

<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p align="center">4 November 2015</p>	
<p>TITLE OF REPORT Public Health Update – Finance, Community Champions and Oral Health</p>	
<p>Report of the Corporate Director</p>	
<p>Open Report</p>	
<p>Classification - For Information</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
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1. EXECUTIVE SUMMARY

- 1.1. This report provides an update to the overview report presented to PAC in January 2015 and provides further detail on the areas of interest noted at that meeting.
- 1.2. Further detail is provided on the areas that were of particular interest to the PAC at the previous presentation:
 - **Finance** - a summary of current consultations regarding in-year cuts to the public health budget and future funding allocation levels;
 - **Community Champions** - a description of the commissioned services working in our communities to improve health and wellbeing;
 - **Child oral health** – an overview of children’s oral health and services in Hammersmith & Fulham.

2. RECOMMENDATIONS

- 2.1. The PAC is requested to review and comment on this further information on the public health service and the health challenges in the borough.

3. INTRODUCTION AND BACKGROUND

- 3.1. The January 2015 report provided a summary of the role, structure, budget and services commissioned by Public Health. It also described the three borough Public Health Strategy and its priorities:

There are six shared priorities:

- reducing smoking rates
- reducing levels of obesity in adults and children
- improving sexual health
- reducing substance misuse
- improving preventative health care
- improving mental well-being

The Hammersmith & Fulham priority is:

- reducing the health inequalities associated with childhood poverty

- 3.2. The PAC has also received a report on childhood flu at this time that provided a description of the roles and responsibilities of the different partners. This topic has been dealt with separately at subsequent PAC meetings and so is not addressed in this report.
- 3.3. The finance section describes the current public health budget for Hammersmith & Fulham and how this is used to fund a range of commissioned services that help meet the needs of our residents, that have a focus on prevention, and that help deliver our strategic priorities.
- 3.4. An important service area, and one that was noted at the previous PAC, is the work of public health workers in the community. These include Community Champions. Further detail of their work and impact is provided.
- 3.5. The update on child oral health is provided in response to the interest in the dental public health indicator described in the January report, which is part of the overall public health outcomes set of indicators.

4. ISSUES

- 4.1. The following provides a summary of the key topic areas for this report on finance, community champions and child oral health.

Finance

In-year cuts

- 4.2. In June the Chancellor announced a series of saving programmes across Government. As part of this the Department of Health (DH) was tasked with delivering national 'in-year' savings of £200m from the public health grant to local authorities. A decision on how this £200m will be shared

across local authorities will follow, after a full analysis of a consultation on the process which ended on 28 August 2015.

- 4.3. The consultation set out the preferred method of allocation from the DH, as a flat % cut across all authorities. In our response to the consultation we agreed with this method as it delivers the best outcome for Hammersmith and Fulham. A copy of our response is attached in appendix 1.
- 4.4. The flat rate proposed (6.2% across the whole grant for 2015/16) represents £1.42M to Hammersmith & Fulham, which we expect to be taken from the 4th quarter payment.
- 4.5. Public health leads are currently scenario planning for these financial changes.

Funding formula

- 4.6. The DH published a consultation on 8 October 2015, proposing to make changes to the way in which public health services are funded. The deadline for consultation responses is 6 November 2015.
- 4.7. The current method of allocating the national budget for public health is via a funding formula, which is largely based on historic factors. The proposal is to move to a 'fair shares' Target Budget which is based on several factors such as deprivation, mortality and population changes in a local authority area.
- 4.8. Currently, the Actual budget is in excess of the Target Budget, but over time these will become aligned. Under current arrangements, it would take 26 years for Hammersmith & Fulham to move to the Target budget, but the consultation seeks to change this to nine years.
- 4.9. The consultation does not cover the reduction in the national Public Health funding, but instead is concerned with the longer-term alignment of Target and Actual Budgets. In the short to medium term, it will have little effect on Hammersmith & Fulham.

Community Champions

- 4.10. The *Community Champions Programme* is delivered through the recruitment, training and capacity development of local residents and communities in the most deprived wards of the borough in order to:
 - recruit and train local residents as Community Champions to work with providers and commissioners,
 - gather insight through residents' feedback,
 - improve access to local health and wellbeing services, particularly through proactive community outreach, contact, information and signposting to local services,

- increase early intervention, health promotion and behaviour change, through local public health programmes that promote early intervention, peer education and self-management for people with long term conditions,
 - build social capital (building confidence, improving mental wellbeing, reducing isolation and promoting community cohesion) through community events,
 - extend the public health workforce through training people to pass messages on to their peers.
- 4.11. The Community Champions programmes are running in the following estates in Hammersmith & Fulham:
- Old Oak (Old Oak Housing Association, part of Family Mosaic)
 - Edward Woods (Urban Partnership Group)
 - Parkview Centre
- 4.12. The programme is for all residents in these areas. In addition to recruiting and training volunteers to run public health campaigns, events or ‘fun days’ are held for residents to come together for different activities and connect with local services, and training courses are run for residents in community settings to promote employability through training and voluntary experience. It also supports parent and family networks and connections between neighbours.
- 4.13. There is evidence that an asset based approach develops more community capacity and individual resilience, leading to improved wellbeing and community connectedness. It also contributes to developing local resilience and moving away from dependence on statutory services.
- 4.14. An evaluation of the programme found that community champions had improved understanding and activities around mental health, physical activity and healthy eating in 90% of respondents, and had referred 177 people to stop smoking services, engaged with 3000 residents to improve local services, and that 16 out of 18 champions went on to full or part time employment.
- 4.15. Outcomes and costs
For each project the targets are:
- 15 volunteer Champions trained and engaged in activities each year
 - 4 Community events a year
 - 3 Community newsletters a year
 - 3 public health campaigns a year
- All projects have met these targets. The cost for each project is £60,000.

Child oral health

- 4.16. Tooth decay is an important local public health issue but that is largely preventable. It is generally caused by high consumption of sugary food

and drink, lack of exposure to fluoride and poor oral hygiene. The latest child dental epidemiology survey (2011/12) found that 28.4% of 5 year olds in Hammersmith and Fulham had at least one decayed, missing or filled tooth (DMFT). The average number of DMFT among 5 year olds in Hammersmith and Fulham is 1.15.

- 4.17. Dental problems such as tooth decay cause pain and can impact on children's appearance, socialisation, sleep and concentration, and children may require time off school for appointments. A number of children end up in hospital having decayed teeth extracted or filled under general anaesthetic. Dental caries are the main cause of hospital admissions for children aged 1-18 years and are responsible for 24% of admissions in 5-9 year olds in Hammersmith and Fulham.
- 4.18. Councils have a responsibility for dental public health services, which primarily relates to providing information and advice on oral health and commissioning community oral health programmes, particularly for at risk or vulnerable groups. Local dental services (primary, secondary and community) are commissioned by NHS England. This includes an Oral Health Promotion Team, employed at Central London Community Healthcare (CLCH) NHS Trust. The Public Health team works closely with the Oral Health Promotion Team to deliver oral health improvement programmes locally and commissions work to improve oral health and prevent disease over and above what is provided as part of the dental services commissioned by NHS England.
- 4.19. Interventions provided include:
- *Brushing for Life*
Distribution of age-appropriate toothbrush and toothpaste packs, evidence-based oral health messages by Health Visiting Teams at 8/9 month and 2 ½ year child development reviews.
 - *Keep Smiling*
An oral health improvement programme for 3-7 year olds delivered in local primary schools. It consists of the application of fluoride varnish, toothbrushing sessions, delivery of evidence-based oral health messages and signposting to dental practices. During 2014/15 this programme was delivered in 5 schools in Hammersmith and Fulham and during 2015/16 this will programme is being delivered in 5 additional schools. The development of resource packs to support the delivery of oral health messages in children centres, nurseries, libraries and schools.
- 4.20. These two services form part of a wider programme of child oral health improvement work locally, which includes:
- Training of health professionals, school staff, Health Visitors, nursery settings, Early Help, children's centre staff and Community Champions in delivering consistent oral health messages.
 - Integrating oral health within wider programmes, including school nurse reviews; the healthy weight service, healthy schools and healthy early years.

- Working with teenagers in secondary schools to reduce dental decay.

APPENDIX 1: RESPONSE TO DH CONSULTATION ON IN YEAR CUTS

As part of wider Government action on deficit reduction, the Department of Health (DH) has been asked to deliver savings of £200 million in 2015/16 through reductions to the Public Health Grant to local authorities (LAs). This consultation sets out possible options on how the £200 million savings might be spread across LAs and asks three questions on how they can be delivered most fairly and effectively.

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All public health commissioned services are 'front line', and the majority are aimed at prevention, which serves to increase productivity and reduce future costs, both for social care and the NHS. As such this proposal will only cost more in the long run and is a false economy.

As a significant proportion of public health services are commissioned directly from the NHS, the claim that there will be no impact on the NHS is incorrect. There will be both short term (loss of income) and long term (increased costs) impact on the NHS.

Question 1:

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Do you agree with DH's preferred option (C) for applying the £200 million saving across LAs? If not, which is your preferred option?

Please tick your preferred option or describe an alternative :

- A
- B
- C
- D

Yes, given the options our three councils agree that option C is the most appropriate method.

Option D: Additional information on local needs

Other comments:

Question 2: How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

- **We would encourage a quick, transparent and clear decision to give sufficient time to make any in-year changes.**
- **Our budget cuts will have to be financed by allocated spend for pipeline projects, therefore advanced notice is required should the 2016/17 grant also be changed as this will impact on future commissioning plans, programmes and projects.**
- **Give confidence on future funding to ensure we can plan properly for the delivery of our public health responsibilities. The two month delay in getting this consultation out has already caused a large amount of avoidable uncertainty.**

Question 3: How best can DH assess and understand the impact of the saving?

- **By gaining an understanding of the cuts required to achieve these savings and what services are affected.**
- **The DH also needs to assess the long term impact, savings now vs exponentially increased costs in future years (return on investment), including the production of an Equalities Impact Assessment and a Health Impact Assessment.**
- **Uncertainties over future grant levels and in year cuts impact on the ability to plan accordingly and impact on the ability to deliver this statutory service.**