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## COUNCIL

**Meeting to be held on Monday 22 February 2016**

**10 PROPOSAL FOR THE COUNCIL'S PUBLIC HEALTH BUDGET 2016/17 AND 2017/18 (Pages 3 - 6)**

A schedule of consultation responses is attached.

*Copies of the documents referred to above can be obtained from*  
<http://cds.bromley.gov.uk/>

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## Public Health Budget - Consultation Feedback.

	Description of issue /concern	How to manage:
<b>Staff Feedback</b>		
1	Loss of GP posts. How will clinical and medical input and expertise be provided?	Ensure small budget available to commission this support.
2	Concerns about capacity with the loss of staff, potential loss of staff during transition to new structure. (Is there a backup plan for expediting recruitment)	Expedite recruitment
3	Programme cannot be without trained staff for any length of time, recruitment for new position and/if further existing staff leave.	
4	Concerns about more generic Admin roles: <ul style="list-style-type: none"> <li>• Recognition that Admin supports are specifically trained to manage the programme IT software, test results and pathways (Grade?)</li> <li>• Also disparity between the role in managing this quite diverse programme against other PH roles.</li> </ul>	Support in reassuring existing staff, to avoid losing them.
5	Accuracy of posts titles <ul style="list-style-type: none"> <li>• Consultant in Public Health (Children) should read 0.8WTE</li> <li>• Title posts, should be Vascular Prevention Programme</li> <li>• Will nurses title change and JDs reviewed in the light of changing and expanding roles</li> </ul>	Correct titles in structure Review and realign JDs

## Stakeholders Feedback

	Description of issue / concern	How to manage:
<b>Public Health England</b>		
	<ul style="list-style-type: none"> <li>• A cut in childhood obesity programme when rates of overweight children remain high</li> <li>• Cessation of adult weight management programme, physical activity programme and smoking cessation programme against the HWB Strategy priorities and evidence of effectiveness</li> <li>• An uncertain picture regarding the school nursing programme</li> <li>• Clarity about future use of PH grant</li> </ul>	Discussions with Director of Public Health
<b>Users of HIV peer-support service – engagement exercise</b>		
	<ul style="list-style-type: none"> <li>• It is a well informed and educated group that provides opportunities for learning and advice around self-management, as well as medical updates regarding current treatment and health information.</li> <li>• A safe, confidential and honest environment for people to discuss their diagnosis and helped combat the severe social</li> <li>• Advocacy support was for many invaluable at times when information regarding housing and welfare benefit had become unmanageable</li> <li>• There is no similar provision in the borough that provides a lifeline for people who are often extremely vulnerable. All service users said the closure of the service would have a “huge impact” on their resilience and quality of life.</li> </ul>	
<b>CCG – concerns about:</b>		
	<ul style="list-style-type: none"> <li>• Significant disinvestment in preventative services with potential impact on CCG services, A&amp;E attendance</li> <li>• Impact on vulnerable groups</li> <li>• Impact on health of the population, particularly with potential increase in strokes, heart disease and kidney disease with consequential impact on services and rising costs for both LBB and CCG</li> <li>•</li> </ul>	

**Bromley Healthcare concerns about:**

- Cut in School Nursing will remove 'early help' through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice and referral or signposting to other services which can prevent problems developing or worsening. The health link between other professionals - education and social care will be lost.
- Increased risk to children and young people by removing the school nurse service in terms of safeguarding
- Cessation of the Stop Smoking Service widening inequalities as smoking is concentrated in the more disadvantaged groups, and will have a major impact on healthcare costs and health outcomes.
- Not commissioning childhood obesity services and general health improvement services will lead to adverse health outcomes, particularly in more vulnerable groups and consequent increase in healthcare costs.

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