

**SAVINGS PROPOSALS TO MEET THE IN-YEAR REDUCTION IN
CAMBRIDGESHIRE COUNTY COUNCIL'S PUBLIC HEALTH GRANT ALLOCATION
2015/16**

To: **Health Committee**

Meeting Date: **1 October 2015**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **2015/040** *Key decision:* **Yes**

Purpose: **To seek approval from the Health Committee on savings and use of public health reserves to meet the in-year reduction in Cambridgeshire County Council's public health grant for 2015/16**

Recommendation: **The Health Committee is asked to approve the savings programme outlined in Annex A and the use of up to £650k from the ring-fenced public health reserve, to deliver the in-year reduction in Cambridgeshire County Council's public health grant allocation for 2015/16, subject to final confirmation of the level of public health grant reduction by the Department of Health.**

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1. BACKGROUND

- 1.1 Cambridgeshire County Council was allocated a total of £26,016k ring-fenced public health grant for 2015/16, made up of £22,155k recurrent grant allocation unchanged from 2014/15, plus £3,861k for children's public health services age 0-5, which is a new responsibility transferring from the NHS in October 2015.
- 1.2 An announcement was made in parliament on 4th June 2015 that the ring-fenced public health grant to local authorities would be reduced in year by a total of £200M nationally. This is a 6.2% in year reduction in the total 2015/16 public health grant allocation to local authorities, including children's 0-5 public health services.
- 1.3 The allocation of the public health grant reduction across local authorities was subject to further consultation, led by the Department of Health. This consultation has now been completed and the Department of Health (DoH) is considering the consultation feedback.

2. MAIN ISSUES

- 2.1 The final reduction in the 2015/16 public health grant allocation to Cambridgeshire County Council has not yet been announced. For the purposes of this paper it is assumed that the final reduction will be the indicative figure of £1,613k published in the DoH consultation paper. The decision of the Health Committee will be subject to confirmation of the exact amount of grant reduction by the Department of Health.
- 2.2 Because this reduction was not planned for at the start of the year it will require some use of public health reserves in addition to in-year savings to deliver the savings required. If a different level of reduction is announced any further requirements for savings or use of reserves will be brought back to Health Committee at that point.
- 2.3 A significant proportion of this year's public health grant is allocated across Council directorates through the Public Health Memorandum of Understanding. Discussions have been held with other directorates through the Shared Priorities Steering Group, and it was agreed that given the short notice of the announcement, the cross-directorate focus should be on contingency planning for a recurrent reduction in public health grant in 2016/17 and going forward. Therefore it is proposed that the in-year 2015/16 reduction will be met through a combination of Public Health Directorate savings, and through ring-fenced Public Health Earmarked Reserves (which all directorates receiving the public health grant have contributed to). Where underspends against the public health grant allocated to other Directorates are identified during 2015/16, these will be included in the delivery of the overall saving, but it is currently too early in the year to be confident of the year end position across directorates.

3.0. ALIGNMENT WITH CORPORATE PRIORITIES

- 3.1 **Developing the local economy for the benefit of all**
There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives
The in-year reduction in the public health grant impacts on the Council's ability to plan and deliver public health programmes which help people to live healthy lives.

3.3 Supporting and protecting vulnerable people
The in-year reduction in the public health grant impacts on the Council's ability to plan and deliver public health programmes which reduce health inequalities for more vulnerable or marginalised population groups.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications
These are outlined in the main body of the paper and in Annex A.

4.2 Statutory, Risk and Legal Implications
The public health grant is a statutorily ring-fenced grant from the Department of Health to local authorities.

4.3 Equality and Diversity Implications
There are no immediate implications within this category. An equality impact assessment on the proposed savings has been completed (see Annex B)

4.4 Engagement and Consultation Implications
The in-year savings, including non-recurrent use of reserves, will not require significant transformation of services and therefore will not require public consultation. However if recurrent savings of a similar magnitude were required, this would require service changes and public consultation.

4.5 Localism and Local Member Involvement
There are no significant implications within this category.

4.6 Public Health Implications
These are outlined in the main body of the paper

Source Documents	Location
<i>Department of Health Consultation on 'Local Authority Public Health Grant Allocations 2015/16: In year savings'</i>	www.gov.uk/government/consultations/local-authority-public-health-allocations-2015-to-2016
<i>Public Health England Spend and Outcomes (SPOT) tool</i>	http://www.yhpho.org.uk/LASPOT/pdfs/E10000003%20Cambs%20SPOT%202015%20Full%20Briefing.pdf