

Governing Body (public) meeting

DATE: 26 March 2015

Title	London Borough of Bexley Budget Consultation	
Recommended action for the Governing Body	That the Governing Body: NOTE - Contents of letter sent from the CCG and response from London Borough of Bexley on council budget consultation.	
Executive summary	London Borough of Bexley has been consulting on budget changes for 15/16. The attached letter is the letter from the CCG setting out implications and asking questions with regard to items raised through the consultation. Also attached the response from the London Borough of Bexley. This is for information only and follows various questions by members of the governing Body on the impact for the CCG, in particular around the use of public health funding.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Impact of any budget decisions made by LBB on the health of the local population or health services locally.
	Equality and diversity	Any impact of local budget decisions.
	Patient impact	Any impact of local budget decisions.
	Financial	
	Legal issues	

Clinical Commissioning Group

	NHS constitution	
Consultation (public, member or other)	This is part of LBB consultation on budget changes.	
Audit (considered/approved by other committees/groups)		
Communications plan		
Author	Sarah Blow	
	Clinical lead	Executive sponsor
	Dr Howard Stoate	Sarah Blow Chief Officer
Date	23 February 2015	

Bexley Clinical Commissioning Group

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6 February 2015

Will Tuckley
Chief Executive
London Borough of Bexley
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2 Watling Street
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Dear Will

Public consultation on the Council's savings proposals

Thank you for the opportunity to feed into the consultation on the Council's budget proposals. We understand the financial pressure that you are under, as we are ourselves. We received the proposals sent with Ginny Hyland's email of 22 January and have a number of comments and queries on the council's budget reductions and the possible impact on the health of Bexley residents; or wider impact on the NHS.

Appendix D

- Item 313 proposes a reallocation of £994k of the public health grant to exploit synergies with other council services. The consultation states that Public Health outcomes could be affected. Please can you outline what specifically this reallocation and synergies are and the impact on health? I am concerned that the council has requested that the CCG contribute to public health expenditure whilst reducing public health budgets and spend. We would like to work with you to understand the implications of this reduction on the local population. We are acutely aware of the need to invest in public health interventions directed towards our local population and the council has consistently highlighted the need for more investment in public health initiatives since the transfer of responsibilities from the NHS.
- Item 125 proposes a reduction in public health staffing of £58k. The narrative suggests that there will also be additional funding of a PH consultant from existing council budgets. We welcome the

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appointment of a public health consultant in Bexley, however, we would like to understand the impact of staffing reductions in other parts of public health.

- Items 401-403 propose savings related to the Better Care Fund (BCF), totalling £325k; rising to £475k in 2016/17.
 - o Item 401 states that £125k (£250k 16/17) will be saved from a reduction through joint working across health and social care; reducing non-elective admissions to hospital this will make savings for the Clinical Commissioning Group that will be shared with the Council. However, as you will be aware, any non-elective admission savings made from the BCF as a result of the implementation of the End of Life care scheme, will be paid into the pooled fund. Any spend will then be jointly agreed to improve the health and wellbeing of Bexley residents. As such, the savings cannot be used to support the council's budget reductions as set out.
 - o Items 402-403 state that a further £200k (£225k 16/17) will be saved from the BCF. Please can you advise whether these savings will have any impact on health budgets?

Appendix E

- Item 414 relates to a reduction of £200k in Prevention and Early Intervention funding to the voluntary sector. The impact is stated as there being less support available from the voluntary sector to help reduce or avoid the need for more formal input from statutory services. We believe this service is jointly funded under a s256 agreement as part of the s75 agreement between the council and the CCG. The service was jointly reviewed around 18-24 months ago and contracts agreed with the voluntary sector. Any reduction would therefore need to be discussed with the CCG; and the impact on both the CCG and the voluntary sector understood. This may have a direct impact on health services, we would like to work with you to ensure there is minimal impact on CCG commissioning of services, in particular the CCG social prescribing initiative which is part of our ongoing joint planning.
- Item 419 proposes a reduction of £50k to high cost care packages by reviewing the provision of high cost packages of care in order to ensure that needs are met in the most cost effective way. We recognise the pressure on these budgets but also the increasing acuity of the population and therefore increased demand. We would like to work with you to understand how this can be achieved whilst experiencing increased demand and changes in demographics.

On a more general note:

- 1) There is mention in the overarching document of there being under-funding on the Local Safeguarding Children Board (LSCB) and the need for additional income. It also states that the CCG has indicated that they are unable to make further contributions. We had agreed through the safeguarding board that we would now provide accommodation to the LSCB at 221 Erith Road and make no charge for this. This represents a significant additional contribution to the £31k monetary investment that is not recognised within this statement. The CCG charges £6,500 per desk to its other tenants and the LSCB occupy several offices.

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2) I am pleased to note that the council has no budget deficit as a result of the Care Act.

I very much look forward to discussing this further with you. I would like to be able to take your formal response to my governing body members who have raised concerns about reductions in public health spend and the increased pressures on social care.

I look forward to continuing to work in partnership to achieve best value for all commissioners through our integrated ways of working.

Yours sincerely



Sarah Blow
Chief Officer

cc: Alison Griffin, Director of Finance, LBB
Theresa Osborne, Chief Financial Officer, BCCG
Dr Howard Stoate, Chair BCCG

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Direct Dial 020 3045 3232
Date 16 February 2015

Sarah Blow,
Chief Officer
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Via Email to: Sarahblow@nhs.net

Dear Sarah

RESPONSE TO QUESTION FROM CCG ON PUBLIC CONSULTATION ON THE COUNCIL'S SAVINGS PROPOSALS

Thank you for your comments on the Council's budget proposals. As you know the Council faces the unenviable task of seeking to maximise the positive impact of our programmes and services on the health and wellbeing of the local population while facing an unprecedented reduction in available funding. This is something we can best achieve by working together with our principal partners, such as the CCG. Our budget proposals sit within a context of mutually agreed strategies, existing joint programmes and positive relationships. Of course none of the proposals are easy, but it is our responsibility to prioritise and extract every available benefit from the funding pot available.

Item 313.

The Public Health grant is made available to the Council to deliver public health outcomes. A number of the latter are not where we would wish them to be, not assisted by the historically low level of funding and available capacity. In order to raise the level of achievement locally the Council has adopted a number of different approaches, including reconfiguring support, commissioning new services and redesigning existing ones. The latter has already proved beneficial, and there is a plan, included in the budget proposals, to reallocate £0.994m of public health grant to council services related to public health. This redesign is underway but not concluded.

The proposed savings have been carefully considered across a range of public health programmes. They will be mainly achieved by various efficiency savings and redesign of services. In some areas, like sexual health, the savings will reflect the reduced need for these services which are a consequence of effective preventative measures in recent times.

Item 125

The saving of £58,000 on public health staffing will be an efficiency saving on work currently commissioned from external consultants. The work currently carried out by the external consultants will form part of the remit of a new substantive public health consultant post.

Item 401

Please see the wording that was agreed with the CCG as part of the submission:

That spend against any balance in the performance fund, after new investment, will be jointly agreed between the CCG and council (this could include protecting existing services).

Items 402-403

These savings are predicated on the further benefits coming from integrated care provision, reducing need for overall dependency. Any impacts on NHS budgets would be positive.

Item 414

Social prescribing is a CCG & LBB initiative. It was always agreed that each party to the Prevention and Early Intervention fund may reduce contributions. Recommendations on reductions will be made with both Council & CCG representation (including a GP).

Item 419

This is looking at how some historical provision has been made and considering how more appropriate options can be considered using community based alternatives and assistive technology.

You mention the LSCB in your more general comments. I am grateful for the prominent role that the CCG plays in the Safeguarding Board, and in particular to Simon Evan-Evans in performing the Vice-Chair's role. It has been very helpful that the CCG has accommodated the staff team. Nevertheless the comments in the budget proposals reflect the fact that a big increase in the budget for the LSCB has been necessary and that the overwhelming responsibility to meet this has fallen on the Council.

The financial pressures facing public agencies mean that we need to be even better at planning together and to continue to pursue a common vision and integrated services. As well as being happy to maintain a constant dialogue between our two organisations on this topic I believe this also needs to be part of a wider debate between all those agencies with an impact on the quality of life in Bexley. I plan to devote some of the time at future meetings of the Chief Executives' operational board to these matters.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Will Tuckley', with a stylized, cursive script.

Will Tuckley
Chief Executive