

AGENDA ITEM___

REPORT TO CABINET

25 JUNE 2015

REPORT OF CORPORATE
MANAGEMENT TEAM

CABINET DECISION

Health and Wellbeing – Lead Cabinet Member – Cllr Jim Beall

LOCAL IMPACT OF ANNOUNCED REDUCTIONS TO PUBLIC HEALTH BUDGETS

1. Summary

The Government has announced that £200 million nationally is to be reduced in year (2015/16) from the Public Health budget for Local Authorities. This briefing outlines some possible impacts of the budget reductions on health and wellbeing budgets in Stockton-on-Tees Borough and asks Cabinet to consider making representations to minimise the impact of this funding reduction with our local MPs, The Chief Executive of Public Health England and representative bodies.

2. Recommendations

It is recommended that Cabinet:

1. Note the current position;
2. Endorse a response being made on its behalf to the consultation by:
 - i) The DPH, to be signed off by Leader and Cabinet Member for Health;
 - ii) Requesting ANEC, SIGOMA and LGA to highlight and support our lobby to minimise impact on areas with greatest health inequalities and poorest health.
 - iii) The Leader of the Council to write seeking support from both MPs to ensure any national reduction in public health grant is minimised for areas such as Stockton where health inequalities and poorest health are starkest.

3. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one

which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

CABINET DECISION

Health and Wellbeing – Lead Cabinet Member – Cllr Jim Beall

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SUMMARY

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RECOMMENDATIONS

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DETAILS

Health and Wellbeing in Stockton-on-Tees Borough

1. Males living in Stockton Town Centre ward have **the lowest life expectancy of any ward in the country**, at 67 years. Females in this ward also have a significantly lower life expectancy than England, of 74.8 years¹. Life expectancy as a whole across the Borough is increasing (*Table 1*), however this masks a picture of increasing inequality in

life expectancy: the gap between life expectancy in wards such as Stockton Town Centre and other more affluent wards in the Borough has increased over time (*Box 1 & Appendix 1*). Indeed, Stockton-on-Tees Borough is now the Local Authority area with the **greatest inequality in male life expectancy nationally**. **Appendix 2** details the latest life expectancy data for the Tees Valley Authorities.

Table 1: Life expectancy for Stockton-on-Tees and England 2006-08 to 2011-13²

Year	Stockton-on-Tees	England	Stockton-on-Tees	England
	Male life expectancy (yrs)	Male life expectancy (yrs)	Female life expectancy (yrs)	Female life expectancy (yrs)
2006-08	76.4	77.9	80.9	82
2007-09	76.9	78.3	81.2	82.3
2008-10	77.6	78.6	81.8	82.6
2009-11	78.0	78.9	81.9	82.9
2010-12	78.3	79.2	82.3	83.0
2011-13	78.4	79.4	82.3	83.1

Box 1: Inequality in life expectancy in Stockton Borough²

Inequality in life expectancy in Stockton Borough:

- Males: 17.3yrs (2011-13) increased from 12.0yrs (2006-08)
- Females: 11.4yrs (2011-13) increased from 7.0yrs (2006-08)

2. Many people living in Stockton-on-Tees Borough experience poor health and wellbeing outcomes, across a range of indicators including cancer, COPD and mental ill health. The particularly low life expectancy in some wards in the Borough and the increasing inequality in life expectancy across the Borough are due to a complex range of factors, rooted in socio-economic deprivation and socio-economic inequality³. Data and evidence show that deprivation impacts on a broad range of health and wellbeing outcomes - many outcomes decline as deprivation increases.
3. As the overwhelming body of evidence states, poorer health and wellbeing and greater inequality is manifested in greater use of health and social care services – both in terms of frequency and level of need (accessing more specialist / emergency services with more complex issues). This comes at a great cost to the public purse and to society (e.g. in days lost from work).
4. Stockton-on-Tees Borough (SBC) Council Public Health has a range of programmes in place, aligned to its Joint Health and Wellbeing Strategy 2012-184, to improve health and wellbeing and reduce inequality. These include working across a range of risk factors and wider determinants of health, together with other Local Authority departments and through excellent collaborative working with partner agencies. SBC Public Health works to implement and commission population-based approaches, based on evidence and local need and employs both a universal and a targeted approach as appropriate (as described through Marmot's proportionate universalism³ and outlined in the Director of Public Health Annual Report 2013-144). The service also shares Public Health expertise across the Tees Valley, to maximise economies of scale.]

5. Adequate resources are essential to enable effective Public Health work and where these have been available, significant improvements have been made. For example, coordinated multi-agency work has decreased rates of coronary heart disease (<75yr olds) faster in Stockton-on-Tees than in the North East and England (1996 - 2012), to close the gap so that rates now sit at the national rate for women and just above the national rate for men (and lower than the North East) (**Appendix 3**).

Local Financial Impact of the Budget Reductions

6. It is estimated by the Association of Directors of Public Health (ADPH) that the budget reduction is 7.4% of the total allocation of the ring fenced public health grant to local authorities in England. This implies an in-year estimated reduction of around £960,000 to the £13.0 million grant that Stockton receives. The ADPH also believes that this is a recurring budget reduction of £200 million to the public health budget for local authorities in England.
7. This estimate of the financial impact for Stockton is based on the assumption that the reductions to funding will apportioned equally across all Authorities. However, should the budget reductions be apportioned in such a way as to reduce weighting for deprivation (as proposed regarding the changes to the ACRA formula), the impact on SBC will be even more significant.
8. The announced budget reductions are against a backdrop of existing unprecedented reductions to overall Local Authority budgets, which will also impact on the ability of SBC to deliver preventative services across the wider determinants of health and wellbeing, driving an increased focus on reactive services. The impact of the budget reductions taken together will therefore be multiplicative, with the inevitable long-term consequences of increasing pressure upon both social services and NHS services.
9. The Chief Executive of Public Health England has stated that the Department of Health will be consulting shortly on the implementation of this reduction in funding. It is important the Authority responds to this, reminding the Department of Health of the major health inequalities in our Borough, with a view to minimising the impact on local public health services.

Predicted Local Impact of the Budget Reduction on Health And Wellbeing

10. Stockton-on-Tees Borough Council is seriously concerned that the announced reductions to Public Health budgets will have a significant detrimental impact on health and wellbeing and on inequality in the Borough. The budget reductions are also likely to have a disproportionate impact in a local authority area such as Stockton-on-Tees, where there are already significant challenges in terms of poor health and wellbeing and great inequality.
11. Local Authorities are mandated to ensure provision of the following under the Health and Social Care Act (2012):
 - Appropriate access to comprehensive sexual health services
 - Public Health Protection plans
 - Public Health advice to NHS commissioners (the 'core offer')
 - National Child Measurement Programme (NCMP)
 - NHS Health Checks
12. Though important, these responsibilities represent a small proportion of the responsibilities Local Authority Public Health departments need to fulfil, if they are to

effectively improve and protect the health of the population and reduce inequalities. Other areas which SBC Public Health is responsible for include (not exclusively):

- Tobacco Control and Smoking Cessation
 - Alcohol and Drug Misuse Services
 - Young People 5-19
 - Obesity across the life course
 - Locally led nutrition initiatives
 - Increasing levels of physical activity
 - Public Mental Health
 - Accidental Injury Prevention
 - Interventions to reduce/prevent birth defects
 - Campaigns to prevent cancer/long-term conditions
 - Initiatives on workplace health
 - Review and challenge of NHS funded services
 - Reducing excess deaths from seasonal mortality
 - Public Health areas of community safety/violence prevention
 - Social exclusion
 - Reducing Public Health impacts of environmental risks
13. Evidence shows that where evidence-based Public Health input is implemented on these issues, significant gains to health and wellbeing in the population can be achieved. Reduced resources, leading to increased pressure to focus more on mandatory Public Health services and more reactive provision rather than upstream prevention work, will also limit SBC Public Health's ability to work with partners such as the VCSE to enable community-based activity that helps to reach and work with the most vulnerable in our population.
14. The NHS Five Year Forward View clearly sets out the importance of both primary and secondary prevention, in helping to stem the demand being placed on health services and to improve overall health and wellbeing. The reductions to the Public Health budget contradict this direction of travel and significantly limit the ability of Local Authorities to fulfil their primary prevention responsibilities in a way that enables efficient and effective partnership working with CCGs and other agencies, across care and disease pathways.
15. Programmes such as the Better Care Fund aim to promote and enable greater integrated working across health and social care. However, it is unlikely such integrated working will be sufficient to mitigate the impact of the increased burden on health and social care that is likely to be exacerbated by a cut in resources to enable preventative activity, particularly in the context of wider Local Authority budget reductions.
16. Three examples of innovation in addressing health inequalities the local authority public health team have recently are:
- i. The universal tooth-brushing scheme for all primary school children aimed at reducing the amount of dental disease in young children and also to reduce the number of children needing hospital treatment for severe dental decay.
 - ii. The children and family weight management service, that commenced in April 2015, aimed at giving every child in Reception and Year 6 identified as obese through the National Child Measurement Programme (NCMP) an evidence based family intervention.

- iii. The lung health check programme, targeted particularly at the lowest socio-economic quintile of the population, aimed at the early diagnosis and treatment of Chronic Obstructive Pulmonary Disease (COPD) thus leading to better quality of life for patients and fewer hospital admissions.
17. Due to the reasons set out, it is inevitable that reducing the Public Health budget will make it harder to commence and continue examples of local public health interventions such as those described above. A decrease in preventative activity within SBC risks worsening health and wellbeing outcomes, increasing pressure on NHS and local authority services and is likely to further widen existing inequality across the population of Stockton-on-Tees Borough. The impact is likely to be seen in both the short-term and the medium- to long-term.

Summary

18. Stockton-on-Tees Borough experiences the widest inequality in life expectancy in the country. Robust, evidence-based programmes are being implemented to address this challenge and to improve overall health and wellbeing in the Borough. The announced budget reductions will have a serious impact on the ability of Stockton-on-Tees Borough Council to undertake this work and may mean a focus of resources on increasingly reactive rather than preventative work. The consequences of this will be a widening in health inequalities and a worsening of overall health and wellbeing, with resulting increased costs to the health and social care system through increased need for more intensive support and increased demand expressed through measures such as admissions to hospital.

FINANCIAL AND LEGAL IMPLICATIONS

Financial

19. At the time of writing the Department of Health has not released details of consultation on the distribution of the budget reductions. The Associated Directors of Public Health estimate the reduction in funding is 7.4% of the national budget equating to around £960,000 for Stockton (in year and recurring thereafter).

References

1. <http://www.localhealth.org.uk/>
2. http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES
3. <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
4. <https://www.stockton.gov.uk/health-and-wellbeing/big-plans-for-the-health-of-our-people/>
5. <http://www.teespublichealth.nhs.uk/bookmark.aspx?id=6401&siteID=1012>

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<u>Background Papers:</u>	None
<u>Ward(s) and Ward Councillors:</u>	Not Ward specific
<u>Property Implications:</u>	None

APPENDIX 1: Inequality in life expectancy in Stockton-on-Tees and comparator Tees Local Authorities, 2006-08 to 2011-13²

Year	Stockton-on-Tees		Redcar & Cleveland		Middlesbrough		Hartlepool	
	Males (yrs)	Females (yrs)	Males (yrs)	Females (yrs)	Males (yrs)	Females (yrs)	Males (yrs)	Females (yrs)
2006-08	12.0	7.0	9	6	12.0	9.0	9.0	7.0
2007-09	14.8	10.4	12.5	8.5	14.0	9.3	11.0	8.0
2008-10	15.3	11.3	13.1	8.4	14.8	11.3	12.3	8.2
2009-11	15.3	11.3	13.1	8.4	14.8	11.3	12.3	8.2
2010-12	16.0	11.4	11.9	5.0	15.9	10.8	11.3	7.1
2011-13	17.3	11.4	10.3	5.9	14.2	10.0	10.8	8.6

APPENDIX 2: Latest life expectancy information for Tees Valley (2011-2013)

	Male Life Expectancy (England Average 79.4)	Female Life Expectancy (England Average 83.1)
Darlington	78.4	82.4
Stockton-on-Tees	78.4	82.3
Redcar & Cleveland	78.6	82
Hartlepool	77.8	81.6
Middlesbrough	76.7	80.1

APPENDIX 3: Trend in CHD mortality rates, under 75yrs, 1995-2013⁵

