

<b>Committee:</b> Cabinet	<b>Date:</b> 7 January, 2015	<b>Classification:</b> Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Report of:</b>  <b>Service Head, Democratic Services</b>  <b>Originating Officer:</b>  <b>David Knight, Democratic Services</b>			<b>Title:</b> Cabinet Decision Called In: Medium Term Financial Plan Update2015/18 (2015/16 Savings Proposals: Public Health Reconfiguration of Sexual Health Services)  <b>Ward:</b>  All	

## 1. SUMMARY

- 1.1 The Medium Term Financial Plan report, including proposed financial savings for 2015/16 had been considered by the Mayor in Cabinet on 3rd December 2014 and was "Called In" by Councillors Rachael Saunders, Shiria Khatun, Ayas Miah, Rachel Blake and Khales Uddin Ahmed. This was in accordance with the provisions of rule 16 of the Overview and Scrutiny Procedure Rules in Part 4 of the Council's Constitution.

## 2. DECISION OF THE OVERVIEW AND SCRUTINY COMMITTEE

- 2.1 The Overview and Scrutiny Committee:
1. Considered the contents of the attached report, the Mayor in Cabinet's decision (provisional, subject to Call In) and the information provided by officers; and
  2. Agreed that the decision be referred back to the Mayor and Cabinet for reconsideration with recommendations as set out in this report.

## 3. RECOMMENDATIONS

- 3.1 That the Cabinet notes and comments on the matters set out in this report

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### Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

**Brief description of "background paper"**

**Name and telephone number of holder and address where open to inspection**

Overview and Scrutiny Committee  
Agenda 6<sup>th</sup> January, 2015.

David Knight  
020 7364 4878

#### **4. THE MAYOR IN CABINET'S PROVISIONAL DECISION**

4.1 The Mayor in Cabinet's decision was published on 5<sup>th</sup> December, 2014 to [amongst other recommendations]:-

2. Agree the package of savings proposals for 2015/16 detailed in Appendix 1, taking into account the equality analyses set out in Appendix 2.
3. Agree that further business case refinement and consultation can be carried out on the proposals were necessary.
4. Consider the responses to consultation on savings proposals set out in Section 10 and included, as appropriate, in equality analyses.

#### **5. THE 'CALL IN' REQUISITION**

5.1 The Call-in requisition signed by the five Councillors listed above gave the following reasons for the Call-in:

- The proposed cut of £800,000 from the budget threatens to have a severe impact on the service provided and, as such, further consultation is vitally important.
- This call-in will give the Mayor the opportunity to re-examine, consider and consult on the proposal to reconfigure sexual health services in the borough.

#### **6. ALTERNATIVE ACTION PROPOSED**

6.1 The Call-in Councillors proposed the following alternative course of action:

- That the Mayor fully outline and explain the savings proposed
- That the Mayor pursue further consultation on the proposed changes
- That the Mayor reverse this cut

#### **7. CONSIDERATION OF THE "CALL IN"**

7.1 In addition to the business papers presented to the Overview and Scrutiny Committee, the Committee considered:

1. The views and comments made by Councillor Rachael Saunders in presenting the call-in;
2. The information provided by Councillor Alibor Choudhury Cabinet Member for Resources and Councillor Abdul Asad Cabinet Member for Health and Adult Services;
3. The information provided by Robert McCulloch-Graham, Corporate Director Education, Social Care and Wellbeing, Dr Somen Banerjee, Interim Director Public Health and Chris Lovitt, Assistant Director Public Health.

4. A representation by Dr Vanessa Apea, Consultant Physician GUM/HIV, Barts Health NHS Trust; Mark Santos, Director, Positive East regarding the Savings Proposals.

7.2 Councillor Rachael Saunders gave a presentation to the Committee outlining the reasons for the Call In and the concerns highlighted. Councillor Saunders then responded to questions from the Committee.

7.3 Councillor Alibor Choudhury; Councillor Abdul Asad; Robert McCulloch-Graham; Dr Somen Banerjee and Chris Lovitt responded to concerns raised. Their responses to questions raised are summarised below:

The Committee:

- Recognised that the principle of reducing demand on acute services by better utilising primary care, but noted concerns from professionals about the feasibility of effecting behaviour change in the numbers of users necessary to achieve the savings, given the needs and preferences of these groups.
- Expressed concern at the consultation undertaken with professionals, given that they were not aware of the extent of the savings proposed at the time.
- Noted that savings are based on seeking to reduce the increasing demand on acute/specialist services through prevention and reconfiguration of those services within the community. It was noted that if the reconfiguration is successful then the savings for 2015/16 will be achieved. However, if the sexual health costs are not contained then it will mean that the balance of savings will have to be made up from elsewhere within the ESCW budget.
- Was informed that there has been an increase in activity in Primary Care during 2014/15 and the non-contract Public Health budget spend will be used so as to fund the preventative campaigns. The intended aim was to address behavioural change and to look at getting the most beneficial deal for LBTH from those providers. In addition, it was noted the TH Clinical Commissioning Group is working with providers to develop the primary care provision of sexual health services and to address associated costs.
- Noted that the proposals will not be straight forward as they will require the use of a range of levers and an increase in activity. However, the system as it is currently structured is not sustainable. Therefore, the investment in early intervention is expected to reduce demand on acute/specialist services. The rationale behind this decision it was noted is considered to be logical, and has been judged by the council to carry with it an acceptable level of risk.
- Was advised that LBTH has already taken action to develop the capacity of Sexual Health Services to address the increase in demand. This has seen a shifting of activity to Primary Care and community services especially the screening of sexually transmitted infections (STIs), increasing uptake and access to contraception. In addition, it

was noted that there has been a development of good relationship with those providers of acute/specialist care. However, it is recognised that there is a need to strengthen the dialogue with these providers around addressing the challenges currently faced.

## **8. PROPOSAL**

8.1 When determining to refer the matter back for reconsideration, the Committee felt that:

The Committee resolved to refer it back to the Mayor with the following points:

1. Whilst the overall aim of the proposal was not unreasonable, it was unrealistic to achieve this level of saving within the timeframe set out in the report;
2. That therefore the total saving should be phased over two to three years,
3. That this longer period should be used to better involve service providers in achieving the saving, and
4. There should be a review of the progress on the reconfiguration of the services in six months' time.