

6 March 2014**Agenda Item: 5****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH BUDGET CHANGES AND REALIGNMENT OF THE PUBLIC
HEALTH GRANT****Purpose of the Report**

1. This report provides information on the recent budget proposals to release £5 million efficiencies within 2014/15 and realignment of the Public Health (PH) grant to new areas to deliver additional PH outcomes.

Information and Advice

2. PH transferred to Nottinghamshire County Council (NCC) on 1 April 2013. As PH was previously part of the National Health Service (NHS), a process of integration within the Council was required to identify functions that could be aligned across departments. A process took place between April and October to identify new ways of working, allowing the Council to reduce duplication and take advantage of opportunities for efficiencies.
3. Through the alignment of functions and routine contract review, PH plans to release £5 million efficiency savings during 2014/15. Although efficiencies are being made, the overall PH expenditure for 2014/15 (£36.1million) will not be reduced. This will be reinvested within the NCC to address additional PH outcomes.
4. The PH department is responsible for commissioning and delivering a range of PH functions from the PH grant. These include five mandated services and a variety of other PH services. In addition, the department also holds responsibility for delivering health improvements and reducing health inequalities overall. Therefore, this list is not exhaustive and the department already influences work in many areas that deliver PH outcomes. **Figure One** details the range of nationally specified PH functions. These will continue to be delivered through 2014/15.

Figure One: Public Health Functions

Public Health Priorities (Mandated Functions)	
1	NHS Health Checks
2	National Child Measurement Programme
3	Comprehensive Sexual Health Services
4	Public Health Advice to the Clinical Commissioning Groups (CCGs) via a Memorandum of Understanding (MoU)

5	Local Authority (LA) role in dealing with health protection incidents, outbreaks and emergencies
Other Public Health Priorities	
6	Accidental Injury Prevention
7	Alcohol & Drug Misuse
8	Children & Young People
9	Community Safety, Violence Prevention and Social Exclusion
10	Dental Public Health
11	Immunisation Screening & Support
12	Infection Control
13	Mental Health
14	Nutrition
15	Physical Activity
16	Prevention of cancer & long term conditions
17	Reduce & prevent birth defects
18	Seasonal Mortality
19	Social Exclusion
20	Tobacco Control
21	Weight Management
22	Workplace Health

Budget Proposals

5. To take full advantage of new ways of working, the PH department has reviewed its current expenditure to identify potential efficiencies. **Figure Two** describes identified savings to release £5 million for realignment.

Figure Two: Public Health Budget Proposals

Public Health Budget Proposals by Programme Area	Budget Proposals for 2014-15 £ 000	
Substance Misuse Re-commission new substance misuse services to improve quality and consistency, including elements previously funded through adult social care.		450
Health Check Programme Review the Health Checks programme to maintain the current number of health checks offered to patients and revise payment structure to bring consistency across the county.		182
Tobacco Review smoking cessation services offering Nicotine Replacement Therapy (NRT) to patients to reflect best evidence, capping NRT supply to 4 weeks (previously 12 weeks.)		166
Release of uncommitted Public Health funding	Subtotal	4,202
Dental Public Health and Fluoridation- Review contract value with Severn Trent Water, which provides fluoride in the mains water support to parts of the county.		20
General Prevention (Older People, LTNC and Stroke) - Release contract efficiencies on ageing well services (including Handy Persons Adaptation Scheme, First Contact, and Community Outreach Workers – jointly funded		30

with adult social care.) Review stroke prevention health promotion service and Chair Based Exercise to release efficiencies.	
Public Health Staffing - Release PH vacancies, and realign PH staff costs from other departments to PH.	157
Public Health Corporate Misc. (– including Staffing-non-pay, Health & Wellbeing Board, overheads, NHS property costs) - Review budgets to release uncommitted expenditure.	50
Contingency/development - Review budgets to release previously committed but unspent resource.	3,945
Total Efficiencies	5,000

6. Most of these proposals involve routine review of contracts, identification of internal efficiencies and small changes to service specifications. These were not therefore included in NCC's budget public consultation. One exception is the re-tendering of substance misuse services, which was subject to a dedicated three month public consultation during June-September 2013. Service user consultation has also been undertaken to explore the impact of the tobacco control proposal.

Realignment of the Public Health Grant

7. The PH grant is currently ring fenced and national guidance dictates that it is spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities. NCC provides quarterly returns through the whole government accounts to justify the use of the grant. In order to fulfil this requirement, NCC will ensure that the grant continues to deliver PH Outcomes.
8. Review of Council functions identified a number of PH responsibilities, with the potential for realignment to streamline commissioning of services and reduce duplication. Examples include:
- Domestic violence services have historically been commissioned and delivered through a number of departments. Realignment of the PH grant will bring services together, drive up quality and allow economies of scale to be explored.
 - Healthy ageing services have been part-funded across PH and Adult Social Care for a number of years. Review of service specifications and alignment of funding will help identify efficiencies.
 - The Nottinghamshire Family Nurse Partnership Programme is currently jointly funded by NHS England and Children's Services within NCC. Realignment of funding will simplify and streamline future commissioning of the service as it fits with the transfer of commissioning responsibility to PH in 2015.
9. Within NCC, a working group led by Anthony May, Deputy Chief Executive, agreed a framework to ensure that any reallocation of the PH grant continues to meet the

requirements for the grant. The group agreed a prioritisation framework to ensure a consistent prioritisation process with the work of the Health & Wellbeing Board. Principles include assessing the health benefits of services, along with cost effectiveness and fit with local and national PH priorities.

10. In addition, it was agreed that the fund would be used for existing services only. Therefore a supplementary principle was accepted that no new developments would be supported for 2014/15.
11. The realignment of the PH grant will facilitate the ongoing integration of PH within the Council. Plans have identified opportunities to avoid duplication and provide PH leadership to complex areas. Due regard has been taken during the realignment process to emerging health and wellbeing priorities as identified in the Joint Strategic Needs Assessment.
12. The PH department will keep a whole programme overview of what it commissions to deliver improvements in PH outcomes. It is proposed that formal monitoring take place on all areas of realignment. As with all PH services, monitoring of outcome measures and value for money will be carried out and reported to the Public Health Committee to ensure that the Council, and local residents, continue to receive maximum benefit from the allocated grant.
13. **Appendix A** describes the full list of realignment functions for 2014/15.
14. Alongside this process, the review of PH functions identified that the Council already holds contracts with citizen's advice bureau which are managed through the Community and Voluntary Sector team. It is therefore proposed that the contract management be brought together to avoid the need to contract twice with the same organisations. The Community and Voluntary Sector team will accept this new responsibility from March 2014.

Communication & Engagement

15. Communication and engagement work is included in all service reviews. This process will therefore continue alongside routine PH activity. This includes consultation with service users, as required, engagement with Clinical Commissioning Groups (CCGs) and other health and voluntary sector stakeholders to explore any impact of the commissioning changes.
16. Significant service redesign, such as the re-tendering of substance misuse services or weight management services, are subject to a comprehensive project specific public consultation in line with Council processes.
17. Further discussions around efficiencies and realignment will need to take place for 2015 /16 onwards. PH plans to strengthen the engagement process with stakeholders to ensure that any implications from proposed commissioning decisions and realignment of the PH grant are properly discussed. CCG representatives will be invited to participate in the Council realignment process.
18. A supporting communication and engagement plan for PH is being developed to pull all the individual consultation and engagement activity into one plan.

19. The PH budget proposals and grant realignment were presented to the Finance and Property Committee on 10 February 2014. The changes to the PH grant are due to be presented to Full Council for approval on 27 February 2014. The report is therefore for information purposes only.

Statutory and Policy Implications

20. 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

21. The overall allocation of the Public Health grant remains unchanged although there are a number of changes relating to individual responsibilities. These are described in Figure Two and Appendix A.

Implications in relation to the NHS Constitution

22. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to this report.

Public Sector Equality Duty implications

23. Equality impact assessments are carried out for any changes to services. In addition, monitoring of contracts ensures providers undertake their equalities duties.

Implications for Service Users

24. Any resultant changes to services have been consulted in accordance with the Council policy. In addition, good practice dictates that service users are engaged with any service change. Subsequent performance and quality monitoring and reporting of contracts is carried out to assure the Council on patient safety and quality of service.

RECOMMENDATION/S

1) The Public Health Committee is asked to note the changes in the allocation of the PH grant for 2014/15 due to be decided by Full Council on the 27 February 2014.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Cathy Quinn, Associate Director of Public Health (email: cathy.quinn@nottsgov.uk.)

Constitutional Comments (SG 20/12/13)

25. Because the report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 11/02/14)

26. The financial implications are contained within paragraph 20 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.

- Public Health Grant and Budget Planning Report to the Public Health Subcommittee 11 February 2013
- Nottinghamshire County Community Based Substance Misuse Treatment and Recovery Services Report to Public Health Subcommittee 11 February 2013

Electoral Division(s) and Member(s) Affected

- All

Appendix A: Summary of Public Health Realignment Plans

Proposal Name	Description	Value £000
Domestic Violence	Centralisation & coordination of domestic violence services across council.	1,034
Youth violence reduction	Service to deliver preventative case management and psycho-social interventions through Youth Offending Teams with children aged 8-17.	380
Supporting People	Adult Homelessness Services, including homelessness prevention	1,000
Young people's supported accommodation	Young people's service to support homelessness, learning disability, offenders, substance users, those with poor mental/emotional health.	460
Substance Misuse including Young Peoples Substance Misuse	Residential rehabilitation and supporting people accommodation, early intervention and diversion programmes, including services for young offenders (aged below 18)	468
Illicit Tobacco Prevention & Enforcement	Funding of Trading Standards Officer (TSO) dedicated to reducing the supply of illicit tobacco across the County.	91
Mental Health co-production service	Services to support people who have low/ moderate mental ill health needs and low mental wellbeing.	206
Handy Persons Adaptation Scheme	Service to provide small adaptations to retain older people in their own homes.	95
Building community resources to support people	Services to support people to retain independence and reduce loneliness.	200
Community Outreach Advisors	Service to provide community outreach to support people to stay independent in their own homes	164
Information Prescriptions	Service to provide information on request on a number of areas of health and social care.	28
Stroke	Service to people at risk of stroke or who have experienced stroke.	13
Young Carers	Services to support young carers of a disabled parent, and services to promote educational, psychological social and emotional development of young carers, that are complementary to delivery of ASC Personal Budgets.	340
Young People's Sexual Health.	Dedicated out of hours sexual health services and staff training directed to young people aged 13-19.	80
Family Nurse Partnerships	Intensive home visiting programme for first time teenage mothers.	100
Speech and Language Therapy	Services/support to early childhood services, including Health Visitor teams, to improve screening and promote communication and language development.	350
		5,000

