

Public Health Programmes Board

Chair: Matthew Cole Director of Public Health

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>None</p>
<p>Performance</p> <p>2015/16 Budget and Performance of Programmes</p> <p>The public health programme performance and expenditure was reviewed. Most services/projects meet targets, however those that are red include:</p> <ul style="list-style-type: none"> <p>Smoking: Target of 3000 quitters which includes 2000 from primary care and 1000 Level 3. We are not engaging enough and a performance improvement plan will be put in place. A targeted approach will be taken within primary care which will include training for putting data on systems etc. A blanket approach will be looked at via the faith groups and a more targeted and assertive communications approach will also be taken.</p> <p>National Child Measurement Programme: This programme is performing just under targets. NELFT refresh to 95% height and weight and 95.11% on refresh. Secondary schools are under target at 92%. Meetings with Tenergy to ensure that school nurses focus on tracking and reporting back quarterly on those children to be found overweight.</p> <p>Mental Wellbeing: Big White Wall is an online portal which has been extended for 6 months. The target has been set of 50 registrants per month. This was being achieved up until April but has since dropped off to 28-29 per month. Action to promote this within the borough particularly through GPs and wider primary care services.</p>
<p>Meeting Attendance</p> <p>Good attendance</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>Procurement Strategy – Sexual Health: Procurement has failed with Redbridge and Havering. B&D will now go it alone with BHRUT. The current contract expires in September 2015. A direct award is being considered at the Health & Wellbeing Board. We are looking for a 5% savings from BHRUT on sexual health and GUM to go to primary care.</p> <p>Teenage Pregnancy. A film had been presented on teenage pregnancy. Young people had been met with and the film showed experiences of young mums. B&D have the highest prevalence in London for under 16's conception and are the 7th highest for abortions for Under 19's. We have agreed that an analysis of the data should be carried out, services to be looked at and then what a strategy would look like. .</p> <p>In year reductions of the Public Health Grant. Savings. The Department of Health published savings on the grant and the amount. The four options put forward by DoH are as follows:</p> <ol style="list-style-type: none"> Devise a formula that claims a larger share of the saving from LAs that are significantly above their target allocation. Identify LAs that carried forward unspent reserves into 2015/16 and claim a correspondingly larger share of the savings from them. Reduce every LA's allocation by a standard, flat rate percentage. Nationally the £200million saving amounts to about 6.2% of the total grant for 2015/16, so that would also be the figure DoH applies to individual LAs. See annex C in the link below to see the effect on LA

allocations. (DoH preferred option)

- D. Reduce every LA's allocation by a standard percentage unless an authority can show that this would result in particular hardship, taking account of stated criteria.

For B&D The Public Health Grant for 2015/16 is	£14.213M
Health Visiting (from 1 st October)	£ 2.5
Total	£16.725M with savings £15.688M

Action and Priorities for the coming period

- (a) Implement the In year savings plan
- b) If the Council is required to make further savings of 6.25% of the Public Health Grant (PHG) in 2016/17 the impact will be to achieve full year effect we will have to cease or reduce funding of some programmes on 1 April 2016. In order to achieve the savings required as estimated by initial guidance from the DoH, the non mandated public health programmes will need to find estimated efficiencies in the region of 15%. The comprehensive spending review will confirm the actual savings that will be required and this will be published in November 2015 along with confirmation of the Council's PHG allocation for 2016/17.
- c) Monitor recovery plans on areas of poor performance.

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