

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 26 January 2017 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Carmody Gibbons	Greenwood Bacon A Ahmed Nazir Sharp	N Pollard

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker Poulsen	Berry S Hussain T Hussain H Khan Mullaney	Griffiths

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay
G Sam Samociuk
Jenny Scott

Strategic Disability Partnership
Strategic Disability Partnership
Former Mental Health Nursing Lecturer
Older People's Partnership

Notes:

- This agenda can be made available in Braille, easy read, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor
Agenda Contact: Palbinder Sandhu
Phone: 01274 432269
E-Mail: palbinder.sandhu@bradford.gov.uk

To:



A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 8 September 2016 be signed as a correct record (previously circulated).

(Palbinder Sandhu – 01274 432269)



4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Palbinder Sandhu - 01274 432269)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

The following referrals have been made to this Committee up to and including the date of publication of this agenda.

REFERRAL FROM THE MEETING OF CORPORATE OVERVIEW AND SCRUTINY COMMITTEE ON 11 JANUARY 2017:

RISK MANAGEMENT UPDATE 2016

Resolved –

- (1) That the Executive ensures that Portfolio Holders review Departmental Risk Registers in their respective areas of responsibility.*
- (2) That this Committee requests that all Overview and Scrutiny Committees consider Departmental Risk Registers relevant to their area of responsibility.*
- (3) That a progress report be presented to this Committee in 12 months time.*

ACTION: City Solicitor (1) / Overview and Scrutiny Lead (2)

The Committee is asked to note the referral listed above and decide how it wishes to proceed, for example by incorporating the item into the work programme, requesting that it be subject to more detailed examination, or refer it to an appropriate Working Group/Committee.



B. OVERVIEW AND SCRUTINY ACTIVITIES

6. HIV 1 - 10

Previous reference: Council, Minute 107 (2015/2016)

At the full Council meeting on 19 January 2016 the Director of Public Health was asked to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve late diagnosed and undiagnosed HIV by 2020 including prevention and educational interventions to ensure the sustainability of any reductions achieved.

The Strategic Director of Health and Wellbeing will submit **Document “V”** in response to the above.

Recommended –

That the contents of the report be noted and partnership working across the District to halve late diagnosed and undiagnosed HIV by 2020 be supported.

(Ralph Saunders – 01274 434782)

7. POST DIAGNOSIS SUPPORT FOR PEOPLE WITH DEMENTIA 11 - 16

The Chairs of the Bradford Dementia Strategy Group will submit **Document “W”** which provides an annual update report from the Bradford District Dementia Strategy Group focusing on the services provided in the District to support people with dementia and their carers post diagnosis.

Recommended –

(1) That members comment on the update report.

(2) That a further update report be provided in October 2017.

(Simon Baker – 01274 434073)

8. BUDGET AND FINANCIAL OUTLOOK 17 - 30

Previous references: Executive, Minute 60 (2016/2017)
Council, Minute 114 (2015/2016)

The Strategic Director of Health and Wellbeing will submit **Document “X”** which provides information on the initial draft savings proposals which are currently under public consultation and were presented to Executive on the 6th December 2016 and the consequential



implications of those proposals on the Health and Wellbeing Services. The report also reminds the Committee of the savings that were agreed as part of the 2016/17 budget proposals approved by Council in February 2016.

Recommended –

- (1) That the Committee notes and provides feedback on the Executive’s draft proposals for 2017-18 and 18-19 as summarised in Document “X”.**
- (2) That the Committee also provides feedback and comment on any of the Executives other draft proposals for 2017 -18 and 18-19, which may have an implication on the health and wellbeing of residents within Bradford District.**

(Wendy Wilkinson – 01274 434163)

**9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE WORK PROGRAMME 2016/17**

The City Solicitor will provide a verbal update on the Committee’s work programme 2016/17.

(Caroline Coombes – 01274 432313)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



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Report of the Strategic Director of Health and Wellbeing to the meeting of Health & Social Care Overview & Scrutiny Committee to be held on 26th January 2017.

V

Subject:

HIV

Summary statement:

At the full Council meeting on 19 January 2016 the Director of Public Health was asked to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve late diagnosed and undiagnosed HIV by 2020 including prevention and educational interventions to ensure the sustainability of any reductions achieved.

Bev Maybury
Strategic Director of Health and
Wellbeing

Report Contact: Ralph Saunders
Phone: (01274) 434782
E-mail: ralph.saunders@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health & Social Care



1. SUMMARY

- At the full council meeting on 19 January 2016 the Director of Public Health was asked to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve late diagnosed and undiagnosed HIV by 2020 including prevention and educational interventions to ensure the sustainability of any reductions achieved. As there has never been a report on HIV to the Health & Social Care Overview & Scrutiny Committee this report will also provide background to HIV in the Bradford District

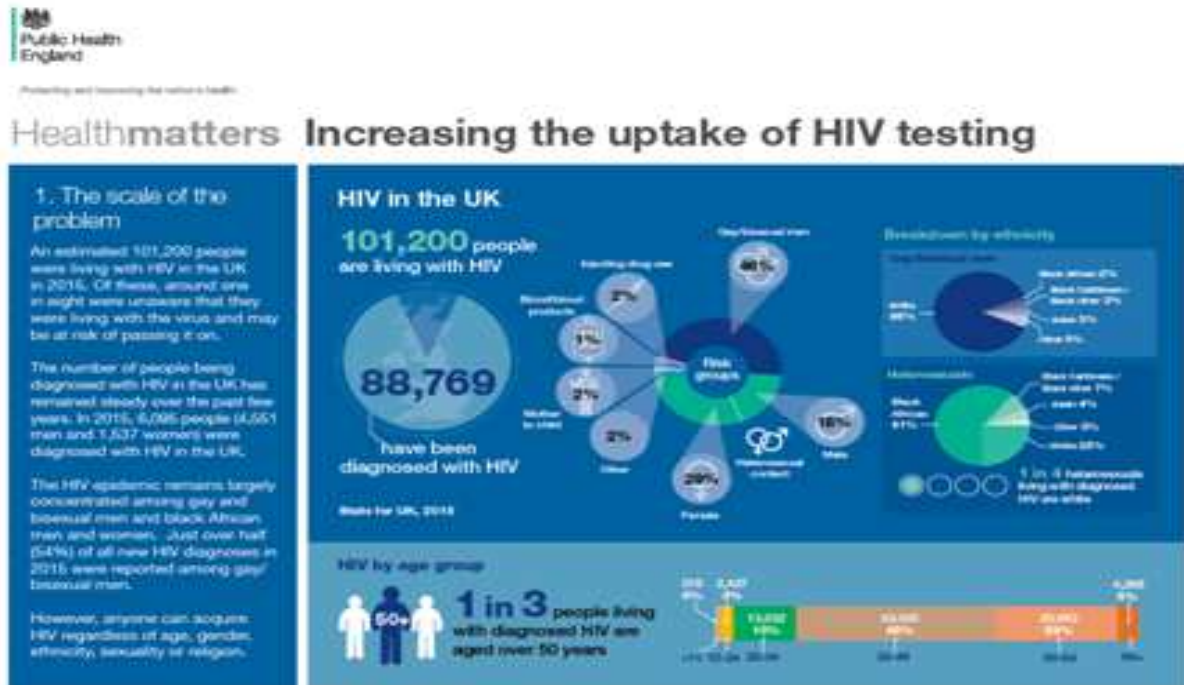
2. BACKGROUND

- HIV is a preventable infection which left untreated leads to high levels of morbidity and premature death. HIV is a virus that infects and destroys cells responsible for combating infections, leaving the body susceptible to diseases it would normally be able to fight.
- HIV is transmitted person to person through infected blood, semen, vaginal fluids or the breast milk of an infected woman with a high viral load. That is to say, HIV is mainly transmitted through vaginal or anal intercourse without a condom or by sharing a needle or syringe with someone who's living with HIV (England.nhs.uk).
- Over the last decade there has been a continuous rise in the number of people living with HIV in the UK. Evidence would suggest a significant number of people are unknowingly HIV positive, contributing to a national trend whereby in 2015, 39% of the UK HIV population were diagnosed late. There are three important issues to consider:
 - i) a continuous raise in the number of people living with HIV;
 - ii) Public Health England estimate 13% of the UK HIV positive population are undiagnosed and do not know about their HIV infection and are therefore at risk of passing on their infection.
 - iii) there are people presenting for HIV testing at a stage beyond which treatment ought to have begun – termed 'late diagnosis'. A late diagnosis is associated with:
 - a 10 fold increased risk of death within one year of diagnosis compared to those diagnosed promptly (HPA 2012)
 - treating an individual in the first year following a late diagnosis costs twice as much because of the higher rates of morbidity (NICE 2014).
 - those diagnosed late will have been unaware of their HIV status for a lengthy period of time, increasing the risk of onward transmission to their sexual partners (Halve it 2011). Its estimated that 50% of new cases are a result of people undiagnosed having unprotected sex (Sanders 2005). People who don't know their HIV status are believed to be 3 times more likely to pass on the infection than those who know their status. They are also twice as likely to have unprotected sex (PHE 2012).
- On an individual level, being diagnosed with HIV earlier is associated with improved health outcomes; with less morbidity and mortality. Highly active antiretroviral therapy (HARRT) has transformed treatment of HIV infection – life expectancy on treatment is almost normal.
- Timely diagnosis and treatment will decrease an individuals' viral load making the infection virtually undetectable, reducing the risk of onward transmission.



- Increasing HIV testing is a key strategy in controlling the HIV epidemic in the UK and will address the issues of rising prevalence, onward transmission and late diagnosis.

The national picture



See appendix 1 for larger A4 version

HIV in Bradford

- In Bradford in 2015, 385 people were living with a diagnosis of HIV. As a district Bradford has an overall prevalence rate of 1.24 per 1000 population of 15 to 59 year olds. This means that for everyone 1000 15 to 50 year old people living in Bradford, 1.24 individuals have been diagnosed as being infected with HIV. This prevalence rate is lower than the English prevalence rate; currently 2.26 per 1000. In Yorkshire and Humber, Bradford has the fifth highest HIV prevalence rate out of 15 local authorities.



HIV diagnosed prevalence rate / 1,000 aged 15-59 2015

Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	73,123	2.26	2.24	2.27
Yorkshire and the Humber region	↑	4,171	1.32	1.28	1.36
Leeds	↑	1,193	2.48	2.34	2.63
Sheffield	→	636	1.80	1.66	1.94
Barnsley	↑	199	1.43	1.24	1.65
Kirklees	→	348	1.36	1.22	1.51
Bradford	→	385	1.24	1.12	1.37
Wakefield	→	232	1.20	1.05	1.36
Doncaster	→	212	1.20	1.05	1.38
Kingston upon Hull	→	186	1.16	1.00	1.34
Rotherham	→	168	1.13	0.96	1.31
Calderdale	→	125	1.03	0.86	1.23
North Lincolnshire	→	66	0.69	0.53	0.88
York	→	84	0.65	0.52	0.81
North Yorkshire	↑	211	0.65	0.56	0.74
North East Lincolnshire	→	50	0.55	0.41	0.73
East Riding of Yorkshire	→	76	0.42	0.33	0.53

Source: Public Health England

- In Bradford, between 2013 and 2015, 43.1% of HIV diagnoses were at a late stage of infection. Local data indicates Bradford’s late diagnosis trend is similar to national data; with people identifying as heterosexual generally being diagnosed late and a smaller proportion of MSM testing late. Due to low numbers of HIV diagnosis in Bradford district, late diagnosis analyses by ethnicity or age would not produce reliable information.

HIV late diagnosis (%) (PHOF indicator 3.04) 2013 - 15

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	5,628	40.3	39.5	41.1
Yorkshire and the Humber region	364	48.2	44.6	51.8
York	11	68.8	41.3	89.0
Kingston upon Hull	22	59.5	42.1	75.2
Harrogate	7	58.3	27.7	84.8
Calderdale	15	57.7	36.9	76.6
Sheffield	42	57.5	45.4	69.0
Hambleton	3	50.0	11.8	88.2
Scarborough	4	50.0	15.7	84.3
Ryedale	3	50.0	11.8	88.2
Kirklees	29	48.3	35.2	61.6
Rotherham	12	48.0	27.8	68.7
Doncaster	23	47.9	33.3	62.8
Leeds	110	47.4	40.8	54.1
Barnsley	20	44.4	29.6	60.0
Bradford	31	43.1	31.4	55.3
North East Lincolnshire	3	42.9	9.9	81.6
North Lincolnshire	5	41.7	15.2	72.3
East Riding of Yorkshire	6	37.5	15.2	64.6
Wakefield	14	34.1	20.1	50.6
Craven	1	14.3	0.4	57.9
Richmondshire	-	*	-	-
Selby	-	*	-	-

Source: Public Health England

What is happening in Bradford to address HIV?

- Several organisations combine to provide an HIV testing treatment and support service. Currently HIV treatment services are provided at a different location to HIV testing services. Treatment is provided at the Trinity centre in Bradford but a significant number of people with HIV also receive treatment outside the district. Yorkshire MESMAC is the main organisation, commissioned by CBMDC, providing



support for those living with HIV in the district. Yorkshire MESMAC are also commissioned by CBMDC to carry out education and point of care testing in outreach locations.

- For people to have control over their involvement in HIV transmission they need the knowledge, skills, resources and access to timely services. Yorkshire MESMAC develops and delivers a programme of HIV prevention work across the district focusing on at risk communities in both real world and online settings. For example,
 - Outreach to public sex and sex on premises venues.
 - Community group development and support.
 - Joint testing events and awareness raising events e.g World Aids Day & National HIV Testing Week.
 - Condom and lubricant distribution scheme via LGB&T venues
 - Interactive website including online booking for HIV testing,
 - Training sessions for local people.
 - Training sessions for local professionals.
 - Free formula milk for breast feeding mother who are living with HIV.
 - Positive speakers programme.
- **Knowledge** - MESMAC holds the Information Standard, which, together with their commitment to co-production, increases trust in, and relevance of, health promotion resources and encourages a sense of community ownership. They produce information in a range of formats e.g. posters, YouTube videos and community language podcasts. MESMAC's website receives 800,000+ hits per year. Their Yorkshire footprint allows for shared development and production costs, whilst maintaining local relevance.
- Yorkshire MESMAC are the local activation partners for HIV Prevention England and ensure that the needs and concerns of local MSM and Africans are in national campaigns, leveraging additional resources into the local health system.
- **Skills** - Yorkshire MESMAC run courses including: The Arse Class, HIV and Faith, Working with LGB&T Communities, ensuring that people have the skills to avoid STIs, build resilience and support services to be acceptable to Most at Risk communities. Skills and confidence are also developed via 1-2-1 support and counselling.
- **Resources** - All LGB&T saunas, bars and shops across our area act as condom and health promotion distribution points. MESMAC have developed a network of local African groups/shops in Bradford that mirror this role. MESMAC operate a postal condom service across the area. This unique infrastructure means that resources get to the right people cost effectively.
- **Access** - Yorkshire services have multiple access points; pubs, PSEs, telephone and digital platforms etc. Their e-outreach provides information, condoms, testing appointments and counselling referrals direct to MARPs using dating websites and apps, and via Facebook and Twitter
- **Effective clinical referral** - MESMAC have extensive joint working arrangements with The Trinity Centre and Locala including fast track access for service users requiring PEP. Trinity and MESMAC's close working also ensures effective referrals for people diagnosed with HIV.
- **Training** - Yorkshire MESMAC offers training to Primary Care staff, ensuring that they feel skilled and supported to offer HIV tests and highlighting the need for this to be offered when MARPs present with illnesses typical of sero-conversion. Locally, African communities are more likely to receive a late diagnosis. MESMAC have a



history of effective community engagement with Africans backed up by our community testing, which is effective at diagnosing recent infections. We deliver additional targeted outreach to African communities in Bradford promoting HIV testing, funded by HIV Prevention England.

- **Independence and integration of PLWHIV** - MESMAC have developed innovative workshops, peer and expert support for empowering PLWHIV to achieve independence including support in returning to education, employment and/or training. PLWHIV are central to this work, whether that be as staff, volunteers, trustees or service users.
- **Reduced stigma and discrimination** - Anti-stigma and discrimination is central to everything Mesmac. More specifically staff, volunteers and PLWHIV are actively involved in the Stigma Index. A group of service users trained as Positive Speakers give talks in local schools and organisations. We lead on the planning and delivery of World AIDS Day events in Bradford and Wakefield. At a local level we developed the Stamp out Stigma campaign and nationally we work with NAT, NAM and others to develop and lobby for policy change. Including successfully challenging NHS England's assertion that they could not fund PrEP
- **Normalising testing** - Testing Times - Yorkshire MESMAC's award winning, community based POCT service is tailored to meet the needs of most at risk populations (MARPs) across Bradford, MESMAC harness their extensive community reach, and build on the community infrastructure and partnerships developed over 25 years working with local communities in the district.
- Testing Times aims to reduce late diagnosis by reducing barriers to testing, taking services to where people are and normalises the testing process by offering it in familiar venues. Testing sessions are offered from their base, in Little Germany, via outreach e.g. local gay bars and saunas and at community events e.g. Bradford African women's health days.
MESMAC works with churches and faith groups in Bradford, encouraging HIV testing, prevention and support. Building on their successful work with local faith communities and with support from Public Health, Yorkshire MESMAC in partnership with the NAZ Project (London) won funding from Public Health England's innovation fund to deliver the Testing Faith programme in Bradford.
- 'Testing Faith' is designed for faith leaders in mosques and Black Majority Churches (BMC). It allows them to positively address issues surrounding HIV and support people affected by HIV in their community. The Testing Faith project has three key elements:
 - A training course for faith leaders on HIV and sexual health
 - Creation of a sexual health plan to educate the congregation and offer support
- **Social Support for People Living With HIV, (PLWHIV)** - Social support for PLWHIV is offered by the OUR Project (Part of Yorkshire MESMAC Group of Services).
- Each service user has their own co-developed plan, service users have access to the counselling service, 1-2-1 support can be offered in the Yorkshire MESMAC base, at home over the telephone or by Skype,
- Yorkshire MESMAC have weekly support group meetings for people living with and affected by HIV. These are an opportunity to meet people who have similar experiences, develop support networks and build skills.
- Although emotional support is important, practical support living with HIV is also



essential. A high proportion of service users are unemployed, this is particularly true of 'long term survivors' who acquired HIV when the prognosis was poor and treatments relatively ineffective making full time work impossible. Many service users are asylum seekers who have no recourse to public funds, some are living in poor, damp and cold accommodation, mothers cannot afford formula milk for their babies. MESMAC have developed links with employment and training providers, to support people back into work, awarded grants for home improvements to ensure that the home environment contributes to improved health outcomes and supplies formula milk to mothers to prevent HIV transmission via breast feeding.

- PLWHIV in Bradford have access to three grants through Yorkshire MESMAC social support services, each having their own eligibility criteria:
 - Hardship Fund – open to PLWHIV experiencing hardship or transitional changes i.e. changes in employment or family support
 - Vicar's Relief Fund – open to PLWHIV, who are in danger of becoming homeless, who are currently homeless, destitute and/or vulnerable, and those attempting to establish or maintain a tenancy
 - Health Support Grant– open to PLWHIV, used to empower service users to improve their own health, i.e. gym memberships or swimming lessons
- CBMDC provides a relationship and sex education course for young people. One of the sessions focuses on the consequences of condomless sex and the potential to contract sexually transmitted infections – one of which is HIV. HIV is discussed within the context of other sexually transmitted infections and young people receive information on testing services.
- Locala carry out testing within the district sexual health services. Primary care carry out test for patients who request a test and the acute hospitals will routinely offer HIV tests for patients for HIV.

Future challenges

- A HIV needs assessment was concluded in Summer 2016. The needs assessment had a strong focus on the epidemiology of the infection and illuminated groups disproportionately affected by HIV within the district.
- In order to halve late diagnosed and undiagnosed HIV by 2020 including prevention and educational interventions to ensure the sustainability of any reductions achieved the current work carried out by all partners needs to continue.
- The public health department will shortly be undertaking a procurement process of HIV support services, point of care testing and education. The aim of which is to ensure value for money and that the current good work continues and HIV positive people can access support services designed to enable them to live well with HIV in the future and the downward trend in HIV prevalence and late diagnosis continue.

3. OTHER CONSIDERATIONS

- There are no other considerations at this time.

4. FINANCIAL & RESOURCE APPRAISAL

- There are no financial issues arising as any procurement of services will be undertaken within the current financial resources being used



5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no significant risks arising out of the implementation of the proposed recommendations

6. LEGAL APPRAISAL

➤ There are no legal issues arising

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

To halve late diagnosed and undiagnosed HIV by 2020 work will have to continue with the current focus on those groups with the greatest prevalence of HIV but this will continue to do this within the context of continuing to raise awareness of HIV across all communities.

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None'.

9. OPTIONS



This report was provided at member request to provide an update.

10. RECOMMENDATIONS

- It is recommended that members note the contents of the report and support partnership working across the District to halve late diagnosed and undiagnosed HIV by 2020

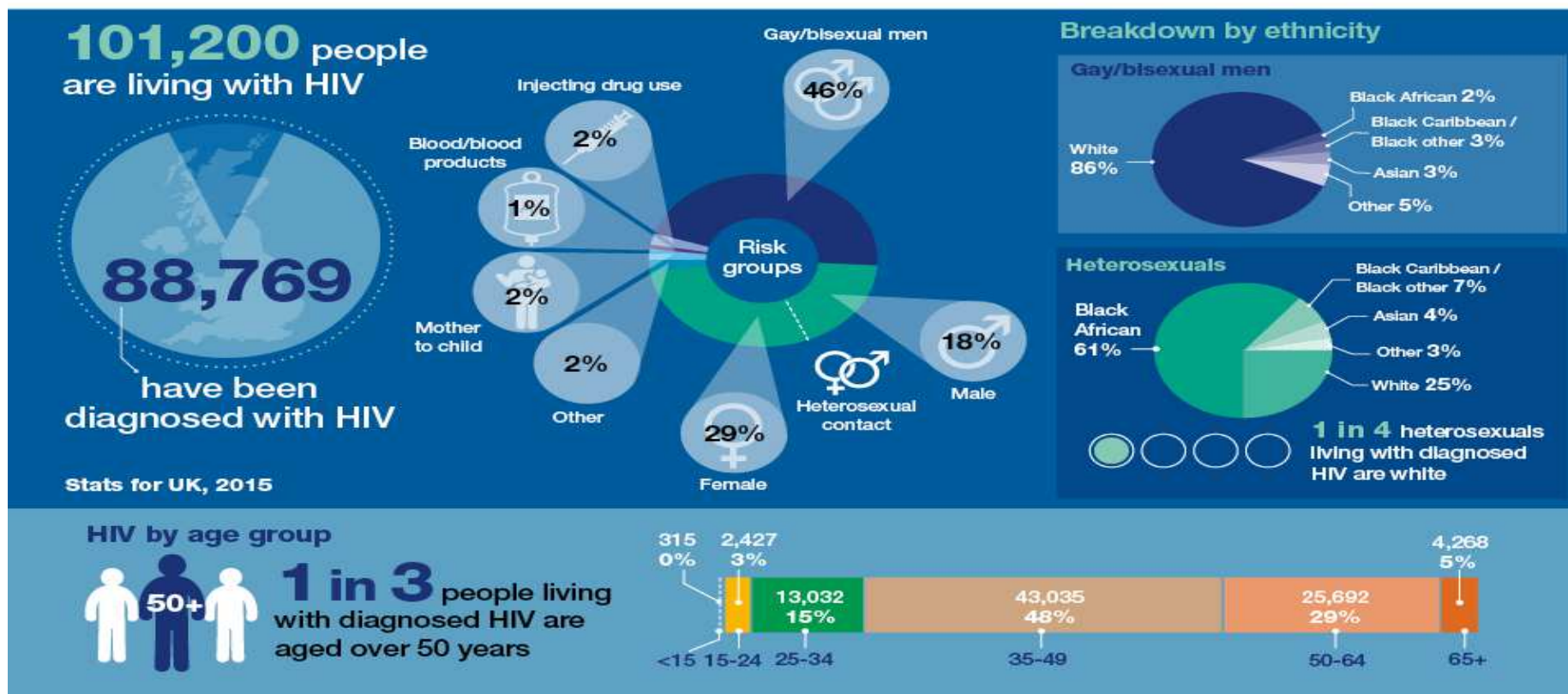
11. APPENDICES

- Appendix 1 – the national picture of HIV in the UK.

12. BACKGROUND DOCUMENTS

None





Report of the Chairs of the Bradford Dementia Strategy Group to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 26 January 2017.

W

Subject: Post Diagnosis Support for People with Dementia

Summary statement:

This report, as requested at Health and Social Care Overview and Scrutiny Committee in September 2015, is an annual update report from the Bradford District Dementia Strategy Group focusing on the services provided in the District to support people with dementia and their carers post diagnosis.

Chairs of The Bradford Dementia Strategy Group – Simon Baker and Dr Sara Humphrey

Report Contact Simon Baker, Interim Service Manager Commissioning, Adult and Community Services.
Phone: (01274) 434073
E-mail: simon.baker@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

- 1.1 The following report is an update from the Local Dementia Strategy Group on the services available in the District for people with dementia and their carers. The services described are funded by both or either the Local Authority and the NHS and are provided by a wide range of organisations including specialist acute setting support through to community based services.

2. BACKGROUND

- 2.1 The realisation of the impact of dementia on society, on individual and on families has resulted in increasing government and public pressure to improve services from health, social care, and voluntary sector and community perspectives.
- 2.2 Since the inception of the National Dementia Strategy in 2009 policy has focussed on the following issues;
- Improve detection & diagnosis rates
 - ‘Dementia-friendly’ communities
 - Integrated health & social care
 - Reduce acute hospital admissions
 - Minimise sedative psychiatric medications
 - Improve post-diagnostic support
 - Better carer support
- 2.3 The Bradford Dementia Strategy and Action Plan 2015-20 was presented to Health and Social Care Overview and scrutiny in Autumn 2014 and was launched across the District at a launch event in June 2015.
- 2.4 The Dementia Strategy Group updated Health and Social Care Scrutiny in September 2015 on progress on the Local Strategy and Action Plan. The Committee noted the progress and asked for a further update on Post Diagnosis Support for People with Dementia and their Carers.

3. REPORT ISSUES

- 3.1 Locally it is estimated that there are more than 5000 people with dementia in the District. Approximately 4000 of those people have a diagnosis with 1000 remaining undiagnosed. Local diagnostic rates are over 80% across the district meaning they are amongst the highest in the region, feeding demand for post-diagnostic services. In 2015-16 there were 1750 referrals for memory assessments. The number of people with dementia is likely to rise to 6000 by 2020.
- 3.2 Other key issues that need to be considered are that 25% of hospital beds are taken up by people with dementia, 80% of residents in care homes are people with dementia however it is estimated that 66% of people with dementia still live at home.
- 3.3 Receiving a diagnosis of dementia can be a difficult and emotional time. It can be hard to come to terms with it and know what to do next. Some people might even



feel a sense of relief from knowing what is wrong and what steps to take. Support after a diagnosis is very important. A diagnosis of dementia shouldn't stop people being in control of their lives or doing many of the things they enjoy. They should be supported to remain independent, active and engaged, and fully involved in making decisions and choices for themselves, for as long as they can.

- 3.4 Post diagnosis services range from general to highly specialised support. When a person needs a diagnosis they are referred to a memory clinic. There are 14 Memory Clinics per week in 14 different GP surgeries.
- 3.5 As a result of this people with a diagnosis will automatically be given support from a Dementia Adviser 2 weeks after diagnosis. The Dementia Adviser service, which is an assigned worker service with the Dementia Advisers and Dementia Support Workers working together from diagnosis and throughout the dementia journey, is run by the Alzheimer's Society and funded by both the Local Authority and the CCGs. Support from Dementia Advisers includes information about diagnosis & treatment, carer's needs, community support, and local community based services. Alongside support from a dementia advisor there will be a nurse review 3 months after diagnosis which covers physical health, social needs, practical support, medication, other possible mental health issues, sign-posting and onward referral. There is also a GP review every 12-15 months which covers physical health, changes in memory, medication and advanced care planning.
- 3.6 Alongside the systematic support given above post diagnosis there is a wide range of other services that can be accessed by both the person with dementia and their carers to ensure that they live well with dementia. These can be grouped under the following headings;

Social Support;

This includes Home Care/Day Centres/Sitting Service/Befriending/Memory Tree/Well-Being Cafes / Community & Voluntary Sector groups / Peer Support. A key issue, particularly in regard to community based services is ensuring that there are culturally specific services. There are a number of these services in the District which include services such as Meri Yaadain and Sharing Voices, and Eastern European, South-Asian and African-Caribbean Well-Being Cafes. There is also a pilot running to improve uptake and engagement for BAME communities which itself may increase demand for BAME post-diagnostic services.

Carers;

Carers are a key source of support to people with dementia, but it is important that they have access to support. So for carers there are again a number of services they can access including Rally Round/Carers Resource/Family Support (Alzheimer's Society)/BDCFT Carers Hub/Relate/Making Space/ Young-Onset Pathways Group. All these projects and services are key support mechanisms for carers.

Physical and Psychological Support;

To live well with dementia it is important that both physical and psychological needs are addressed. To support this people with dementia can access services where



appropriate from the District Nurse Service/ Community Matrons/ Case Managers/MH Physios /Dental Service /Dementia Lead Nurse (BRI) / Complex Care Team/Community Mental Health Teams / Occupational Therapy / Specialist Day Care / Acute Hospital Liaison and the Piccadilly Project.

- 3.7 There are also a number of highly specialised services for people with dementia in both social care and acute settings. These are provided by the Local Authority and independent care home providers and the NHS. There are a two specialist day care units, run by the Local Authority, Woodward Court Day Centre (Allerton) and Holmewood Resource Centre (Keighley). There are also Local Authority Respite & Assessment Units at Holmeview (Bradford), Woodward Court (Allerton), Holmewood (Keighley), Thompson Court (Bingley) and Currergate (Steeton). There also Community Hospitals at Eccleshill, Westbourne Green, Westwood Park, St Luke's, Castleberg that provide acute services and there are Residential & Nursing Home Care throughout the District that provide Elderly Mentally Impaired (EMI) registered facilities. There is Care Home Liaison input from CMHTs.
- 3.8 A key priority in the National Dementia Strategy is dying well with dementia. Although there isn't a specific end of life service for people with dementia, there is a District wide Palliative Care teams who provide people who have progressive illnesses with help and support throughout progression of their illness.
- 3.9 In addition to the services identified above there are a number of local and national sources of information identified for people with dementia and their carers. Locally there is a Dementia Self-Care pack available alongside, web based material, including a dementia services directory developed by Bradford District Care Trust and dementiacarer.Net, a resource aimed at giving practical support to carers of people with dementia. There are also nationally available support tools devised by organisations such as the Alzheimer's Society and Age UK and the national dementia helpline.
- 3.10 Post diagnosis support is a key priority within the Local Dementia Strategy and Action Plan. The vision for people with dementia and their families or carers is to be supported to find, contact and access appropriate, meaningful and local health, social, community and / or voluntary sector support. This needs to be done in an integrated way that ensures that providers of services and people with dementia and their families or carers are aware and can access the wide range of services available at crucial times. The Dementia Strategy Group will be working to ensure that there is that range of services available and continue to support best practice.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None



6. LEGAL APPRAISAL

None

7. OTHER IMPLICATIONS

None

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

None

8. NOT FOR PUBLICATION DOCUMENTS

None



9. OPTIONS

None

10. RECOMMENDATIONS

- 10.1 The Committee members are asked to comment on the update report.
- 10.2 To note that a further update report will be provided in October 2017

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None



Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 26th January 2017

X

Subject:

Budget and Financial Outlook

Summary statement:

This report provides information on the initial draft savings proposals which are currently under public consultation and were presented to Executive on the 6th December 2016 and the consequential implications of those proposals on the Health and Wellbeing Services. The report also reminds the Committee of the savings that were agreed as part of the 2016/17 budget proposals approved by Council in February 2016.

Bev Maybury
Strategic Director of Health and Wellbeing

Portfolio: Health and Wellbeing

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Overview & Scrutiny Area:
Health and Social Care



1. SUMMARY

- 1.1 The Council is continuing to face budget reductions as a result of the on-going national austerity measures and the proposals for the reductions are discussed in detail in the Proposed Financial Plan 2017/18 – 2020/21 Doc AJ to the Executive on 6th December 2016.
- 1.2 This report gives a summary of the pre-agreed savings that were approved at Full Council in February 2016 for 2017/18 together with new additional budget proposals for 2017/18 and 2018/19. The report also gives an indication of the affordable spending levels on Council priorities for 2019/20 and 2020/21

2. BACKGROUND

- 2.1 In February 2016, Full Council approved indicative savings proposals of £17.2m for 2016/17 and a further £24.3m for 2017/18. The total approved savings for the Council over the two years was £41.5m. Since that time £5.7m of the pre-agreed savings for 2017/18 have been replaced with new proposals of £4.6m.
- 2.2 Due to the effect of continuing national austerity measures, there are further savings in 2017/18 and 2018/19 which were proposed to the Executive and are now going through the consultation process. The savings proposed are £14.0m for 2017/18 and £18.4m for 2018/19.
- 2.3 Adult and Community Services savings for 2016/17 were £12.6 and £10.3 for 2017/18. Public Health did not have any savings over that period, however, there have been reductions to the grant of £1m in 2016/17 and £1.1m in 2017/18.
- 2.4 The Health and Wellbeing service which is now made up of Adult and Community Services, Public Health and Environmental Health has a total proposed savings target of £20.9m in 2017/18 and £11m in 2018/19. This is broken down as follows

	2017/18 pre-agreed savings	2017/18 new proposed savings	2018/19 new proposed savings	Total savings and proposed savings over the two year period
	£000's	£000's	£000's	£000's
Adult and Community Services	10,290	8,000	8,000	26,290
Public Health	0	2,599	2,936	5,535
Environmental Health	0	35	40	75
Total Health and Well being	10,290	10,634	10,976	31,900



3. REPORT ISSUES

3.1 Adult and Community Services

3.1.1 The total pre-agreed and proposed savings for the department are shown in Table 1 above and over the two year period are £26.3m.

3.1.2 The savings target for 2016/17 is £12.6m and it is currently estimated that 75% of those savings will be achieved in year. There will be a shortfall on the savings of £3.2m. Of these savings it is estimated that £1.7m will be achieved in 2017/18, but there will be a recurring pressure of £1.5m during the year until the new strategy is achieved.

3.1.3 In addition, there are other recurring pressures of £2.1m;

There is a recurring pressure of £1.4m in Purchased Care which is as a result of the challenging savings targets from previous years and the increases in numbers of people requiring care. This is in addition to the savings targets for 2016/17 that are estimated not to be achieved.

BACES has a recurring pressure of £0.4m which is largely due to the increase in demand for the services. An action plan is being devised to deal with the increase in demand and to address the financial challenges.

DoLS has an increase in numbers of people needing an assessment largely due to the Supreme Court Cheshire West judgement in 2014. The recurring pressure on this budget is £0.3m

3.1.4 The recurring pressures, unachieved savings in 2016/17, pre-agreed savings for 2017/18 and new proposed savings for 2017/18 give a total budget challenge of £21.9m in 2017/18.

3.1.5 An estimate of funding for inflationary and demographic growth in the executive report is £10.6m in 2017/18 and £8.2m in 2018/19 and this will assist with the funding for the predicted increase of 2% annually of our residents who may require a service and the projected inflationary rise in prices in 2017/18, and 2018/19.

3.1.6 Savings proposal for 2017/18 and 2018/19

We have already made significant cuts to the budget for Adult and Community Services over recent years. Even though the council will put in an extra £19m over the next 2 years to cover pay rises, price rises and the extra numbers of people using the service, we still need to make a saving of £8m from the budget in each of the next two years. This will represent a cut of some 15%.

At the same time, the number of people who use the service is expected to rise from 8,500 now to 8,843 in 2 years' time, which is a 2% increase on an annual



basis. We expect that the demand will continue to keep rising by 2% each year until 2030. Our budget saving proposals for 2017/18 and 2018/19 is outlined in Appendix 1 and includes our high level plans to manage this increase in demand.

3.1.7 Our demand management approach will be build around supporting people to be more independent and to think about what they can do rather than what they cannot do. We want a more positive approach, so that people can live their lives to the full. Our approach to meet the Adult and Social Care Needs of people in the Bradford District will be summarised in a New Vision, which is outlined in 3.1.8.

3.1.8 Home First - The vision to meet the Adult & Social Care needs of people in the Bradford District.

Department of Health and Well Being

The department main purpose is to strengthen the connections between health and social care, with the aim to enhance the wellbeing of our residents and ensure greater independence and choice for individuals.

The department also has a leadership role in driving integration and transformation both within the Council and across the local health and Care system.

The department is made up of three service areas, which includes Public Health, Environmental Health and Adult and Social Care.

- *Public Health: The service focuses on what can make a difference to an individual's health, and then takes actions to promote healthy lifestyles, prevent disease, protect and improve general health, and improve healthcare services.*
- *Environmental health: The service works to improve health by helping businesses develop safe practices by providing advice and enforcing legislation*
- *Adult and Social Care: The service helps adults with eligible social care needs find care and support so they can live as independently as possible in their own homes*

Our ambition for Bradford: Healthy, Happy, Home

Our ambition is for Bradford to be a place where:

- *People are understood to be active citizens whose contribution to Bradford and District is recognised and valued.*
- *People are supported to live healthy, happy lives, where they are in control and able to make the best lifestyle choices for themselves and their families.*
- *We recognise and support the different and diverse communities that make*



up Bradford and District and offer support appropriately.

- *Communities and places across Bradford and District help people to live the healthiest and sustainable lives they can be with access to clean air and a good range of housing options.*
- *We ensure access to information, advice and support in such a way that it enables people to help themselves.*
- *We empower people who choose to access support from services and empower staff involved in providing services to uphold people's rights to be in control and have their wishes, feelings and beliefs upheld.*

Our responsibility - A General Duty of Well Being (Section 1 of the Care Act)

The Care Act 2014 sets out a number of new rights for people who choose to access support from services, their carers and families the centre of adult social care and new duties for City of Bradford Metropolitan District Council. These rights are underpinned by a general duty on the Council to promote the well being of all our citizens.

- *Well Being – the state of being comfortable, healthy or happy*
- *Wellness – to influence the well being of the place and its people*
- *Well Being is not just the absence of disease or illness. It is a complex combination of a previous physical, mental, emotional and social health factors. Well being is linked to happiness and life satisfaction. In short, well being could be described as how you feel about yourself and your life.*

Our approach in delivering our duty will be centred around a compassionate, high quality and people centred approach.

Strengths Based Approaches

We will work with people who choose to access support from services, their carers and family members and our communities to develop new systems which build on their strengths. Strengths based approaches involve:

- *Making information and advice easily accessible so that people can make informed decisions about their support needs.*
- *Early intervention which builds on people's natural networks of support*
- *Ensuring that all practicable steps are taken to ensure that people who have long term support needs from the services wishes feelings and beliefs are communicated, understood and upheld.*

We will do this by:

- *Listening to people*
- *Improving the accessibility of our information about options*



- *Finding personalised solutions*
- *Proactive support for self-care which supports healthier lives*
- *Early help to delay and prevent minor things developing into something major*
- *Strengthening and investing in our Social Workers and the culture of social work practice*
- *Transferring power away from traditional services to people, their families and communities*
- *Using technology*
- *Treating all people with dignity and respect*
- *Establish arrangements to uphold and enable people's rights to take positive risks*
- *Ensuring that where a person is at risk of abuse that we put in place measures that ensures they remain in control*
- *Where a person requires the deprivation of liberty safeguards we take all practicable steps to ensure their rights are upheld.*

3.2 Public Health

- 3.2.1 The total pre-agreed and proposed savings for the department are shown in Table 1 above and over the two year period are £5.5m.
- 3.2.2 The department is forecast to balance the £1.1m net expenditure budget (£46.1m gross budget) and deliver the £1.4m savings as planned. The savings of £1.4m are split between a reduction in funding from the Department of Health (DoH) totalling £1m and Council approved savings of £0.4m.
- 3.2.4 The funding from the DoH for Public Health services is expected to reduce by £2.2m over the period 2017-19, all inflationary pressures will be managed within the remaining grant total.
- 3.2.5 Savings proposal for 2017/18 and 2018/19 are shown in Appendix Two.

3.3 Environmental Health

- 3.3.1 The total pre-agreed and proposed savings for the department are shown in Table 1 above and over the two year period are £0.1m.
- 3.3.2 Environmental Health is forecast to underspend the £0.6m net expenditure budget (£2m gross budget) by £0.2m. The underspend is largely attributable to vacancy management and running costs.



3.3.6 The proposed savings over the two years are shown in Appendix two. It is proposed to undertake a management restructure within the Environmental Health Service as part of wider changes in the Department of Health & Wellbeing. The total saving over the two year period will be £0.1m

3.4 Overall Summary of Health and Wellbeing

3.4.1 The total pre-agreed and proposed savings for the department are shown in Table 1 above and over the two year period are £31.9m.

3.4.2 Current savings targets for 2016/17 are forecast to be 75% achieved. This will leave a recurring pressure on the budget largely for purchased care of £1.5m.

3.4.3 Other budget pressures within Adults and Community Services amount to £2.1m.

3.4.4 The total budget challenge over the next 2 years is £35.5m

3.4.5 Funding for inflation is estimated to be £18.8m.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 This report discusses the financial savings proposals for the Health and Wellbeing service.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

This report is about the proposals for budget reductions over the next two years. The new proposals are currently being consulted on and each proposal has an Equality Impact Assessment. The risks associated with the proposals can be viewed in the main Executive document.

6. LEGAL APPRAISAL

The legal issues are discussed in detail in the Executive report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

To ensure that the Council complies with its moral and legal obligations on equalities and to support the Council to set the Budget for 2017-18 and 2018-19 in as fair and as transparent a way as possible, the draft proposals are subject to a systematic process of Equality Assessments (EAs).

Preliminary Equality Assessments have been carried out to support the development of the draft proposals and to give initial consideration as to how the draft proposals may affect particular groups and communities. Where any potential disproportionate impact on groups identified in the equality legislation is highlighted,



the actions that could be taken to mitigate or remove those negative effects are considered.

The draft Equality Impact Assessments for the proposals outlined within this report can be viewed [here](#).

7.2 SUSTAINABILITY IMPLICATIONS

The long term sustainability of the Council's ability to continue to provide support to people is under considerable pressure due to the increasing demand and the reduction in funding. This issue is not isolated to Bradford and is currently being discussed Nationally by the Government and other influential bodies.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

The potential implication of the saving proposals may have some community safety implications and these are outlined in both the saving proposal and associated Equality Impact Assessment.

7.5 HUMAN RIGHTS ACT

Since the supreme court (Cheshire West judgement in 2014) ruling around the mental capacity Act DoLS, there has been an increase in demand in request for authorisation. Locally we have seen a 10 fold increase in demand. It is anticipated that as the Council better understand the implication of this work, there will be at this stage un-qualified cost of legal expense in keeping with our legal requirements for the Human Rights Act.

7.6 TRADE UNION

The new proposed savings have no direct staffing implications but there will be a need to change the way work is currently done.

7.7 WARD IMPLICATIONS

No specific Ward implications

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

8. NOT FOR PUBLICATION DOCUMENTS

None



9. OPTIONS

For information only

10. RECOMMENDATIONS

- 10.1 That the Committee notes and provides feedback on the Executive's draft proposals for 2017-18 and 18-19 as summarised in this report.
- 10.2 That the Committee also provides feedback and comment on any of the Executives other draft proposals for 2017 -18 and 18-19, which may have an implication on the Health & Wellbeing of residents within Bradford District.

11. APPENDICES

Appendix 1 – The Executives 2017-18 and 18-19 draft budget proposal for Adult and Community Services

Appendix 2 – The Executives 2017-18 and 18-19 draft budget proposal of Public Health.

12. BACKGROUND DOCUMENTS

- Budget workings papers
- Budget savings trackers
- [Quarterly Financial reports to the Executive](#)
- SAP
- [Budget Executive report](#)
- [Equality Impact Assessments](#)



Appendix 1

Saving proposals for 2017/18 and 2018/19

Adult and Community Services

Ref - 4A1 **Adult and Community Services - Overall Demand Management Strategy**

Total 2016-17 Budget for Service Area £108.4m

2017-18	2018-19	Total	% of current base
£8,000,000	£8,000,000	£16,000,000	15%

The latest statistics from Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) projects a 2% yearly increase in the number of service users up to 2030.

The challenge is to change the culture in Adult Social Care and with the NHS to move from a dependency model to one that promotes independence and resilience (a strength based model, with a focus on what people can do, and positive risk-management so people can live their lives to the full).

The Sustainability and Transformation Plan includes development of an Accountable Care System. The aim of this will be to use our investment to improve the health and wellbeing of people in the Bradford District. We will do this by targeting our collective resources to maximise independence and resilience, regardless of age, disability or condition and protecting and safeguarding the most vulnerable in our communities.

The challenge in Adult Social Care is to deliver services to growing numbers of both young and older people, whilst at the same time discharging our statutory duties.

We will where possible support people to be safe and independent at home and so reduce the need for some people to go into residential/nursing Care. We will do this by working with our NHS and community and voluntary services partners to promote independence through strength based assessments, a greater focus on prevention/early intervention and using enabling technologies. This approach will be underpinned by an integrated workforce development plan which will focus on the Home First Model:

1. Reducing the number of people coming into care through an enhanced preventative focused (early intervention) approach, which will aim to minimise the need for long term support by addressing underlying needs at the earliest stage possible, and reduce the need for some people to go into hospital or a care facility.
2. Changing the culture across the care system: moving to a strength (asset) based model that will require an open dialogue with the people, their families and carers to draw on these resources to maximise independence; and ensuring that people get the right level and type of support i.e. not too little and not too much.
3. Speeding up integration with Health to ensure we can establish a whole systems approach across the Health and Social Care sector and secure efficiencies and economies e.g. Integration of complex care teams with partners within NHS and Voluntary and Community sector, so that service users receive the right care at the time



in the right place, and so that support from Health and Social Care is seamless. Ensure all service users are reviewed on a regular basis in line with the guidance set out in the Care Act, so that the appropriate package of care is delivered subject to the individual's needs.

4. Moving away from expensive traditional forms of support through targeted care and enhanced reviews of care needs. This could include options such as extra care or improved home care services and only using residential or nursing care when people really need it.
5. Redesigning our approach to enablement to reduce costs and maintain independence of people e.g. more investment in home care. We will do our utmost to support people to regain skills and confidence to stay independent including use of technology.
6. Reviewing the financial needs of people to ensure that they are provided with the appropriate level of funding to meet their care need. When we assess people we will ensure that they get the right support from either health or social care funders.
7. Continuing the implementation of personalisation including the use of ISF's (Individual Servicer Fund). ISFs are a third party agreement that will ensure that people can have choice and control without the worries of looking after the money.

Our approach builds on our local experience and research undertaken by national bodies which has demonstrated that significant amounts can be saved through effective demand management across the support system. The key underlying principle will be to ensure we deliver services in the short term, while using this time to develop the provider market to take on service delivery in the medium and long term.

These proposals are designed to enable the costs of the services to be contained within the proposed available resources, despite the predicted rise in demand of approximately 2% annually, and inflationary increases in costs affecting Adult Services. This proposal reflects our conclusion that we need to make changes to the way we deliver services in order to avoid annually £8m of costs that would otherwise be incurred. This level of saving is required even after the use of additional income from the Better Care Fund, and from the Social Care precept equivalent to 2% of Council Tax. This is a challenging, yet achievable goal.

Equality impact on the Equality Duty protected characteristics & low income groups

Older people and people with Mental Health & Learning Disabilities will predominantly be affected by this proposal but the focus will be on personalised services for people so the impact on protected characteristics will be mitigated at individual level.

As part of the Strategy to reduce residential and nursing places it is intended that more extra care schemes are developed, which will help to improve people's lives and reduce expenditure across all groups.

As the proposal is developed, the detail of impacts will be further assessed to ensure any potential implications on protected characteristics are minimised.

Mitigation

Our approach will seek to focus on people's strengths and enabling people to manage properly understood, proportionate and positive risks in living their lives.



We will undertake individual assessments and carry out extensive engagement with service users, carers and advocates to ensure seamless transitions for any service users affected. This will enable us to meet our duty under the Care Act 2014 and mitigate against any disproportionate negative impact on any person with a protective characteristic.

By offering other options for people in terms of housing and care support, people will have the opportunity to access appropriate services that meet their assessed needs and be in a position to maintain their independence and to continue to have a positive contribution and be inclusive in their local community. This will ensure where possible people with particular characteristics are not disproportionately affected. We will further review the potential impact on protected characteristics as part of the development of the delivery programme.

See EIA 4A1



Appendix 2

Saving proposals for 2017/18 and 2018/19

Public Health

Ref: 4PH1 School Nursing and Health Visiting

The Public Health budget for 0-19 years is currently £14.4m and funds the health visiting, school nursing and oral health services. It is proposed that this budget will reduce to £12.2m by 2018-19; the reduction will be phased over two years and achieved through service based efficiencies.

Ref: 4PH2 Substance Misuse

The budget for substance misuse provision will be reduced through a combination of redesign and re-commissioning of services and services ceasing. The substance misuse recovery service is currently out to tender and savings of £2.2m are expected over the two-year period, to be achieved through streamlining prevention and treatment services. The budget for substance misuse dual diagnosis service, supervised medication programme and inpatient detoxification services will reduce over the period resulting in further savings of £0.6m

Ref: 4PH3 Sexual Health

The total budget reduction of £0.1m will require a redesign of the wider delivery of sex and relationship education in schools and ceasing of one advice service for young people.

Ref: 4PH4 Tobacco

The Tobacco service will be redesigned with dental practice and midwifery stop smoking services ceasing and the District stop service reducing. The District stop smoking service will refocus on areas identified as having higher smoking prevalence and also on priority groups e.g. pregnant smokers, patients with a long term condition etc. The total budget reduction is £0.1m.

Ref: 4PH5 Children and Young People

Services for children and their families focusing on accident prevention and support for parents and children age 0-5 years will be phased out over two years, with a view to some activities being mainstreamed into the wider transformation plan for children, young people and families for the District. This will give a total budget reduction of 0.2m.

Ref: 4PH6 Health Improvement

The budget for this service area currently provides grant funding to 24 VCS organisations to support delivery of a range of interventions such as “cook and eat” programmes and physical activity sessions. The grant funding comes to an end on the 31st March 2017 and it is proposed that it will not be extended, resulting in an



annual saving of £1m.

Ref: 4PH7 Small Grants

The small grants scheme, which addresses broader public health outcomes such as cancer awareness and healthy lifestyles, was introduced in April 2016 with a total funding of £0.1m; it is proposed that this will not be extended beyond 2016-17.

Ref: 4PH8 Warm Homes

The Warm Homes Healthy People (winter activity) programme will be reduced by £0.1m over the two year period.

Ref: 4PH9 CCG Rebasing

Funding transferred to local Clinical Commissioning Groups (CCG) as part of a budget rebasing arrangement will cease as 1 April 2018, giving a saving of 0.5m.

Ref: 4PH10 Staffing and Operational Cost Reductions

The Public Health staff team will be reduced in line with the department redirecting its investment profile towards reducing demand and maintaining health and well-being, in year 1 this will be achieved through vacancy management. External spend on staff support will also reduce or cease resulting in savings over the 2 year period of £0.65m

In summary, the majority of budget reductions will be met through a range of measures including service redesign, re-commissioning of services and services ceasing. It is anticipated that where services are redesigned and/or re-commissioned, innovation and transformation will be key to meeting service user needs, likewise a key factor will be integration across departments and sectors. It is noted that where savings are predicated on revised and reduced contract values, the market in terms of bidders/providers may become limited as contracts may be perceived to be less attractive and or higher risk.

