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Leeds CITY COUNCIL

HEALTH AND WELLBEING BOARD

(ADDITIONAL SPECIAL MEETING)

Meeting to be held in Room 412, The Rosebowl, Leeds Beckett University on Tuesday, 12th January, 2016 at 1.30 pm

There will be a pre-meeting for Board members only from 1.00pm

MEMBERSHIP

Councillors

L Mulherin (Chair) S Golton N Buckley
D Coupar
L Yeadon

Representatives of Clinical Commissioning Groups

Dr Jason Broch	Leeds North CCG
Dr Andrew Harris	Leeds South and East CCG
Dr Gordon Sinclair	Leeds West CCG
Nigel Gray	Leeds North CCG
Matt Ward	Leeds South and East CCG
Phil Corrigan	Leeds West CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Care
Nigel Richardson – Director of Children's Services

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Representative of Local Health Watch Organisation

Linn Phipps – Healthwatch Leeds
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers

Jill Copeland - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Agenda compiled by: Helen Gray
Governance Services – 0113 2474355

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED** – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	
4			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
6			**LEEDS LET'S GET ACTIVE** To consider the report of the Director of Public Health seeking the Boards consideration of short term funding solutions to enable the Leeds Let's Get Active Scheme to continue and allow further evaluation of the project on health outcomes	1 - 8
7			**FUTURE CUTS TO LOCAL AUTHORITY PUBLIC HEALTH FUNDING** To consider the report of the Director of Public Health which provides details of the public health grant cuts faced by Leeds and seeking the Boards consideration of how best to minimise the negative impact of the cuts	9 - 16
8			**DATE AND TIME OF NEXT MEETING** To note the date of the next meeting as Wednesday 20th January 2016 at 10.00 am	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

Leeds Health & Wellbeing Board

Report author: Mark Allman
Tel: 01132478323

Report of: Director of Public Health, Leeds City Council

Report to: The Health and Wellbeing Board

Date: 12th January 2016

Subject: Leeds Let's Get Active

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Are there implications for equality and diversity and cohesion and integration? The withdrawal of the scheme will have direct implications for those people most in need in support in the cities most deprived areas where we have the highest health inequalities.	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The Health and Wellbeing Board received an update report back in September outlining the significant and successful impact that the Leeds Let's Get Active scheme has had in engaging people to be physically active, especially those who had been previously inactive, with over 500 previously physically inactive people taking part every week.

The quantitative and qualitative evidence produced so far points towards some exciting and encouraging results. The scheme continues to grow in reaching out to new people with over 350,000 visits having now been made overall, nearly half of which from people previously declaring as being inactive, however, funding runs out at the end of March 2016 with as yet no source of funding to allow continuation

The Health and Wellbeing Board is being asked to consider possible short term funding (up to 1 year) solutions to enable the scheme to continue and allow further evaluation of the impact of the project on health outcomes within the context of overall budget provision.

Recommendations

The Health and Wellbeing Board is asked to:

- Note and discuss the contents of the report
- Consider the contribution it is making to the overarching ambition of the city's Joint Health and Wellbeing Strategy of ensuring that those who are the poorest improve their health fastest
- Consider funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research commissioned by Public health to be evaluated and reported upon, ideally up to March 2017.
- To bring forward a fuller evaluation report in October 2016 to allow discussion about the longer term funding of the scheme and the impact on health and wellbeing outcomes.

1 Purpose of this report

1.1 To discuss funding options for the short term continuation of the Leeds Let's Get Active scheme and seek agreement for continuation of funding.

2 Background information

2.1 In 2013 Sport & Active Lifestyles Service was successful in applying for £500k of Sport England funding from their "Get healthy get into sport" pilot grant programme. LLGA was one of 14 national pilots looking at different ways of increasing the activity levels of those who are currently inactive.

2.2 The Sport England £500k was matched by Public Health who also committed funding of £60k, continued from the previous Bodyline Access Scheme project, making the funding for the first 18 months (October 2013 – March 2015) of delivery £1,060,000.

2.3 Following the first 18 months of delivery, the project was extended following a re-profiling of the loss of income expenditure from years 1 and 2 and additional financial support from Public Health to the value of £145,000. This has allowed for one full additional year of delivery which is due to end March 2016.

2.4 The LLGA scheme provides an offer that includes; free, universal access to all City Council Leisure Centres (which includes gym, swim and exercise class provision); free physical activity opportunities in local parks and community settings and a continuation of the Bodyline Access Scheme.

2.5 By way of current update the LLGA Scheme is achieving the following outputs and outcomes:

From our previous report in September it was found that;

- 48% were classified as inactive at baseline

- 86.9% did not meet the chief medical officer's recommendations of 150 minutes per week.

- There were 250,000 visits of these 135,000 visits were made by inactive people.

- 14,994 people are from deprived areas

- There were 500 participants a week classified as inactive at baseline who were regularly engaging with LLGA.

Since April 2015 we changed the research based on funding provided by Public Health, the latest results are very promising, providing information about lifestyle behaviour;

- LLGA is attracting participants from target areas of deprivation- the area with the highest proportion of participants was LS12.

- 28% reported no academic qualifications

- 88.5% of participants were not physical active enough for health each week.

- 88.2% did not consume enough fruit and vegetables.

- 17.3% were current smokers

- 38.7% reported hazardous and/or harmful alcohol consumption

- 17.9% were diagnosed with a long term condition in the last 12 months

- 7.7% presented with a mental health condition

- 18.5% reported their life satisfaction as 'very low'

- There have been 348,128 visits, 45% of these visits were made by participants who were classified as inactive at baseline.

- 85% of these visits were made by participants reporting lifestyle risk factors in combination (2 or more)

2.6 Furthermore it should be noted that Sport England have adopted a much stronger position on Health and Wellbeing and this is going to strengthen as a consequence of the launch of the Government's new Sport and Physical Activity Strategy (Sporting Future: A New Strategy for an Active Nation) which will require Physical activity to be a named key priority in Health and Wellbeing strategies for funding to be secured from Sport England in the Future.

3 Main issues

3.1 Central Government reductions in Council and Public Health funding have conspired to put the continuation of the existing LLGA scheme at risk before a full evaluation of the scheme can be produced and despite some very encouraging interim findings. As the Board is aware the cuts in funding are severe and the in year cuts in funding to Public health in particular are potentially jeopardising schemes/projects that are worthy of long term support.

3.2 The outcomes referred to above are really encouraging and failure to continue the scheme is highly likely to have adverse impacts on those people who have already benefited from the scheme as well as those people who are yet to benefit.

3.3 In developing options officers have tried to look a variety of funding options. These options can be summarised below, but in truth whilst there are a number of permutations that could apply, it is difficult to know their relative potential impacts compared to the scheme as currently operated. There are 2 main approaches that could be adopted.

- Firstly the scheme could be extended by 6, 9 or 12 months in full to allow evaluation to be considered in full by the Board.

- Secondly the Board could consider a lesser offer within the Leisure centres (but still retain the community offer as it is much smaller and relatively inexpensive). So for example the Board could consider reducing the scheme by allowing either swimming or Gym only at each leisure centre, or alternatively only offering the free swim and Gym at those 4 sites in the most deprived wards. The difficulty with reducing the scheme is that it would fundamentally alter the offer that is seemingly being effective already and the changes could undermine the programme before Leeds Becket University have undertaken their evaluation.

Option 1 - carry on scheme as it is.	£433k
Option 2 - carry on scheme but without staffing funding& Research Partnership.	£358K
Option 3 - swimming only - all possible sites	£140k
Option 4 - gym only - all possible sites	£278k
Option 5 - Deprived areas (Middleton, Armey, Fearnville, John Charles Centre for Sport)	£179k

- The preferred option is to continue the scheme for 12 months up until the end of March 2017.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 LLGA continues to engage a wide variety of stakeholders as part of the project delivery. Importantly the project team consider community groups already working with key target groups as being essential in ensuring that the project reaches those people who are inactive and based in the highest areas of deprivation as they will have some of the best communication channels. A series of workshops and events continue to be delivered as part of this holistic approach. In addition to this the project is also engaging directly with, for example, Sport Leeds, West Yorkshire Sport, Public Health, Children's services, Adult Social Care, Resources (revenues and benefits).

4.1.2 In addition to a previous communication audit with Leeds Beckett University, LLGA has pooled resource with the National Governing Body Place Pilot (A project led by S&AL funded by Sport England) to commission a large scale insight report with the following objectives;

- Understand how to better engage inactive people in physical activity and sporting opportunities in Leeds
- Understand how barriers to sport and physical activity can be removed
- Understand how to better influence the range of emotional responses people have regarding physical activity
- Understand supportive and engaging messages, channels and credible advocates for increasing physical activity in the inactive.
- Provide recommendations to Sport and Active Lifestyles service to help in responding, planning and the implementation of services to encourage an increase in activity levels with a focus on those currently inactive.

This insight work will support S&AL to better engaging inactive people following in-depth qualitative research with large number of residents. This work has also incorporated focus groups and co-creation workshops to ensure projects are innovative and accessible with communication methods and channels working to maximum effectiveness.

4.1.3 The Scrutiny Board (Sustainable Economy and Culture) considered the LLGA Scheme proposals at its meeting on 16 July 2013 and received an interim report/update on 16 December 2014. Members of the Board strongly welcomed the scheme and its aims and objectives. They were pleased that the council has been successful in obtaining the funding for the pilot from Sport England and Public Health, and are keen to play a part in seeing the project succeed.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 These proposals have previously been screened for issues on Equality, Diversity, Cohesion and Integration as part of the Executive Board report on the 24th April 2013. In general, such considerations are integral to this whole report as one of the major aims of the proposals is to narrow health inequality, a key council objective. The screening noted:

- The pilot project is designed to provide more assistance to get active in more deprived communities.
- The free swim and gym offer will be doubled at Armley, Fearnville and the John Charles Centre for Sport – all measured as having the most deprived catchment areas among the council's leisure centres.
- The community offer and the pathways to the Bodyline offer will be focused on areas and individuals where the health need is highest.
- The free offer will be available to the whole population and across the whole council leisure centre portfolio.
- Consider whether some free sessions should be female only.
- Consider how access to free sessions is extended to disabled groups as far as possible and practical.

These notes have been actioned as the project has progressed.

4.2.2 In the event that funding is not confirmed from April 2016 the areas of Leeds with the highest inequalities will be greatly impacted as the project has focussed its resource most intensively in these areas.

4.3 Resources and value for money

Continuing this pilot on the same scale as previously was neutral to the council's budget in 2014/15. The budgeted cost for 2014/15 of £631k was met with £349k from Sport England (note, includes £28k that wasn't claimed in year 1), £82k from Public Health, £40k from Public Health funding Bodyline Access Scheme and £160k in-kind officer time funded by the Council in its base 2014/15 revenue budget. LLGA runs in year three based on a re-profile of £195k of Public Health money (year 2) alongside an additional £145k additional support to build evidence base.

Year 4 funding is being requested to continue LLGA beyond March 2016 and up until March 2017 to allow further evaluation of the scheme.

In terms of value for money,

- There has been a positive impact on physical activity levels of previously inactive people particularly on the targeted less affluent areas of the city

- This therefore should have long-term benefits in lower health and social care expenditure on a range of physical and mental conditions linked to inactivity.

- The project is also intended to improve our understanding of the level of social and long-term economic return from investing in promoting healthy activity in this way and this research is on-going.

- This paper sets out options for the continuation of funding beyond April 2016, by either scaling back the scheme in scope (i.e. fewer sites and a lesser offer and therefore with unknown consequences on impact and value for money) or by providing funding for a more limited time eg 6 or 12 months.

- The preferred option would be to allow the scheme to continue for 12 months up until the end of March 2017.

4.4 Legal Implications, Access to Information and Call In

4.4.1 The provision of sport services by councils and their pricing or subsidy is not subject to statute so the main legal criteria are that these proposals are reasonable. The Board are reminded of the project development taking due regard to consultation on groups impacted. There is no access to information and call-in implications arising from this report.

4.5 Risk Management

4.5.1 The main financial risk is that the free offer diverts more paying customers than anticipated, widening the loss of income and reducing the space in pools for previously inactive newcomers. This would increase the cost and reduce the effect of the free swim part of the offer and it might have to be curtailed early to avoid loss to the council. To manage the risk the income loss and numbers of new participants continue be monitored for any disproportionate loss of income.

4.5.2 The main policy risk is that this pilot produces an expectation of free access to high cost facilities and activities at a public subsidy that cannot be sustained. To mitigate this risk, efforts will be made to offer additional paid sessions to new customers and to build up evidence of the benefits of the offer, so as to encourage future funding or sponsorship.

4.5.3 There is now a significant risk of funding not being secured and ceasing. The cessation of the scheme will have significant impacts on those individuals who have been previously inactive and now enjoying the benefits of the scheme, as well as potentially taking away the opportunity for currently inactive people taking part in the future. The reputational risk the Board and its constituent members of not being able to secure funding would be significant.

5 Conclusions

5.1 The LLGA scheme has already provided some really encouraging evidence of increasing physical activity levels, including those areas that have the highest health inequalities. It is especially noteworthy that the scheme continues to grow with some 350,000 visits having now taken place with nearly half of these being from people previously declaring themselves as inactive and 500 previously inactive people taking part every week. The Health and Wellbeing Board are being asked to discuss further funding sources thereby enabling the continuation of the LLGA scheme for a further 12 months and in turn further evaluation of the positive health and wellbeing impacts. A further report will be brought back to this Board to allow a more detailed discussion about the long term future of the LLGA scheme.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note and discuss the contents of the report
- Consider the contribution it is making to the overarching ambition of the city's Joint Health and Wellbeing Strategy of ensuring that those who are the poorest improve their health fastest
- Consider funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research commissioned by Public health to be evaluated and reported upon, ideally up to March 2017.
- To bring forward a fuller evaluation report in October 2016 to allow discussion about the longer term funding of the scheme and the impact on health and wellbeing outcomes.

Leeds Health & Wellbeing Board

Report author: Ian Cameron, Director of Public Health

Tel: 0113 2474414

Report of Director of Public Health

Report to the Leeds Health & Wellbeing Board

Date: 12 January 2016

Subject: Future cuts to Local Authority public health funding

Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The government Spending Review and Autumn announcement on November 25th will lead to significant reductions in the public health grant received by Leeds City Council.

2. Details of the specific cuts faced by Leeds will only be announced in January 2016. Present indications are that there be a recurrent reduction of £3.9m from 2016/17 followed by a further £1.1m reduction in 2017/18. This would result in a £5m reduction (10%) by the end of 2017/18 and would be followed by smaller reductions in subsequent years.

Recommendations

The Health and Wellbeing Board is asked to:

- Recognise the scale and potential negative impact for health & well being and the reduction of health inequalities that arise from the public health grant cuts announced in the Spending Review and Autumn Statement.

- Consider how best to minimise the negative impact of the public health grant cut in light of the emerging priorities of the Joint Health & Well Being Strategy, the Best Council Plan and the recent NHS planning guidance.

- Support a partnership approach that works collaboratively to respond to these cuts taking into account the need of the population and the “Leeds pound”.

1 Purpose of this report

1.1 To update the board on the recent government announcement to cut Local Authority public health funding from 2016/17 onwards.

2 Background information

2.1 On 1st April 2013 local authorities took the lead from the NHS for improving the health of their local communities. As responsibilities transferred to the council so did staff, existing funding commitments and contracts. The Department of Health provided a protected ring-fenced public health grant in order to drive local efforts to improve health and wellbeing by tackling the wider determinants of poor health. The funding allocation supported the Government's vision of helping people live longer, healthier and more fulfilling lives and tackling inequalities in health. For Leeds this funding has been used to help implement the Leeds Health & Wellbeing strategy, plus the public health aspect of the Best Council plan.

2.2 The public health grant was provided to give Local Authorities the funding needed to discharge their new public health responsibilities. The Department of Health expects that these funds are used to:

- improve significantly the health and wellbeing of local populations
- carry out health protection functions delegated from the Secretary of State
- reduce health inequalities across the life course, including with hard to reach groups
- ensure the provision of population healthcare advice
  (Department of Health, ring-fenced public health grant, 2013)

The Department of Health has set out the council's public health commissioning responsibilities, and made a number of services mandatory:

- tobacco control and smoking cessation services
- public health services for children and young people aged 5 – 9 (including Healthy Child Programme 5-19)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health and NHS delivered services such as immunisation and screening programmes

- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks

Public Health Mandatory Services:

- appropriate access to sexual health
- steps are to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population
- ensuring NHS commissioners receive the public health advice they need
- the National Child Measurement Programme
- NHS Health Check assessment

(Department of Health, 2013)

2.3 There has been one significant additional public health responsibility since the transfer from the NHS. On October 1st 2015, Leeds City Council took on the commissioning responsibility for public health services for 0-5's (covering Health Visitors and Family Nurse Partnership) with the appropriate transfer of funding from NHS England.

2.4 The majority (88%) of the public health funding is spent on commissioned services. Public health commissions with a wide range of providers to deliver public health services. These include GP's, pharmacies, Leeds Community Healthcare Trust, Leeds & York Partnership Foundation Trust, Leeds Teaching Hospitals NHS Trust, the Third sector and with Leeds City Council services. The remaining budget covers staff costs, public health programme budgets and Leeds City Council support costs.

2.5 The funding transferred to Leeds City Council was based on current NHS funding of public health services. The Department of Health undertook a review of spend across the country and determined a "target" funding per head of population. In view of the historic dominance in Leeds of the hospital sector, Leeds was unsurprisingly well short of target (20% or £10.6m). As a result, Leeds received from the Department of Health the maximum uplift for the 2013/14 and 2014/15 grant allocations. However, this still left Leeds around £6 million short of target. For the 2015/16 grant allocation, there was an expectation that the Department of Health would make further progress on moving to target allocations. In the event the Department of Health announced grant allocations across England would remain the same as 2014/15.

2.6 In June 2015, George Osborne announced a £200m cut to the Public Health budget in 2015/16. Following a summer consultation, the Department of Health

announced on November 4th that the cut for Leeds would be £2,818,328 (out of a budget of £45.5m).

2.7 In October 2015 the Department of Health consulted on a revised target allocation formula for the 2016/17 Public health grant. This was on behalf of the Advisory Committee on Resource Allocation (ACRA) which had been commissioned by the Secretary of State for Health to update the existing public health formula. A number of changes were proposed to the formula including around substance misuse services, sexual health treatment services and the children's 0-5 services. Under the new proposed formula, Leeds would have a small benefit. There are wider potential impacts both positive and negative on other parts of the country. The decision on any new funding formula rests with the Secretary of State for Health and will be incorporated into the decision for the specific grant allocation for Leeds City Council expected in January 2016.

2.8 A report to Leeds City Council's Executive Board on 23rd September set out the approach to making the £2.8m savings in 2015/16. In the main this was about ceasing intended work (e.g. oral health, cancer awareness, training programmes etc), amending activity based budgets (e.g. NHS Health check), halting staff recruitment and using non-recurrent opportunities. Progress continues to be made to meeting this £2.8m cut by the end of the financial year.

3 Main issues

3.1 On 25th November 2015, the Chancellor presented the government's Spending Review and Autumn Statement. This indicated that the government will make savings in local authority public health spending with average real – terms savings of 3.9% over the next five years which will manifest in reductions to the public health grant to local authorities. However, it has become apparent that these reductions are in addition to the 6.2% (£2.8m) 2015/16 reduction which will now be made a recurrent cut 2016/17 and beyond.

3.2 The Department of Health will announce the specific allocation for Leeds only in January 2016. On the basis of current information, the 2016/17 budget is as below. For 2017/18, the assumption is that there is a further £1.1m cut. This means there is a £3.9m reduction in 2016/17 and a £5m reduction in 2017/18 from the initial 2015/16 grant of £50.5m. There will be further cuts in the years after but of smaller amounts. In other words, the cuts have been front loaded to 2016-18. The ring fence for the grant will continue for the next two years.

	National £'000	Leeds £'000
Original 2015/16 grant	**2,801,471**	**40,540**
Add: 0-5 transfer from health	859,526	9,986
	3,660,997	**50,526**
Less: 2015/16 recurring grant reduction (6.2%)	200,000	2,823
Less: estimated 2016/17 grant reduction (2.2%)	76,142	1,049
Estimated 2016/17 grant	**3,384,855**	**46,654**
Total estimated grant reduction in 2016/17	276,142	3,872
Percentage reduction in cash-terms	7.54%	7.66%

3.3 The government's announcement to cut public health funding to local authorities, runs contrary to the government's own strategy for public health, Healthy Lives, Healthy people and also contradicts the expected Council contribution to the priorities to improve the nation's health as set out by Public Health England.

3.4 In addition, Simon Steven's Chief Executive NHS England made clear in the NHS Forward View (October 2014) that a "radical upgrade in prevention and public health" was needed to meet the enormous service demand and financial pressures now faced by the NHS. Simon Stevens explicitly called for stronger public health – related powers for local government. This has been followed up by the December 2015 NHS Planning Guidance 2016/17 – 2020/21 where there is a specific requirement for CCG's to include action on prevention in their new Sustainability and Transformation Plans (STP) and an expectation of working closely with local government. Leeds City Council contribution will be diminished by these cuts.

3.5 Following the government's announcement of the public health cuts, the Executive Member for Health, Wellbeing and Adults and the Director of Public Health have been considering potential future actions. This has been part of Leeds City Council's overall budget setting process. However, further understanding has emerged of the financial implications specifically faced by Leeds City Council from the Spending Review and Autumn Statement. The result is that the overall budget position for Leeds City Council is becoming more financially challenging than originally anticipated.

3.6 In determining where the public health cuts will fall, a key criteria, inevitability, will be achievability. The current view is that there will need to be a two year plan that covers, in total, the £3.9m reduction in 16/17 and the £5m reduction in 17/18 (from the original 2015/16 grant).

3.7 Other criteria that could come into the decision making process include likely impacts (on the health & well being of the population, on organisations – directly or indirectly, on demand for services), scale of impact, priorities within the new Health & Well Being Strategy, inequalities, the burden of conditions, evidence of effectiveness, fairness, mandatory requirements, value for money, wider benefits (e.g. social value), contractual obligations, links to other priorities, etc. etc. There

is recognition that equality impact assessments will be required and due process followed.

3.8 While difficult decisions will have to be made there are also opportunities for developing stronger links with other commissioners including the Clinical Commissioning Groups and NHS England. The Director of Public Health has already given a commitment to the three Clinical Commissioning Groups in Leeds to work together on future public health services commissioning. At the December Scrutiny Board (Adult Social Services, Public Health, NHS) meeting, Adult Social Care, Public Health and the three Clinical Commissioning Groups presented a joint paper on commissioning of Third Sector services. There could be opportunities to better align funding and streamline commissioning arrangements. For example, the Third Sector representative at the Scrutiny Board meeting highlighted the vast number of contracts that had to be dealt with by one particular Third Sector organisation in Leeds.

3.9 Assessing the potential negative impacts on health & well being of these cuts should be part of the process. The cuts to the Public Health grant are occurring with all local authorities in England. The Director of Public Health has already had discussions with the Yorkshire & Humber Directors of Public Health and a separate discussion with Public Health England to determine whether there can be a more uniform approach to assessing impact which can be used at local level. Further discussions will be held with Public Health England on this in the New Year.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 Stakeholders will be aware that there has been a government announcement on cuts to the public health grant. However, more formal consultation and engagement will now be required. The Scrutiny Board (Adult Social Services, Public Health, NHS) received a verbal update at its meeting on 22nd December 2015, having had updates on a regular basis at previous meetings on the 2015/16 cut to the public health grant.

4.1.2 Leeds has significant long standing and deep rooted health inequalities within the city. There has, at last, recently been a narrowing in the mortality gap, primarily due to improvements in cardiovascular mortality. There has been a promising reduction in the respiratory disease mortality gap but no progress in the cancer mortality gap. Our ability to build on this fragile progress is potentially undermined by these cuts.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 As proposals are developed formal impact assessments will be required.

4.3 Resources and value for money

4.3.1 The specific grant reduction for Leeds City Council will only be known in January 2016. Value for money will be included within the decision making process.

4.4 Legal Implications, Access to Information and Call In

4.4.1 Leeds City Council does have a number of mandatory public health functions that will need to be taken into account. There are no access to information and call-in implications arising from this report.

4.5 Risk Management

4.5.1 There is a risk that service reductions will impact negatively on the health & well being of the populations previously served and potentially increase health inequalities within the city.

5 Conclusions

5.1 The specific details on the public health grant cuts for Leeds City Council are still awaited. At present there looks to be a 10% cut (£5m) by 2017/18. This will be challenging and to minimise the negative impact on the health & well being of the people of Leeds, a partnership approach is required, in particular with the Clinical Commissioning Groups.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Recognise the scale and potential negative impact for health & well being and the reduction of health inequalities that arise from the public health grant cuts announced in the Spending Review and Autumn Statement.

- Consider how best to minimise the negative impact of the public health grant cut in light of the emerging priorities of the Joint Health & Well Being Strategy, the Best Council Plan and the recent NHS planning guidance.

- Support a partnership approach that works collaboratively to respond to these cuts taking into account the need of the population and the “Leeds pound”.

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