



Financial Year	2016/17 – 17/18
Proposal no.	PH103
Directorate	Public Health
Service Name	Public Health
Area of Service	Health Improvement

Savings Programme Pre-consultation Report –Appendix			
Subject:	Review of funding for Community Health Improvement		
Report of:	Director of Public Health and Wellbeing	Author:	Wendy Meston
Cabinet Member:	Health, Wellbeing and Culture	Author Telephone:	927089
Type of Consultation	Service Delivery with Workforce Implication	Author Email:	Wendy.meston@rochdale.gov.uk

1 Recommendations

- 1.1 It is recommended that members consider the options for reducing Public Health Grant funding for Health Improvement Services that will achieve savings of £627,000 in 2016/17.
- 1.2 It is recommended that members request a further paper to Cabinet outlining proposals for an integrated community health improvement offer incorporating all Council, CCG and partner services and grant schemes that deliver services and funding for health improvement to residents for 2017/18 in line with the Locality Plan model and integrated commissioning and identify savings for 2017/18.
- 1.3 It is recommended that members consider the risks to residents and customers and the impact on staffing, partner organisations and the voluntary sector in achieving the savings.

Reason for recommendation

- 1.4 To support the local authority budget in realising the efficiency and investment programme whilst continuing to provide health improvement services that address the needs of Rochdale residents.

2 Background

- 2.1 The Public Health Grant funds a range of services that improve the health and wellbeing of residents at a community level, provide behaviour change support to enable more people to adopt a healthy lifestyle, provide early help and prevention, assist communities and groups to develop health and wellbeing work themselves,

train people to carry out health promotion and prevention work, develop health promoting places and promote the prevention of heart disease, stroke and cancers.

- 2.2 Lifestyles, prevention and community asset building and resilience are top priorities in the Locality Plan and the Health and Wellbeing Strategy. Lifestyles contribute to around 40% of health outcomes (Wisconsin). Diet, tobacco, overweight/obesity, blood pressure and alcohol are now the top 5 contributors to the burden of ill health experienced by people in the UK, impacting upon quality of life of individuals and families, services and costs.

Background to the affected services

Living Well Service

- 2.3 The Integrated Health Improvement Service was developed in response to consultation and agreement to develop an integrated offer for residents and provide a one stop shop for health improvement services. This service was procured in 2014 and in part way through a three year contract. This service provides support for quitting smoking, achieving a healthy weight, physical activity and delivering health walks, holistic support for people to tackle more than one issue, improving oral health of children and improving mental wellbeing and motivation for good health.
- 2.4 Some of the services delivered include
- Structured brief interventions, coaching and support on healthy lifestyles and mental wellbeing
 - Physical activity service including weekly health walks across the Borough
 - Adult and children weight management interventions
 - Smoking cessation
 - Sexual health promotion
 - Oral health service for children and some adults including the fluoride scheme and oral health survey for children

Health Chats Programme,

- 2.5 The Health Chats programme is the Rochdale Community programme for 'Making Every Contact Count'. This has been commissioned for two years and the Big Life Group provide this service. Health Chats are opportunistic generic brief interventions aimed at imparting knowledge of healthy lifestyle behaviours, signposting to lifestyle and other services and nudging members of the community to take action to improve their health and wellbeing for themselves, their family and their community. 600 people are trained each year from a wide range of community and front line services. The training is Level 2 accredited by the Royal Society for Public Health.

Probation Health Trainer Service

- 2.6 This service was commissioned by Bury, Rochdale and Oldham. Delivered by Cheshire and Greater Manchester – Community Rehabilitation Company – Probation Service.
- 2.7 The Project aims to deliver a service which will improve the health of offenders subject to supervision by the Probation Service and also improve their access to mainstream services.

- 2.8 It seeks to tackle local health inequalities by offering personalised support to offenders at risk of developing poor health; providing additional support to offenders who need it to enable them to make healthier choices; and facilitating better access for offenders to a range of health services that they require

Healthy Choices Project

- 2.9 The Healthier Choices Scheme aims to reduce the level of saturated and trans fats in chips from takeaways. It does this in two ways – by reducing the amount of fat absorbed by the chip in the cooking process and then by removing excess fat once the chip has been cooked. The scheme acknowledges that it is unrealistic to expect many consumers to stop using takeaways; instead, by providing them with an easily accessible healthier option, it facilitates a small, achievable step to improve their health. The scheme also supports the reduction of salt intake and the promotion of other health improvements initiatives whilst engaging over these specific issues.

Tobacco primary care

- 2.10 This budget pays primary care providers to undertake smoking cessation work and pay for free nicotine replacement therapy which recommended increasing the success rates of people quitting. As quits have reduced over time this whole area will be reviewed for 2016/17 to agree the best use of the reduced budget to support people to quit and reduce smoking across the Borough. Existing providers will be consulted over the model. In summary the budget will be reduced but the use of this budget may also change to develop a more effective use of the funding.

Public Protection

- 2.11 The funding was provided for Decipher Assist young people's tobacco and smoking prevention programme which trains and supports young people to act as peer educators within schools. The budget funds responsible retailer schemes for tobacco and alcohol, reducing underage sales of alcohol and tobacco, reducing illicit and counterfeit tobacco, reducing the harm caused by Niche and Shisha and a healthy workplaces project.
- 2.12 The public protection service overall has been redesigned and the public health activity and work has been merged with the core public protection work across the service and the savings have been released by doing this. The work that is retained includes the young people's tobacco programme, work on underage sales and some work on illicit and counterfeit tobacco. The impact of the proposal is undertaking less regulation work and proactive, work on tobacco, alcohol and healthy workplaces.

Growth Project

- 2.13 This is a horticultural project based in Rochdale. The service provides support to clients with mental health issues. The Growth Project is delivered by Hourglass in conjunction with Rochdale and District Mind. RMBC currently fund the Horticultural Trainer plus tools and equipment, consumables (plants, seeds, building materials)
- 2.14 The Growth Project has been running for eight years. In 2014/15 88 beneficiaries have been actively engaged. All produce grown on the site is distributed between the beneficiaries to promote healthy eating. The Growth Project actively promotes the "5

Ways to Wellbeing” and provides a service designed to aid the prevention of service users needing primary mental health care

Options for savings

2.13 This proposal offers savings to the budget allocations, for consideration as part of the efficiency programme for 2016/17. The proposals make financial savings and identify the impact on service delivery, clients, and staff and on key performance indicators.

Service details	Savings Proposals for consideration	2015/16 budget £k	Proposed savings 2016/17 £k
Living Well service	To reduce the budget by 10% and work with the service to agree areas that have the least impact on priority groups views made during consultation	1,661	166
Health chats programme	Trains residents and front line staff in delivering community lifestyles work – accredited training. Locality Plan priority, not planned for further reduction as supports wider council services to deliver their new public health responsibilities.	38	3
Probation Health Trainer Service	End the scheme that provide lifestyle advice and support by and to ex-offenders clients. Clients would be referred to main service. Alternative provision exists albeit less specialist.	33	33
Obesity - Healthier Choices Scheme	End the Healthy choices scheme.	55	55
Mental Health Growth Project	End the Council contribution to a Mental Health and gardening project and work with the scheme to explore other options for funding	20	20
	Totals	1,807	277

Service details	Savings Proposals for consideration	2015/16 budget £k	Proposed savings 2016/17 £k	Proposed savings 2017/18 £k
No service delivery or workforce implications		1,088	535	70
	Totals	1,088	535	70

Service details	Savings Proposals for consideration	2015/16 budget £k	Proposed savings 2016/17 £k	Proposed savings 2017/18 £k
Volunteering	New investment: for a programme of work to identify the development needs of the voluntary sector and increase capacity and skills. Not intended to replace lost funding in other areas - the intention is to increase income generation and expand volunteering universally across the borough.	0	-185	0
	Totals	0	-185	0

3 Financial Implications

The saving proposal is 22% of the total budget of the area of service affected.

3.1 Table 1 provides details of Community health Improvement services proposal realising £627k

	Savings 2016/17 £k		Savings 2017/18 £k		Total savings £k	
	On-going	One off	On-going	One off	On-going	One off
Total savings	627		600		1,227	

NOTE: 2017/18 Programme

Members are asked to consider that a major exercise is undertaken in 2016/17 to review all community health investment and that a proposal returns via the integrated prevention and wellbeing commissioning team and Integrated Commissioning Board on a new model for community health improvement that includes all Council, CCG and Partner services funded by the Public Health Grant, CCG and associated Council budgets.

Financial and potential staffing impact on another internal service

3.2 Dependent on the outcome of consultation and the review and future model for 2017/18

Financial and potential staffing implications on externally commissioned services

3.3 This would be assessed and updated following consultation.

4 Asset implications

4.1 There are no asset implications arising from this report.

5 Voluntary Sector impact

5.1 Voluntary sector organisations are affected by this proposal and the Council must be mindful of its obligations under the Borough of Rochdale Compact.

6 Consultation

6.1 These proposals will impact on contractual arrangements, employees (RBC, partner and voluntary sector agencies).

- 6.2 Consultation on the 2016/17 proposals will be necessary with:-
- Big Life Group and linked groups including service users
 - Hourglass and MIND
 - Probation Service and service users
 - CCG
 - Integrated Commissioning Board and sub groups
 - Link4Life
 - Healthwatch
 - Public
 - Public via the website
 - Voluntary Sector organisations including volunteers, service users and stakeholders
- 6.3 A wide ranging and separate consultation programme would be necessary for the 2017/18 programme.

7 Alternatives considered

- 7.1 The following alternatives considered as part of this proposal are set out below:
- To completely remodel the system quickly for 2016/17. This was considered but felt to be too ambitious to deliver in the timescale available
 - Equal reduction in contract value across all elements of service delivery to achieve the required saving.
 - Reduction in other services was considered
- 7.2 Members could decide not to take the proposal forward and identify alternative savings proposals

8 Risk Assessment Implications

- 8.1 These proposals (some more than others), will have an impact on service delivery, staffing (both Local Authority and partners) and therefore on Rochdale residents and their families. The negative effect on clients can be reduced by the range of services available however the ability to offer a response to all current clients will be affected. There will be some wider impact, particularly on health services, leisure services, primary care including GPs
- 8.2 The following key risks arise from the issues raised in this report as set out below:
- There will be a reduction in the number of people who can access behavior change support to lead a healthier life.
 - Services to assist people to lose weight or be active could reduce
 - This area of work underpins the Locality Plan and JSNA priorities to develop and increase our work on prevention, behavior change and to develop a thriving and coping population. If the core services reduce existing universal services will need to pick up the work rather than refer elsewhere for support. There is a risk that these services do not have the skills to do motivate such change.
 - Probation clients who were able to access a lifestyle service directly at the service will need to access the main service will likely reduce uptake by this client group

- The Healthy Choices/Chip shop and public protection tobacco work has evaluated well both internally and externally and has been viewed nationally as an example of good practice to tackle obesity and tobacco.
- The reduction of the food safety budget is being examined as there may be risks
- Possible risk to the sustainability of the mental health and growth project

9 Legal Implications

- 9.1 There may be implications in relation to the contracts we have in place and advice from Legal services will be sought.
- 9.2 The Council must be mindful of its obligations under the Borough of Rochdale Compact with regard to giving 90 days' notice of reduced funding and its duty to consult in accordance with its obligation and endeavour to mitigate the impact.
- 9.3 The Council must abide by the conditions of the Public Health grant funding agreement. In setting spending priorities local authorities must be mindful of the overall objectives of the grant as set out in the grant conditions.

10 Personnel Implications

- 10.1 These would be assessed following consultation

11 Equalities Impacts

Workforce Equality Impacts Assessment

- 11.1 This proposal could impact on jobs internally and externally

Equality/Community Impact Assessments

- 11.2 This proposal could impact on the number of lifestyle interventions which will likely affect support for people living in areas of deprivation and targeted work with vulnerable groups.

Appendix 1

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EQUALITY IMPACT ASSESSMENT FOR HEALTH IMPROVEMENT SAVINGS PROPOSALS

1. Please state the name of the officers leading the EIA
Wendy Meston
2. Who has been involved in undertaking this assessment?
Wendy Meston Andrea Fallon
3. What is the scope of this assessment?
All impacts on users and providers of health improvement services
4 a). What does the function currently do? b). Describe the needs which this service meets?
<p>These services provide behaviour change, lifestyle and wellbeing support to residents. The services include provide support on tobacco, quitting smoking, physical activity, weight management, obesity and mental wellbeing. They also include services to support communities to carry out health improvement work, train people on health improvement and help to create health promoting setting and neighbourhoods.</p> <p>The mental health and growth project provides support to people with mental health problems</p> <p>These services and areas a key part of our prevention and self-help offer as detailed in the Locality Plan.</p>
5. What proposed changes do you wish to make?
The savings proposals will reduce or remove some of the existing services s detailed in the report. The impact of these changes will be requested and documented as part of the consultation process
6. Who are the key stakeholders who may be affected by the proposed changes?
Living Well service Probation service and clients Residents

CCG

Health and Wellbeing Board partners

Public protection service

Food outlets in the Borough

Council services who will be required to increase activity on these issues

Hourglass and MIND and service users

7. What impact will this proposal have on all the protected groups?

Race Equality

In relation to Rochdale Borough, the 2011 Census confirms the following data on ethnicity. The overall population of Rochdale Borough is 211, 699. Of these, 166, 481 are classified as white British (79%); and 45,218 (21%) as BME. BME groups now account for a greater proportion of the population than was the case in 2001. Pakistani is the largest population among the BME groups and now accounts for 10.5% (22,265) of the total population in 2011, having grown by over 40% over the past decade.

During the consultation period it will be assessed whether the proposed cuts will have a negative effect on this group and the EIA will be updated accordingly.

Disabled People

The 2011 Census confirms that 21% of the Borough consider themselves to be disabled or their activities are limited due to a health-related issue. This is an increase of 4.8% from 2001. Rochdale Borough has higher rates of residents noting a long-term health problem or disability when compared to Greater Manchester or England and Wales. In general terms, therefore, the levels of disability and associated health issues are acknowledged to be of relevance to this Borough.

There could be an impact for people with a mental health problem

During the consultation period it will be assessed whether the proposed cuts will have a negative effect on this group and the EIA will be updated accordingly.

Carers

It is not anticipated that the reduction in funding will have an impact on Carers.

Gender

The 2011 Census provides the following breakdown of figures for the Borough:

- there are 103,642 males (an increase of 3.9% from 2001, when there were 99,705); and there are 108,057 females (an increase of 2.3% from 2001, when there were 105,652).

This seems to indicate an almost even split between male and female residents of the Borough

There is no reason to think that either gender is more at risk from the proposal. The reduction in grant allocation may mean a reduction in services available to local communities through their community centres which may impact on outcomes. This will need to be assessed during consultation and updated

Age

The Census 2011 gives the following breakdown of the Borough's population by age:

Age group	No in 2011	%age in 2011	Proportional change from 2001
0 – 14	41,827	19.7	-1.7%
15 – 29	42,541	20.1	+1.5%
30 – 44	42,914	20.3	-1.8%
45 – 64	53,601	25.4	+1.8%
65+	30,816	14.6	+0.3%
Totals	211,619		

These figures indicate that the Borough has a growing number of (i) young adults and (ii) persons aged 45 – 64.

It is not anticipated that the reduction in funding will have an impact on any specific age group.

Armed Forces and Ex-Armed Forces Personnel

There is no data relating to the prevalence of community centre use in relation to present or former military personnel.

Religion or Belief

The 2011 Census confirms the following religious groups in the Borough:

- Christian (128,186, or 60.6%, a decrease of 11.5% since 2001)
- No religion (40,014 or 18.9%, an increase of 8.1% from 2001)
- Muslim (29,426 or 13.9%, an increase of 4.5% from 2001)

Rochdale's proportion of Muslim residents exceeds the comparative figure for Greater Manchester (8.7%) and also England and Wales (4.8%).

There is no reason to think that this Protected Group is particularly affected by this proposal.

Sexual Orientation

The 2011 Census does not record this data directly. There is no reason to think that this Protected Group is particularly affected by this proposal.

Gender Reassignment

The 2011 Census does not record this data directly. There is no reason to think that this Protected Group is particularly affected by this proposal.

Pregnant Women or Those on Maternity Leave or Those who have given Birth in the Previous 26 weeks

The 2011 Census does not record this data directly. There is no data to suggest that this protected group is at particular risk.

Marriage or Civil Partnership

The 2011 Census shows that there are now fewer people in the Borough living as a married couple. In 2001, 40.3% of the population were not living as a couple and that figure has risen to 44.4% in 2011. The prime reason for this is that a higher percentage of people are now living as single, the number of people living as single has risen by 23.8% over the past decade and increased by 3.9% proportionally.

There are now 5,625 fewer people in the Borough living as a couple in a married or civil partnership than in 2001; this equates to a drop of 7.4%. This is a proportionally greater decrease than across Greater Manchester (3.1%) and England and Wales (1%).

There is no data to suggest that this protected group is at particular risk.

8. Conclusions and Recommendations

What are the main conclusions and recommendations from this analysis?

Potential impacts would be identified during consultation and need to check there is no impact on men and disabled people and in particular given poorer health outcomes in some areas

It is proposed that savings are delivered over a two year period in order to reduce impact on services and to enable organisations to develop alternative income streams.

9. In the box below please provide details of who you will consult with on the proposals, when you consult, and the methods which you will use to consult. In the box below

The Consultation and Inclusion Methodology Used

Meetings
Public website

10. Produce an action plan detailing the mitigation measures that you propose to put in place to address any adverse impacts.

Mitigation Measure	Action	Responsible Officer	Implementation Date	Review Date	Evaluation Measure