social support needs are met. Strengthened recovery services using cost-effective peer support models to avoid readmission, different staffing models and a mobile outreach service.	Health				
E/R.6.034	Recommissioning of the Integrated Contraception and Sexual Health (iCASH) Service contract	-	-15	-	-	-	- The iCaSH Service will be recommissioned with a new contract scheduled to start in October 2019. It will be a joint contract between Cambridgeshire County Council and Peterborough City Council. The current services have already undertaken transformational changes reflecting new technologies and rationalising clinics to ensure that they are not located where there is very little activity. This transformational work is ongoing but there will be "backroom" savings from having one contract across the two areas.	Health				
E/R.6.035	Children 5-19 - Mental Health Training for Children's workforce	-36	-	-	-	-	- This proposal ceases funding for intensive training for a relatively small number of the young people's workforce each year, delivered face to face by Cambridgeshire and Peterborough NHS Foundation Trust. Instead it is proposed that Public Health staff work together with the Heads of Early Help to establish a clear specification of the training requirements and success criteria for an e-learning training package with less intensive face to face training in 2019/20, focussed on the mental health training needs of Young People's workers in the Early Help Teams.	Health				

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E/R.6.036	Children's 0-19 Services - Healthy Child Programme - Proposal previously agreed in 2017/18 business planning process	-238	-	-	-	-	<p>- This £238k savings proposal was previously discussed by Health Committee in the autumn 2017 business planning round. It was agreed to fund the £238k saving from public health reserves in 2018/19, to allow further time to develop the 0-19 Healthy Child integration programme (and associated savings) for implementation in 2019/20.</p> <p>The Healthy Child programme is a universal-progressive, needs-based service delivered at 4 levels: Community, Universal, Universal Plus (single agency involvement) and Universal Partnership Plus (multi-agency involvement). All children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it.</p> <p>The 0-19 Healthy Child Programme (HCP) consists of Health Visiting (0-5yrs), Family Nurse Partnership (for vulnerable teenage parents), and School Nursing (5-19yrs). It is delivered by CCS in Cambridgeshire and CPFT in Peterborough. The 2018/19 budget allocations are £8,926,739 in Cambridgeshire and £3,695,226 in Peterborough. Total approximately £12.6 million. Savings will be achieved by integrating the two services with a common management structure, and redesigning the service model to achieve savings through improved skill mix. A Transformation Board including commissioners, public health and senior management from the two provider organisations has been set up to oversee the project from design to implementation.</p> <p>The positive impact of this integration is that it will reduce duplication freeing up workforce capacity to improve areas of poor performance across the HCP particularly in mandated 0-5 checks. There will be an increased focus on areas of need so workforce and services will be resourced to ensure there is an improvement in outcomes and reduced inequalities. The Benson modelling tool has been used to model the workforce requirements and various options possible by changing the skill-mix and activities delivered.</p> <p>Implementation is expected to take 3-6 months from decision, and will include a communications and engagement plan, to include service users and local GP practices.</p>	Health
E/R.6.037	Children's 0-19 Services - Healthy Child Programme - Additional savings proposal for 2018/19	-160	-	-	-	-	<p>- See description for proposal E/R.6.036. This proposal is for additional savings associated with integration of the 0-19 Healthy Child integration programme, not previously discussed in autumn 2017.</p>	Health
E/R.6.038	Public Health Directorate - In house staff rationalisation	-80	-	-	-	-	<p>- It has been possible to build on the efficiencies created by creating a joint public health directorate across Cambridgeshire County Council and Peterborough City Council, by merging two team leader posts in the joint public health commissioning unit. In addition it is proposed to delete three vacant posts in the public health directorate. The saving will be shared across Cambridgeshire County Council and Peterborough City Council, and some of the saving is offset by a technical change to the recharge across the two Councils.</p>	Health
E/R.6.039	Reduce Long Acting Reversible Contraception (LARCs) funding in line with audit results and completion of clinician training	-60	-	-	-	-	<p>- LARCs are commissioned from GP practices. The Clinical Commissioning Group (CCG) recharges the LA for the cost of the contraception devices. Audits have been undertaken of the services which revealed that the recharges included the cost of items for which the LA is not liable i.e. injectable contraception and the use of devices for gynaecological purposes. In addition the training programme for clinicians to ensure that there is capacity in the system to accommodate retiring GPs has now been completed.</p>	Health

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E/R.6.040	Reduce immunisations promotion budget	-13	-	-	-	-	- In 2016/17 funding of £20k per annum was allocated by Cambridgeshire County Council for promotion of immunisations. Since then childhood immunisation rates have improved, although still with some further work to do, and the PHE/NHS England screening and immunisations team have been actively taking forward further improvement measures. It is proposed to mainstream promotion of immunisations within the wider health protection and communications functions. £7k will be allocated to the health protection budget and the remaining £13k taken as a saving.		Health
E/R.6.041	Expected operational savings across Public Health staffing and contracts	-109	-	-	-	-	- In-year vacancy savings and efficiencies within demand-led contracts.		Health
6.999	Subtotal Savings	-949	-142	-63	-	-			
	TOTAL GROSS EXPENDITURE	25,491	25,367	25,322	25,341	25,360			
7	FEES, CHARGES & RING-FENCED GRANTS								
E/R.7.001	Previous year's fees, charges & ring-fenced grants	-25,849	-25,102	-376	-376	-376	Fees and charges expected to be received for services provided and Public Health ring-fenced grant from Government.		Health
E/R.7.002	Changes to fees, charges & ring-fenced grants in 2018-19	54	-	-	-	-	- Permanent changes to income from fees, charges & ring-fenced grants as a result of decisions made in 2018-19.		Health
	Changes to fees & charges								
E/R.7.201	Change in Public Health Grant	693	24,726	-	-	-	- Grant reductions announced in the comprehensive spending review, and removal of the ring-fence in 2019-20		Health
7.999	Subtotal Fees, Charges & Ring-fenced Grants	-25,102	-376	-376	-376	-376			
	TOTAL NET EXPENDITURE	389	24,991	24,946	24,965	24,984			