

READING BOROUGH COUNCIL

DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	POLICY COMMITTEE		
DATE:	9 APRIL 2018	AGENDA ITEM:	9
TITLE:	PUBLIC HEALTH BUDGET 2018/19		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ALL	WARDS:	BOROUGHWIDE
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	HEALTH SERVICES		
	HEAD OF		
	WELLBEING		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets out the proposed Public Health budget for 2018/19, taking into account the national grant reduction (2.5%) and the action the Council will take to manage the reduced allocation in funding. In addition it includes savings agreed in previous years and those arising from the 2018-19 to 2020-21 Medium Term Financial Strategy (MTFS), which were agreed at the Policy Committee on 19 February 2018.
- 1.2 It is important to emphasise that in the context of the Council savings, this will not result in reduced spend on Public Health in absolute terms, though there will be a re-allocation of Public Health funding to Council directorates to meet public health outcomes in different ways, for example internet based advice and support to stop smoking, explore the use of SH 24 an on line service for people who prefer anonymity to undertake tests at home with support systems and advise appointments upon test results, on line advise approach to weight management, programmes to support the reduction of street homelessness. All will be explored using research and best practice.
- 1.3 The proposals set out are intended to refocus the use of Public Health funding by relying less on services historically funded through Public Health by funding services in other directorates, to impact positively on Public Health in the broader context.
- 1.4 The proposals are also targeted to at least maintain the Council's position in terms of key public health indicators referred to in paras 4.2 to 4.3
- 1.5 Appendix 1 provides a detailed budget position for programmes funded from the Public Health Grant for 2018/19.

## 2. RECOMMENDED ACTION

- 2.1 That the reduction in national grant of 2.5% for the Public Health budget and the action the Council is taking to manage the reduced funding allocation be noted;
- 2.2 That the list of savings from the Public Health budget set out in the table in 4.5 to the report be agreed;
- 2.3 That the programmes to be funded from the Public Health Grant for 2018/19 as set out in Appendix 1 be approved, whilst noting that the services detailed in the table at paragraph 4.5 would be negatively impacted to deliver the services within the reduced Public Health budget.
- 2.4 That the Director of Adult Care & Health Services, in consultation with the Director of Public Health and the Lead Councillor for Health (and other relevant Lead Councillors as appropriate) be delegated authority to re-allocate funding and savings from within the Public Health Budget grant for health-related services, where doing so would be in line with the corporate priorities of the Council.

## 3. FINANCIAL/POLICY CONTEXT

- 3.1 In line with the Government's plans to reduce public health funding until at least 2020/21, the Department of Health confirmed the 2018/19 grant allocation in December 2017. Reading's Public Health ring fenced grant allocation for 2018/19 will be £9,758,000, which represents a reduction of £258,000 on the grant for 2017-18 of £10,016,000.
- 3.2 In addition to this Public Health had a one-off carry forward of grant from 2016/17 of £116,000, which was available to fund services in 2017-18. This is not available in 2018-19 and therefore will be a further saving requirement.
- 3.3 Savings identified from the previous MTFS for 2018/19 were £219,000, which in addition to savings targeted from the 2018/19 budget process of £478,000, gives a total savings requirement in 2018/19, including grant reductions, of £1,072,000.
- 3.4 The table below shows the basis of the build-up of the total savings requirement:

Savings Item	2018-19
	£000
New Savings Target 2018/19 Budget Process	478
Add	
Savings required to meet grant reductions	375
Savings required to meet previously agreed savings	219
Total Savings requirement	1,072

## 4.0 PROPOSALS

4.1 All public health grant spend across the council, both for services commissioned directly by public health locally and through the shared team, as well as all additionally funded services provided across the council have been reviewed with the Director of Public Health.

4.2 Currently, the areas where Public Health initiatives are having a difference in Reading are those whose indicators are better than the national average, these are:

- Excess weight in adults - this means that many adults in Reading have a healthier weight than the national average. Our weight management programmes are making a difference to the people of Reading.
- Recorded diabetes - the recording of diabetes in Reading is better than elsewhere. Our partnership working is helping to improve the health of Reading residents.
- Killed and seriously injured on our roads - there are fewer fatalities and serious injuries in Reading than elsewhere in the country. The work public health does with other departments in the council is contributing to fewer accidents.

4.3 The majority of public health indicators are similar to the national average. There are two areas of concern, these are the under 75 mortality rate for cardiovascular disease and hospitalisation for self-harm.

4.4 Officers across the council have reviewed services that will be impacted as a result of the reduced grant funding and the impact of the Council's prior year and new savings.

4.5 A number of areas will not receive the same level of funding as in previous years; the rationale for this has been based on

- Lower than expected uptake of the service which has resulted in an underspend in previous years.
- High performance against public health outcomes which mean that the local need is not high.
- The ability to target specific populations rather than have an open access policy; this will mean a reduction in health inequality if the service is concentrated where it is most needed.
- The opportunity to part-fund the service from another source.
- The ability to spot purchase more of the service if funding opportunities arise elsewhere e.g. from underspend elsewhere in the grant.

4.5-1 Every effort will be made, therefore, to ensure that the impact of funding reduction will be felt least in the communities where the initiatives are needed the most.

Savings Proposed	2018-19 £000	Comment
Staffing	151	Based on vacant posts within the wellbeing team: work will be reallocated to meet priorities identified in the Health and Wellbeing strategy
<b>Mandated Services</b>		
Shared team and informatics	25	Budget adjusted to reflect the spend in previous years
Sexual health services	60	Budget adjusted to reflect the uptake of services in previous years
Health checks	60	Uptake of the open access service has been low: the service will be targeted to ensure uptake in communities where it is most needed
Sexual health out of area	20	Budget adjusted to reflect the uptake of services in previous years
Open access drug treatment	15	Budget adjusted to reflect the uptake of services in previous years
<b>Mandated Services Sub total</b>	<b>180</b>	
<b>Non-Mandated Services</b>		
Smoking cessation	266	The current revised proposed budget of £88000 will mean more targeted provision to communities where it is most needed
Weight Management: let's get going	12	This will enable the current contract to continue for 6 months, but could be extended if there is underspend elsewhere in the budget
Weight Management- eat for health	23	This will enable the current contract to continue for 6 months, but could be extended if there is underspend elsewhere in the budget
Local RBC programmes	70	Budget adjusted to reflect the expenditure in previous years
Alcohol Rehabilitation placements	108	Reduction from 6 placements to 2. Based on promotion of community alternatives and likely demand
DAAT other schemes	61	Budget adjusted to reflect expenditure in previous years
NTG and other grants	79	Decision already in place regarding support to Narrowing The Gap initiatives
Other 34		
<b>Non-Mandated Services: sub total</b>	<b>653</b>	
<b>Other Directorates</b>		
Free swims for children	51	Re-allocation of budget responsibility shared with Department of Environment & Neighbourhood Services.
Winterwatch	37	Budget adjustment made to reflect the cost of the service, which will be shared with Housing Revenue Account
<b>Other Directorates sub total</b>	<b>88</b>	
<b>Total</b>	<b>1,072</b>	

4.6 Every effort has been made to ensure that services to the most vulnerable groups have been protected. For example, there has been no proposed reduction in:

Public Health nursing service for children aged 0-19 yrs.	3,308,247
Healthy start vitamins for infants	6,000
Some contraceptive services	170,000
Needle Exchange waste	15,000
Needle Supplies	80,000
Open Access drug treatment	288,000
Alcohol liaison	40,000
Homelessness support to vulnerable households	319,000
Youth Offending Team	85,000
Teenage Parent support	45,000
Health, Sex and relationship education	54,000
Children's Primary Mental Health Worker	60,000
Children's Centres	102,500
Community Alcohol Partnership	28,000
Tobacco Control Alliance	9,500

4.6:1 This ensures that the effects of drug and alcohol use are minimised in the General community by the provision of safe needle disposal; that children and young people's health is protected from age 0-19 across a range of need, and that illicit tobacco use is tackled.

4.7 Appendix 1 gives further details of the baseline 2017/18 budget, proposed savings and budget allocations for 2018/19.

#### Re-allocation of Public Health Funding across directorates

4.8 The proposals as presented will require a re-allocation of Public Health funding of £699,000 in 2018/19 to other directorates, which is represented by the overall savings targeted less the grant reduction and grant carry forward. This will be in addition to the £779,000 which is already funded in other directorates on Public Health outcomes from previous year's budget processes. This is outlined in the table below:

Area of work	Amount badged against public health £000	Comment
Pupil Absence	100	Concentrates on children and young people with poor attendance and contributes to reducing the risk of teenage pregnancy and drug and alcohol use and entry into the youth justice system. Also contributes to the improvement of child mental health.
NEET: age 16 - 18	50	Contributes to the improvement of mental health in young people, and reduces the risk of teenage pregnancy, drug and alcohol use and entry into the youth justice system.
People with mental health needs or who have learning disability in settled	80	A key performance indicator in the Public Health Outcomes Framework, which recognises the contribution of

accommodation		public health towards the maintenance of a settled and independent life for people in these groups.
Sickness absence rate of staff	8	The reduction of the sickness absence rate will contribute to the overall wellbeing of people in Reading, the home for many people who work for the Local Authority
Statutory homelessness	172	The reduction of the numbers of statutory homeless households in temporary accommodation, and the number of single people who can be supported are both key indicators in the public health outcomes framework
Primary mental health worker for children	60	Focus on improving wellbeing, preventing self-harm and suicide, with a concentration on looked after children as 50 -60% report mental health issues
Falls Prevention: equipment	40	Falls prevention will maintain independence in older people and contributes to primary and secondary prevention in older people. Significant cost avoidance for both health and social care if the incidence of falls is reduced.
Mental Health Recovery College	83	The service assists person identified with mental health needs to recover to the best of their ability and to maintain positive mental health, and is a contributor to other areas of public health.
Health Related Quality of Life for older people (Narrowing the Gap)	107	A range of preventive services aimed at older people in the voluntary sector, which is a key component of public health.
<b>Total</b>	<b>700</b>	<b>Areas of mainstream spend by the local authority will be monitored to ensure that they achieve outcomes related to public health.</b>

4.9 The four Public Health Outcomes which will need to be considered as part of the re-allocation of funding are:

1. Improving the wider determinants of health
2. Health improvement
3. Health protection
4. Healthcare and preventing premature mortality

4.10 To facilitate the process of identifying areas of service which best meet key Public health improvement outcomes a Public Health Board has recently been established and this will have the task of identifying the most appropriate areas against which to allocate Public Health funding. This will be ultimately

be aligned with Joint Strategic Needs Assessment which is currently under development, to ensure areas targeted meet the most pressing needs.

- 4.11 There is a current spend of £779,000 from the public health grant across the Directorates of the council; this will be supplemented by a further £699,000 in 2018/19 for services which can demonstrate a public health outcome; the sum is represented by the overall savings targeted, less the grant reduction and grant carry forward.

## 5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The approach taken to dealing with the Department for Health's Public Health Grant reduction should still enable the council, within available resources, to meet Corporate Plan priorities where there is a significant public health aspect, such as:

- i. Safeguarding and protecting those that are most vulnerable;
- ii. Providing the best start in life through education, early help and healthy living; and
- iii. Keeping the town clean, safe, green and active.

- 5.2 The proposals also ensure that the use of Public Health grant will meet the meet the four Public Health Improvement Outcomes as set out in the national framework.

## 6. LEGAL IMPLICATIONS

- 6.1 The grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 ("the 2006 Act").

- 6.2 The functions mentioned in that subsection are:

- functions under section 2B, 111 or 249 of, or Schedule 1 to, the 2006 Act
- functions by virtue of section 6C of the 2006 Act
- the Secretary of State's public health functions exercised by local authorities in pursuance of arrangements under section 7A of the 2006 Act,
- the functions of a local authority under section 325 of the Criminal Justice Act 2003 (local authority duty to co-operate with the prison service with a view to improving the exercise of functions in relation to securing and maintaining the health of prisoners)

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1 An over-arching Equality Impact Assessment for Public Health will be produced as part of the wider Council budget process, which assesses the impact of all the changes on relevant groups.

- 7.2 Where necessary more in depth EIAs will be undertaken for specific public health services, to ensure that there is an understanding of the impacts on particular groups. Action plans for mitigation of negative impacts will be

developed to ensure that the proposed changes do not exacerbate health inequalities.

## 8. FINANCIAL IMPLICATIONS

### 8.1 Revenue Implications

The report sets out the proposed allocation of Public Health grant funding for 2018-19 based on the grant to be received of £9,758,000. The report also identifies £1,072,000 of savings which need to be achieved in 2018/19 to meet the combined impact of the grant reductions and the Council savings, which will require re-allocation of Public Health funding within the Council.

### 8.2 Value for Money

There is a requirement to ensure that public health service expenditure delivers value for money and this has been considered when identifying Public Health commissioned projects/services to be reduced or decommissioned.

### 8.3 Risks

Public Health England scrutinise proposals for changes in use of Public Health grant to ensure that conditions of grant and the objectives of the Public Health Outcomes Framework continue to be met. The proposals as presented identify a reduction of £180,000 in spend on mandated services, though this within the £258,000 reduction which has been applied to grant funding.





Provide basic details

Name of proposal/activity/policy to be assessed

Public Health proposed activity and budget 2018/19

Directorate: Adult Care & Health Services

Service: Public Health

Name and job title of person doing the assessment

Name: Maura Noone

Job Title: Head of Adult Social Care

Date of assessment: 21/02/2018

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Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

Public Health was moved into the Local Authority in 2012/13. Public Health was previously the responsibility of Primary Care Trusts (PCTs). The move into local authority presented an opportunity to create a holistic social model of health in relation to the prevention of illness, the promotion of health, and to address wider determinants of ill health such as housing, the environment and neighbourhoods.

The changes proposed for 2018/19 cover the recalibration of the public health grant in order to cover the £258,000 reduction in the central grant from Public Health England, and to ensure that mainstream areas of work across Reading Borough Council meet the agenda for the Public Health Outcomes Framework across the four domains of:

1. Improving the wider determinants of health
2. Health Protection
3. Health Improvement
4. Healthcare and preventing premature mortality.

This means that some specific areas of activity previously covered by the public health grant will no longer take place, be available, or will be provided on a reduced scale. It is proposed that a targeted approach to meeting the health of the public is undertaken in order to ensure that inequalities in health across Reading are not exacerbated.

Public Health activity covers a range of services and projects, including the following services: stop smoking, health checks, sexual health, contraception, public health mental health, drug and alcohol, services for children aged 0 to 19 years and a range of voluntary sector services in partnership with the Directorate of Adults, Care and Health Services (DACHS). There are also several services which are provided across the council for children and young people and within neighbourhoods and local communities. Full details of all services have been outlined in Appendix 1.

#### Who will benefit from this proposal and how?

The services and campaigns covered by the proposals cover all age groups and areas of Reading. Some are targeted at specific community groups (as defined by communities of interest or of need); for example support for people with HIV, others are open access but likely to be used by people of a specific age range or gender e.g. contraception services aimed at women; and the mental health recovery college. There is a total spend of £9,758,000 on specific and related public health activities which support the public health outcome framework, and include

- Services for children aged 0-19, including Sure Start and community nursing
- Peer support to tackle social isolation for a range of specialist groups: for example visual impairment, hearing impairment and autism
- Voluntary organisations which support specific communities: for example Age UK, the Indian Association, the Pakistani association, Polish millennium senior club, Reading Mencap
- Targeted work for particular conditions: for example stop smoking
- Targeted work for groups of people with particular needs: for example, drug and alcohol support, homelessness

#### What outcomes does the change aim to achieve and for whom?

The desired outcome for public health is to improve the health of the whole population and to develop methods of promoting good health for the widest range of the population. The focus is on individual lifestyle change such as stopping smoking, or targeted towards a sub set of the population, such as children and families, or homeless people.

The Public Health grant has reduced for 2018/19 and is being recalibrated across a range of services in order to achieve positive outcomes. This will have the effect of the grant maintained services needing to

- Targeting specific parts of the population in order to reach people who will most likely benefit
- Reducing the level of service where necessary
- Devising new ways of working which are in accordance with the stated aims of Reading Borough Council, for example, digitisation, and online access where it is likely to be successful

Reading wants to undertake transformational change in the way it provides services and will be working with its public health partners across the Berkshire West 10 area and the other Berkshire counties that share are part of a shared public health team to investigate and use the best models and methods of public health practice.

Who are the main stakeholders and what do they want?

The main stakeholders are communities and individuals who benefit from the services and activities provided by public health. Other stakeholders include public bodies in Reading such as the NHS, Police, Fire and Rescue Services; the voluntary sector, church and faith groups who work in partnership with the aim of improving health outcomes for the Reading population. Reading Borough Council and the Health and Wellbeing Board are the main stakeholders in this process, and the outcomes are reflected in the aims and objectives of the Health and Wellbeing strategy.

### Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

As part of the Narrowing the Gap, during the current round, no bids were received for a total of £57,000. The particular areas that had been identified were: peer support for breastfeeding, dementia support and support for people with Parkinson's disease. The council had made this funding available for these themes, but as no bids were received, a recommendation has been made to utilise this funding where it is most needed. The funding released in the Public Health budget for 2018-19 as a result of no bids for these services is £40,000.

Targeting the funding towards areas of greatest need will mean that not every area of Reading will be covered by some services. However, a range of methods will be used to ensure that targeted services are delivered in areas where they are most be needed.

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

No

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you MUST complete this statement

An Equality Impact Assessment is not relevant because:

Although there are reductions in the budget for public health, it is foreseen that the main outcomes will be met; the people in Reading who will most benefit from public health initiatives will receive services and there has been a considered effort to ensure that all sections of the community will receive some form of health benefits.

An Equality Impact Assessment will be completed where required for particular services, individual projects and activities as needed.

Signed (completing officer) Maura Noone

Date 22/02/2018

Signed (Lead Officer) Seona Douglas



Date 22/02/2018

PUBLIC HEALTH BUDGET v18a	Budget 2017/18	Proposed Saving 2018-19	Proposed Budget 18/19	PH Category (Mandated / Non-Mandated)	Contract Arrangement	Comment
	£	£	£			
<b>LOCAL TEAM STAFFING BUDGETS</b>						
Staffing : Sub-Total	637,585	143,800	493,785			
Sub-Total : Non Pay & Service Costs	13,141	6,855	6,286	Non-mandated	N/A	
<b>TOTAL STAFFING BUDGET ON 2065 (Local Team)</b>	<b>650,726</b>	<b>150,655</b>	<b>500,071</b>			
<b>JOINT ARRANGEMENT</b>			0			
Joint Arrangements			0			
Shared Team and Informatics Support	160,000	25,000	135,000	Mandated	Berkshire	
Smoking Cessation	355,000	266,200	88,800	Non-mandated	Reading	Termination of whole contract. Saving in 2018-19 is based on 9 months.
Weight Management - Let's Get Going	23,242	11,621	11,621	Non-mandated	Reading	Termination of contract after 6 months.
Weight Management - Eat 4 Health	45,260	22,630	22,630	Non-mandated	Reading	Termination of contract after 6 months.
Joint Arrangement Gum services	23,500	0	23,500	Mandated	?	
Sexual Health	1,444,400	60,400	1,384,000	Mandated	Berkshire	Demand led service. Saving increased to £60k following review.
GUM and FP West	14,100	0	14,100	Mandated	Reading	Demand led service
IT Platform for GUM Services	3,000	0	3,000	Mandated	Berkshire	
Children's Death Overview Panel	8,100	0	8,100	Mandated	Berkshire	
Library West	700	0	700	Mandated	Berkshire	
Web system for Pharmacy contracts	1,900	0	1,900	Non-mandated	Berkshire	
<b>Sub-Total</b>	<b>2,079,202</b>	<b>385,851</b>	<b>1,693,351</b>			
<b>Primary Care (JA)</b>			0			
Health Checks (PCC)	80,000	60,000	20,000	Mandated	Reading	Demand led service. Saving increased to £60k
IUCD	90,000	0	90,000	Mandated	Reading	Demand led service.
Nexplanon (long-acting reversible contraception)	80,000	0	80,000	Mandated	Reading	Demand led service.
Sexual health Out of Area	90,000	20,000	70,000	Mandated	Reading	Demand led service
Open Access Drug Treatment - Shared Care Payments	15,000	15,000	0	Non-mandated		Transferred to DAAT
<b>Subtotal Primary Care (JA)</b>	<b>355,000</b>	<b>95,000</b>	<b>260,000</b>			
<b>TOTAL JOINT ARRANGEMENT - Bracknell Forest</b>	<b>2,434,202</b>	<b>480,851</b>	<b>1,953,351</b>			
			0			
<b>RBC COMMISSIONED SERVICES</b>			0			
<b>Local Programmes</b>			0			
Mental Health First Aid	7,000	7,000	0	Non-Mandated	Reading	
MECC (Making Every Contact Count)	10,000	10,000	0	Non-Mandated	Reading	Savings of £10k after review
Flu vouchers for frontline staff	5,000	5,000	0	Non-Mandated	Reading	
Condom distribution (1)	10,000	10,000	0	Non-Mandated	Reading	
Implementation of Healthy Weight Strategy	30,000	30,000	0	Non-Mandated	Reading	
Oral Health Survey	10,000	4,000	6,000	Mandated	Reading	Survey cost will only be £6,000 every two years.
Contraception (EHC) - Morning After Pill	5,000	4,000	1,000	Mandated	Reading	
Healthy Start Vitamins (£6k in 2016/17)	6,000		6,000	Non-Mandated	Reading	Mandated service.
Public Health Nursing Services (0-19)	3,308,247	0	3,308,247	Mandated	Reading	Demand led service. Mandated service. Any reduction would be viewed very negatively by Public Health England. Provides a range of significant services for Children, including safeguarding.
<b>TOTAL RBC COMMISSIONED SERVICES</b>	<b>3,391,247</b>	<b>70,000</b>	<b>3,321,247</b>			
<b>DAAT</b>			0			
Workforce/Staff/Running Costs - Travel costs	1,000	1,000	0	Non-Mandated	Reading	
Workforce/Staff/Running Costs - Admin costs (non-staffing)	1,000		0	Non-Mandated	Reading	

PUBLIC HEALTH BUDGET v18a	Budget 2017/18	Proposed Saving 2018-19	Proposed Budget 18/19	PH Category (Mandated / Non-Mandated)	Contract Arrangement	Comment
Workforce/Staff/Running Costs - DAAT Database/ SMS credits	16,000	0	16,000	Non-Mandated	Reading	
Workforce/Staff/Running Costs - Software Costs (Taken by Northgate/DB)	600	0	600	Non-Mandated	Reading	
Harm Reduction Strategy - ORION Needle Exchange Waste	15,000	0	15,000	Non-Mandated	Reading	Needle collection contract
Harm Reduction Strategy - ORION NEEDLE SUPPLIES CONTRACT	80,000	0	80,000	Non-Mandated	Reading	Contract to supply fresh needles to pharmacies
Harm Reduction Strategy - Pathology Services	3,500	3,500	0	Non-Mandated	Reading	Blood test transfers. Additional saving post review.
Harm Reduction Strategy - DRD - Naloxone	4,000	2,000	2,000	Non-Mandated	Reading	Kits to reduce Herion use
Harm Reduction Strategy - Partnership training	2,000	2,000	0	Non-Mandated	Reading	Training
Premises - Waylen Street Rent/Maintenance & Services	11,000	9,000	2,000	Non-Mandated	Reading	Utility costs. Increased saving to £9k post review.
Premises - 159 Dilapidations	30,000	30,000	0	Non-Mandated	Reading	Dilapidations legal cost - one off 2017-18
Open Access Drug Treatment - Local Pharmacy - Needle Packs and Supervised Consumption	288,000	0	288,000	Non-Mandated	Reading	Demand led service. Supply of methadone.
Open Access Drug Treatment - Drug Testing Costs - DRR (TVP)	16,000	16,000	0	Non-Mandated	Reading	
Open Access Drug Treatment - Allotment Fund	100	100	0	Non-Mandated	Reading	
Open Access Drug Treatment - Shared Care Payments	0	-4,000	4,000	Non-Mandated	Reading	GP prescribing from primary care.
Alcohol Pathways - Alcohol Liaison post from A/E to Community	40,000	0	40,000	Non-Mandated	Reading	Service funded by reduction in Rehab placements
Alcohol Pathways - Rehab Placements	141,500	108,000	33,500	Non-Mandated	Reading	Places for people in rehab - reduced from 6 to 2 places.
IRIS Contract (PH Contribution)	1,468,158	0	1,468,158	Non-Mandated	Reading	Demand led service, part funded by Police Crime Commissioner.
<b>DAAT TOTAL</b>	<b>2117858</b>	<b>168600</b>	<b>1949258</b>			
<b>FUNDING WITHIN WELLBEING (PREVENTATIVE SERVICES)</b>			<b>0</b>			
NTG 7.6 - Age UK Berkshire	25,000	20,833	4,167	Non-Mandated	Reading	All funding is included in Narrowing the Gap.
NTG 7.6 - Alzheimer's Society	20,000	16,667	3,333	Non-Mandated	Reading	
NTG 7.5 - The CommuniCare Trust	3,800	3,175	625	Non-Mandated	Reading	
NTG 7.6 - The Mustard Tree /Engage Befriending	18,000	15,000	3,000	Non-Mandated	Reading	
NTG 7.3 - ENRYCH Berkshire	15,000	12,500	2,500	Non-Mandated	Reading	
NTG 7.6 - Get Berkshire Active	9,000	7,500	1,500	Non-Mandated	Reading	
NTG 7.5 - Indian Community Association (ICA)	6,000	5,000	1,000	Non-Mandated	Reading	
NTG 7.5 - Pakistan Community Centre (PCC)	7,500	6,250	1,250	Non-Mandated	Reading	
NTG 7.5 - Polish Millenium Senior Club	3,200	2,658	542	Non-Mandated	Reading	
NTG 7.4 - Reading Association for the Blind (RAB)	22,000	18,333	3,667	Non-Mandated	Reading	
NTG 7.1 - Reading Centre for the Deaf	22,000	18,333	3,667	Non-Mandated	Reading	
NTG 7.5 - Reading Community Learning Centre	9,000	7,500	1,500	Non-Mandated	Reading	
NTG 7.2 - Reading Mencap	17,000	14,167	2,833	Non-Mandated	Reading	
NTG 7.5 - The Globe Community Mission	3,000	2,500	500	Non-Mandated	Reading	
NTG 7.5 - The Hibernian Society	4,500	3,750	750	Non-Mandated	Reading	
Breast Feeding Peer Support (BFN)	30,000	25,000	5,000	Non-Mandated	Reading	
HIV & Condom (Thames Valley Positive Support)	52,800	44,133	8,667	Non-Mandated	Reading	
VCS - Reading Your Way	76,300	63,633	12,667	Non-Mandated	Reading	
3.2 - social prescribing inc MECC		-1,667	1,667	Non-Mandated	Reading	
4.1 - self advocacy and social isolation LD		-16,667	16,667	Non-Mandated	Reading	
5.1 - social isolation dementia		0	0	Non-Mandated	Reading	
6.1 - social isolation visual impairment		-8,333	8,333	Non-Mandated	Reading	
7.1 - social isolation hearing impairment		-8,333	8,333	Non-Mandated	Reading	
8.1 - social isolation autism		-6,667	6,667	Non-Mandated	Reading	
9.1 - social isolation MS		-6,667	6,667	Non-Mandated	Reading	
10.1 - social isolation Parkinsons		0	0	Non-Mandated	Reading	
11.1 - social isolation physical disability			6,667	Non-Mandated	Reading	

PUBLIC HEALTH BUDGET v18a	Budget 2017/18	Proposed Saving 2018-19	Proposed Budget 18/19	PH Category (Mandated / Non-Mandated)	Contract Arrangement	Comment
12.1 - social isolation language culture		-10,833	10,833	Non-Mandated	Reading	
13.1 - social isolation frail elderly		-40,833	40,833	Non-Mandated	Reading	
14.1 - social isolation MH		-63,333	63,333	Non-Mandated	Reading	
17.1 - HIV support		-37,500	37,500	Non-Mandated	Reading	
18.1 - breastfeeding support		0	0	Non-Mandated	Reading	
MH Peer Support (3 months)		0	0	Non-Mandated	Reading	
Breastfeeding peer support (3 months)		0	0	Non-Mandated	Reading	
Volunteer recruitment for suicide prevention	2,025		2,025	Non-Mandated	Reading	
			0			
<b>TOTAL FUNDING WITHIN WELLBEING</b>	<b>346,125</b>	<b>79,432</b>	<b>266,693</b>			
Unallocated Public Health Support to Other Areas			0			
15/16 Savings - contribution to corporate overheads	300,000	0	300,000	Non-Mandated	N/A	
17/18 Savings - mandated savings DACHS 3	35,000	35,000	0	Non-Mandated	N/A	One off cost 2017-18
<b>Sub-Total</b>	<b>335,000</b>	<b>35,000</b>	<b>300,000</b>			
<b>FUNDING WITHIN OTHER DIRECTORATES</b>			0			
Floating support - homelessness support for vulnerable households (DENS)	319,300	0	319,300	Non-Mandated	Reading	
Free Swim for Children (DENS)	93,200	51,000	42,200	Non-Mandated	Reading	Impact on DENS.
SOURCE YOT Team (CSC)	85,000	0	85,000	Non-Mandated	Reading	
Children Services (Teenage Parent Support) (CSC)	45,000	0	45,000	Non-Mandated	Reading	
Children's Services (Health Sex & relationship Education [SRE] Coordinator) (CSC)	54,000	0	54,000	Non-Mandated	Reading	
Children's Services (Primary Mental Health Worker) (CSC)	60,000	0	60,000	Non-Mandated	Reading	
Children's Services (children's centres) (CSC)	102,500	0	102,500	Non-Mandated	Reading	
Winterwatch (DENS)	60,000	37,000	23,000	Non-Mandated	Reading	Saving agreed with DENS, will be covered through funding from DENS/HRA
Community Alcohol Partnership (DENS)	28,000	0	28,000	Non-Mandated	Reading	Reinstated. Funded by reduction in rehab placements.
Tobacco Control Alliance (DENS)	9,500	0	9,500	Non-Mandated	Reading	
Reallocation of Funding to Directorates 2018-19			698,880	Non-Mandated	Reading	To be determined through Public Health Board
<b>TOTAL FUNDING WITHIN OTHER DIRECTORATES</b>	<b>856,500</b>	<b>88,000</b>	<b>1,467,380</b>			
<b>TOTAL EXPENDITURE</b>	<b>10,131,658</b>	<b>1,072,538</b>	<b>9,758,000</b>			
<b>GRANT FUNDING</b>						
Public Health Grant carried over from 2016-17 (one-off)	116,658					
Public Health Grant	10,016,000		9,758,000			
<b>Total Public Health Grant Funding</b>	<b>10,132,658</b>		<b>9,758,000</b>			

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