

21 January 2015**Agenda Item: 6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH GRANT REALIGNMENT - PROGRESS REPORT 2014/15****Purpose of the Report**

1. Following endorsement by the Public Health Committee, £5 million from the Public Health grant for 2014/15 was realigned into new areas within the Council that deliver Public Health Outcomes. This report provides an update on the activities funded through this realigned Public Health grant.

Background

2. Public Health transferred to Nottinghamshire County Council (NCC) on 1 April 2013. With it was transferred £35.1m of ring-fenced Public Health grant, to be used to support activities leading to Public Health outcomes. The allocated grant increased to £36.1m for 2014/15. As part of integrating the Public Health function within the Authority, a review was undertaken to align Public Health functions, reduce duplication and achieve efficiencies, whilst maintaining overall spend on Public Health at the ring-fenced level.
3. On 6th March 2014, the Public Health Committee received a report containing details of 16 proposals for realignment of Public Health grant which had been approved by full Council as part of budget setting in February. This report also gave the Public Health Committee responsibility for maintaining an overview of performance on the realigned grant. It was agreed that formal monitoring take place on all areas of realignment, focusing on monitoring of outcome measures and value for money. In accordance with this decision, this update report describes the results of such monitoring to the Public Health Committee.
4. Details of the activities being supported through realigned Public Health grant in 2014/15 are attached at Annex A.

Information and Advice**Public Health Realignment and Outcomes**

5. The Public Health grant available for realignment was achieved through efficiency savings as a result of release of uncommitted expenditure, re-procurement exercises, underspends from staffing and policy areas, and from the absorption of costs previously held by Departments into Public Health. This included some budgets for substance misuse previously held by Adult Social Care, Health & Public Protection and the movement of some staff from other Departments into Public Health, with the absorption of the associated salary costs.

6. The Public Health Outcomes Framework is a national framework which sets out a vision for public health, desired outcomes and the indicators to help understand how well public health is being improved and protected. These outcomes relate to not only how long people live, but also how well they live at all stages of life. They include long term indicators such as improvements to life expectancy.
7. The main Public Health outcomes being positively addressed by each of the realignment activities are as follows:

Public Health Outcomes	Realigned Activity	£ (£000s)
1.11 – Domestic abuse	Domestic Violence Realignment	1,034
1.12 – Violent crime 1.13 Re-offending levels	Youth Violence Reduction,	380
1.15 Statutory homelessness 2.15 Completion of drug treatment 2.18 Alcohol related admissions	Supporting People	1,000
1.15 Statutory Homelessness 1.05 Young people not in employment, education or training 2.10 Self harm	Young People's Supported Accommodation	460
2.15 Completion of drug treatment 2.18 Alcohol related admissions to hospital	Substance misuse including young people's substance misuse	468
2.14 Smoking prevalence	Illicit tobacco prevention and enforcement	91
1.18 Social Isolation 1.8 Employment for those with long term conditions	Mental Health Co-Production Service,	206
1.18 Social isolation 2.23 Self-reported well-being	Building community resources to support people	200
1.18 Social isolation 2.23 Self-reported well-being	Community Outreach Advisors	164
2.24 Injuries due to falls	Handy Persons Adaptation Scheme	95
2.23 Self-reported wellbeing	Stroke service	13
2.23 Self-reported wellbeing	Information Prescriptions	27
1.05 - 16-18 year olds not in education employment or training 1.03 - Pupil absence 1.01 Children in poverty	Young Carers	340
2.04 Under 18 conceptions 3.2 Chlamydia diagnoses	Young people's sexual health project	80
2.01 - Low birth weight of term babies 2.07 - Hospital admissions caused by unintentional and deliberate injuries in children 2.02- Breastfeeding 2.03 - Smoking status at time of delivery	Family Nurse Partnerships	100
1.02 School readiness	Speech and Language Therapy	350

8. The process followed for managing the realigned Public Health grant is through the assignment of a relevant Public Health manager to provide liaison with the department and take an overview of progress. A “contract” with the Department is agreed for each activity through discussion with the Department, to identify appropriate measures of success, which may . As the Public Health outcomes are long-term, and so not always possible to monitor in-year, the identified markers for success are monitored instead.

Benefits Realisation

9. Examples of some of the benefits being brought about through the re-alignment activities are described below:

Reducing duplication and doing things once: Aligning the Council’s domestic violence activity within Public Health has brought a range of activities into a single location. This will lead to streamlined commissioning to improve efficiency and increased value for money. The overall outcome for services is to produce increased reporting of domestic and sexual abuse but reduced severity of that abuse as measured by repeat victimisation and risk level analysis. Clinical Commissioning Groups are implementing the IRIS programme¹ and GP practices are information sharing using MARAC², which is being re-aligned to a single streamlined City-County procedure. The Encompass project of alerts to schools has also been implemented. These initiatives together are leading to earlier intervention. Re-commissioning of domestic abuse and sexual abuse services is due in 2015 and further alignment of contracting is expected to generate increased efficiencies in future.

Achieving Public Health benefits from other areas of NCC’s work: The innovative Illicit tobacco prevention and enforcement activity engages the power of Trading Standards in an approach to smoking cessation which focuses on the removal of cheap, illegal tobacco from the market. Making available officer time within Trading Standards has reduced the amount of illegal tobacco available and prevented shops from selling it. Partnership approaches to enforcement, including licensing, are being used with cooperation from District Councils. In this case realignment has led to an integrated approach across Notts County Council departments and led another County Council service to deliver Public Health outcomes.

Improving Public Health outcome delivery: The Family Nurse Partnership service provides intensive support to first-time teenage parents with a range of Public Health impacts, including reducing smoking in pregnancy, reducing alcohol and drug use, improving maternal health in pregnancy (with impact on birth weights) increasing breastfeeding, immunisation uptake, reducing Accident & Emergency attendances and increasing numbers of teenage mothers into education, training or employment. The service is paid for through a mix of NHS funds and Public Health realignment. This is an example of the NHS and County Council working together in an holistic approach covering both NHS and Public Health outcomes for a vulnerable target group.

The above are examples: work continues in other areas of realignment with Departments to develop good practice and joint working, for example in the mental health co-production

¹ **IRIS** - Identification and Referral to Improve Safety; a general practice-based domestic violence and abuse (DVA) training support and referral programme

² Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies.

service and the development of initiatives to combat loneliness as described elsewhere in this report.

Performance

10. Quarterly reporting is now taking place against spend and output profiles. The results of the first half year monitoring show 14 out of the 16 schemes on target to achieve spend and outputs. The two exceptions are:
 - a. Building Community Resources to Support People. The original proposal to set up a Notts-wide organisation for delivery was rejected owing to concerns about long term sustainability and the diversion of resources to core running costs rather than direct service delivery. With Public Health input, plans have been revised to maximise deliverable outcomes. As a result, a range of small projects are being devised that will meet the aims of the proposal. This will provide targeted interventions to combat loneliness and isolation, some of which are being developed in conjunction with Libraries and Country Parks and thus will provide further opportunities for integration.
 - b. Substance Misuse including Young People's Substance Misuse. Initial estimates of service costs have been clarified in year and the required realigned budget amended accordingly. The forecast has been revised downwards to £262K from £368K. This underspend is due to cost savings achieved through the re-procurement exercise.
11. Financial underspend on the realigned public grant overall will be put into reserves ready for realignment in the following financial year. Based on current forecasts, this is not anticipated to be more than 8% of the total realigned Public Health grant in 2014/15.
12. In summary, monitoring process for the realigned grant confirms that the grant is being used to deliver Public Health outcomes. The majority of the realigned activities are on track to meet annual targets set, with a number still setting baselines and agreeing detailed targets with providers following the commissioning process. Where projections fall below the full achievement of targets, remedial action plans are being developed to tackle this.

Other Options Considered

13. This report has been brought for information. No other options are required.

Reason for Recommendation

14. In March 2014, the Public Health Committee agreed to keep an overview of the use of realigned Public Health grant and receive updates on performance.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

16. There are no direct financial implications for this performance report. The Council previously agreed to allocate Public Health grant to these activities in its budget-setting process.

RECOMMENDATION

17. That Committee notes the report and receives a further report on realignment proposals for 2015/16 on a date to be determined.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact: cathy.quinn@nottsc.gov.uk

Constitutional Comments

18. This report is for noting only and no Constitutional comments are required.

Financial Comments (KAS 12/01/15)

18. The financial implications are contained within paragraph 16 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Report to Public Health Committee, 6 March 2014, Public Health Budget Changes and Realignment of the Public Health Grant

Public Health Grant and Budget Planning Report to the Public Health Committee 11 February 2013

Electoral Divisions and Members Affected

- All

