

11 September 2017**Agenda Item: 4**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

USE OF PUBLIC HEALTH RESERVES

Purpose of the report

1. This report provides information on Public Health reserves and seeks approval to proposals to use remaining Public Health general reserves by March 2019.

Background

2. Since transferring into the local authority in 2013, Public Health has been fully funded through a ring-fenced Public Health grant, provided annually as an allocation from the Department of Health. Information on the grant conditions, and how the Council ensures these are complied with, was reported to the former Public Health Committee in March 2017.
3. In past years, Public Health grant has sometimes been underspent, for reasons including:
 - a. underperformance on payment by results (PBR) contracts
 - b. extra efficiencies above those anticipated, being generated through integrated commissioning approaches
 - c. rigorous contract management focused on achieving value for money
 - d. savings from carrying vacancies in anticipation of the Public Health restructure, and the effects of recruitment drag
4. Unspent Public Health grant has been placed in a separate, ring-fenced Public Health (PH) General reserve. The conditions of the grant allow that if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.
5. The PH General reserve has also been used to hold small amounts of external funding on behalf of other organisations, such as a small fund for Sector Led Initiatives held collectively by the East Midlands Directors of Public Health, and NHS Pioneer funding awarded to a consortium of local Councils for a health and housing project.
6. As of 1 April 2017, the total PH General reserve stood at £5.934m. This sum has been accumulating incrementally over 4 years from 2013 when the grant first started.
7. As well as the PH General reserve, Public Health within NCC also holds, separately Section 256 reserves. Section 256 of the National Health Act 2006 allows Primary Care

Trusts (or successor bodies i.e. Clinical Commissioning Groups) to enter into arrangements with local authorities to carry out activities with health benefits. Section 256 funds received by the Council and currently held by Public Health are for activities to combat substance misuse, support for Children and Young People's mental health (Future in Mind programme), and the Family Nurse Partnership. As the funding comes from the NHS and is entrusted to Public Health in NCC, spending plans are agreed with relevant CCGs. Plans have been agreed to spend all of the S256 reserves on the relevant activities.

Information and Advice

8. Plans are already in place to use £4,943,906 of the PH General Reserve, as set out in Annex 1. These plans have been developed as the reserves have accumulated, i.e. over the last 3 years. Some of the decisions have been made by the Director of PH in accordance with financial regulations, others have been made at the relevant committee, all meet the conditions of the PH grant.
9. At end of the financial year 2016/17 £990,638 of the funds in the PH reserves remain unallocated. As with all PH grant this is subject to the conditions of the Public Health grant and so must be used to:
 - a. improve significantly the health and wellbeing of local populations
 - b. carry out health protection functions delegated from the Secretary of State
 - c. reduce health inequalities across the life course, including within hard to reach groups
 - d. ensure the provision of population healthcare advice
10. Annex 2 lists new proposals for spending the remaining PH General reserves. These proposals have been subject to confirm and challenge from within the PH senior Leadership Team. The criteria used to allocate funding is as follows;
 - a. Meets conditions of PH grant
 - b. Meets cost pressures arising from current contracts
 - c. Evidence of impact on local priorities and relevant Public Health outcomes
 - d. Evidence of good return on investment
 - e. Will be spent by 2019 and does not put in place any commitments for further expenditure beyond the ring fenced grant.
11. After all the potential uses of the reserves in Annex 2, there would currently be £102,638 remaining unallocated. This figure is likely to rise to reflect underspend in 2017/18
12. It is as yet unclear what will happen to remaining PH General reserves after the Public Health grant ceases, currently anticipated at 31 March 2019.

Other Options Considered

13. The PH General reserves are not able to be spent on non-Public Health activities, owing to the conditions associated with the Public Health grant. Consideration was given to not allocating the remaining reserves and holding them against future Public Health expenditure. However, this is not considered a desirable option because of uncertainty over the status of reserves after March 2019, when the Public Health grant is due to end, for example unspent PH grant may be 'clawed back' by Public Health England.

Reason for Recommendation

14. Allocating the reserves to identified Public Health activities will maximise the benefit to the local population and to the Council of the Public Health grant resource provided by the Department of Health, and will avoid the possibility of having to return unspent funds in the future.

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, 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. The report contains proposals for the use of reserves accrued as a result of underspend on previous years' Public Health grant, as explained in paragraph 3. At 1 April 2017 the reserves stood at £5,934,544. Plans for using £4,943,906 are already in place (see list at Annex 1) with £990,638 remaining. Annex 2 contains new proposals for use of reserves, total value £880,000. If all of these are confirmed, £102,638 would remain unallocated.
17. The Council's constitution allows the Director of Adult Social Care and Health to take all operational decisions necessary to secure the provision of services and/or the discharge of statutory functions, including the power to enter into contracts, in accordance with approved policies and Financial Regulations in relation to specified areas. For Public Health, this authority is delegated to the Director of Public Health. Although this is the case given the financial position of NCC and the PH grant these proposals are being brought to committee for approval.
18. Financial regulations state that the inclusion of items in the approved revenue estimates constitutes authority to incur expenditure, subject to the regulations for commissioning and procurement of Goods, Services and Works (section 8), except where the Council, Committees, or Financial Regulations of the Council have placed a restriction on any item.
19. As the PH General reserves are made up of Public Health grant that was in the approved revenue budget for previous years, but remained unspent, the Director of Public Health can make decisions about the use of reserves, except where legal or procurement regulations would require additional authorisation of decisions. Areas of potential activity where this may be the case are identified in Annex 2.

RECOMMENDATION

ASC&PH Committee is asked to:

1. Scrutinise and comment on the previously planned uses of Public Health reserves set out in Annex 1

2. Approve the use of the remaining Public Health reserves as set out in Annex 2.

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Constitutional Comments (EP 14.08.2017)

20. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 14.08.2017)

21. The financial implications are contained within paragraphs 16-19 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, 30 March 2017, Public Health Mandatory Functions

Electoral Divisions and Members Affected

- All

Annex 1: Planned uses of Public Health general reserves

Topic	Amount £	Expiry date	Brief description
Public Health realignment top-up	338,532	31 March 2018	Continue to fund two Adult Social Care realignment lines (Mental Health Coproduction and Moving Forward) prior to transfer to Improved BCF. Specific allocation from reserves identified in 2017/18 budget plan, to enable realignment funding to be continued at existing level in the face of reduced PH budget, for two services offering support to people with mental health problems. Use of reserves avoids potential budget overspend in Public Health or cost pressures elsewhere in ASC.
PH budget 2017/18 underpin	321,251	31 March 2018	Use of reserves to balance budget, identified in 2017/18 PH budget plan, to enable contractual commitments to be met as Public Health grant reduces, and avoid potential budget overspend.
Schools Health Hub	400,000	31 March 2019	Years 2 and 3 of a 3-year project to establish a staffed schools health hub, jointly with CFCS. Impacts on CFCS and on schools using the service, and links to Tackling Emerging Threats offer affecting CSE and Prevent work.
Family Nurse Partnership expansion	478,011	31 March 2019	Extension of intensive preventive home visiting programme for vulnerable, first-time young parents, launched in 2013, with a new expanded service. Extension is based on robust evidence of positive impact to allow continuation of existing, expanded service up to 2020 with joint funding from S256 / CFCS. Without the reserves, there could be impact on partners and on CFCS, plus the loss of 18 months potential service; decommissioning of service to 175 teenage clients.
PH contract for 0-19 year old	153,000	31 March 2018	Unspent funds from previous year needed to meet activity profiles in 2017/18 and related elements of 0-19 provision (health for teens website, nationally required maternity transformation work). The annual cost of the 0-19 service is planned to reduce over the lifetime of the contract. If this element is removed, it could lead to overspend or potential decommissioning of elements of 0-19 Healthy Families programme, removal of website, and impact on nationally required maternity transformation work.
Domestic Violence and Abuse – Multi Agency Risk Assessment Conferences	50,000	31 March 2019	To enable increased activity to address high risk cases of domestic abuse and to identify mitigation of risk, in response to identified cost pressure in existing contract and to avoid potential overspend on the DVA contract.
Community Infection Prevention and Control Service	311,500	31 March 2018	Final year of funding associated with 3 year Section 75 agreement, as time-limited investment funded through reserves and delivered by CCGs. Delivers additional advice and guidance to care homes, nurseries and other organisations to help them prevent and control infections. Current Section 75 legal agreement is due to finish

			March 2018. Impacts are the protection of health for residents in care homes and children in nurseries as well as on the CCG that provides the service, and on contractual obligations.
Obesity Prevention & Weight Management	412,399	31 March 2019	Unspent funds from previous years needed to meet activity profiles in 2017/18 and 2018/19. Overall the service remains in the total budget envelope previously approved. Without the reserves, there could be either potential overspend or breach of contract.
Substance misuse (drugs and alcohol) cost pressure	697,013	31 March 2019	Provision for cost pressures in approved contract. (PBR contract with over-performance; changes to external operating environment affecting numbers of service users and types of treatment). Without the reserves, there could be either potential overspend or contract obligations would not be met.
Smoking prevention in schools ASSIST training programme	326,205	31 March 2019	Years 2 and 3 of 3 year project to establish a smoking prevention in schools service, delivered under licence by NCC Youth Service, using a model of peer support within target schools. Impacts on schools and youth service as delivery body, removal of service could result in increase in smoking among young people.
Tobacco control – Police partnership work.	66,000	31 March 2019	Unspent tobacco control funds from previous years carried forward and utilised to tackle trade in illegal tobacco, in partnership with other activity in Trading Standards. Contribution to police time to deal with arrests and prosecutions. Illicit tobacco work is of high-profile and recently featured in the media; impacts also on Trading Standards and on Police service.
Promoting Health in the Workplace	120,000	31 March 2019	Unspent workplace health funds from previous years carried forward and being used to enhance support with district Councils. Impact on partnership activity being delivered with district Councils; all 7 districts are members of workplace health strategy group.
Reducing Excess winter deaths - warm homes	38,894	31 March 2019	Unspent winter warmth funds from previous years carried forward; work with partners approved through HWB; provides advice on keeping warm and support with making grant applications throughout the County. Activity is delivered through contract held by District Councils.
Health Watch	25,000	31 March 2018	Joint agreement with ASCH to fund organisation costs as part of 2017/18 NCC budget.
Pharmoutcomes	26,658	31 March 2019	Meet costs of contract payment mechanism for payments to pharmacies. Automated payment mechanism; would otherwise require additional administration and NCC staff time.
Knowledge and Library Service (KLS)	70,000	31 March 2019	Based at Sherwood Forest Hospital Trust, KLS provides information services to Public Health needed for fulfilment of mandatory functions (JSNA, advice to CCGs) and to maintain the division's accredited status as a training location for Public Health specialists. Consultation is underway from the CCG about ceasing this service. If the

			service is stopped, PH will need an alternative means to secure equivalent service. Provision for risk: if not required, it would be returned to reserves.
Bassetlaw CCG Rebasing	1,046,000	31 March 2019	Transfer of Public Health funding attributable to the Bassetlaw CCG. (Similar adjustments for other CCGs have been made at source through national variation to the PH grant.) This element of PH grant has previously been acknowledged as attributable to BHP.
Health and Housing Coordinator	57,117	31 March 2019	Non PH Grant - NHS Pioneer Fund award of funding to support joint initiative to promote health in housing, held in PH reserves, to pay for a joint initiative with district Councils to promote health in housing. Previously reported to PH Committee and HWB.
Sector Led Improvement	6,325	31 March 2018	Non PH Grant - Funds held for East Midlands DPHs at 1 April 2017 but has since been transferred to Leicestershire CC. Each DPH takes a rotation to hold these funds for pilot projects.

Annex 2 – Proposals for remaining reserves

Topic	Justification	Impact / Outcomes	Amount £	Execution
Domestic Violence and Abuse cost pressure – additional costs associated with children and young people (4-18 years) going through the Family Civil Courts (Young People's Violence Advisors - YPVAs)	Capacity cannot be met within existing resources at present, and represents an unmet need/emerging need not originally considered when the contract was developed and agreed.	Children can be re-traumatised as part of the family court process and perpetrators can use these proceedings to continue their controlling behaviour. YPVAs will support, safeguard and work with the child to avoid further DVA, improve emotional wellbeing, school attendance and future life chances.	88,000	Contract variation.
<p>Re-instatement of Mental Health First Aid / Suicide Awareness training, previously delivered for one year as a time-limited pilot by Kaleidoscope using a previous allocation from within PH reserves.</p> <p>Awareness and training delivery would;</p> <p>1) Build on the self-care model by raising awareness on how people and communities can look after their mental health and build mental resilience and wellbeing</p> <p>2) Deliver training to front line health and social care and emergency service to raise awareness on the signs of mental health problems & the effect mental health problems has on individuals</p> <p>3) Develop knowledge and skills on the availability of Mental health services and the signposting/ referral pathways</p> <p>4) Develop knowledge and skills on</p>	The previous service met all its contracted targets and evaluated well. Continuing enquiries since the pilot concluded are coming from emergency services and front line staff. Providing further funding would respond to expressed need.	<p>Improve mental health outcomes such as;</p> <ul style="list-style-type: none"> Increased prevalence of self-reported wellbeing Reduce the number of suicide deaths Reduce the rate of self-harm A & E attendances <p>Impacts would include;</p> <ul style="list-style-type: none"> Promoting good mental health Preventing future mental health and co-existing physical health problems Target and develop pathways for those with existing mental health problems to access health improvement interventions. 	50,000	Procurement

the signs of suicide and the suicide prevention pathways				
Chlamydia control - meet potential surge in demand for Chlamydia testing service in response to outreach work to address need in the population.	The activity would help to address comparatively poor local performance relating to Chlamydia diagnosis and treatment, and respond to population need.	<ul style="list-style-type: none"> • Address failing DRI (Detection Rate Indicator) to support achievement of the PHOF 3.02 Chlamydia Diagnosis Rate (Aged 15 to 24) • Facilitates access from different client groups that may not access a test via current outlets (young males) • Manage demand via online access route 	30,000	Contract variation.
Community Infection Prevention and Control Service – extension to 31 March 2018. The CIPC service is currently being augmented through a fixed term allocation of funds from PH reserves, due to expire 31 March 2018. 12 month extension of existing Section 75 agreement, already being funded out of PH reserves, to enable the augmented service to continue for a further 12 months.	Providing additional funding would enable continuation of a valuable service with available resource, maintain benefits to care homes and nurseries and protect health, and ameliorate the impact of significant funding reductions to this system-wide essential prevention and outbreak control service. It would preserve the integrity of the specialised knowledge and skills of the workforce, avoid erosion of capacity to protect health of the population and also provide additional time for the CCGs to then make up the future funding gap.	<ul style="list-style-type: none"> • Maintain capacity to protect health of the population and to adequately respond to community infection threats as they arise (including those relating to antimicrobial resistance, which is where the micro-organisms that cause infection survive exposure to a medicine that would normally kill them or stop their growth). • Fewer people experience long term disability • Better quality of life, fewer infections and associated deaths • Lower burden on adult social care as a result reduction in avoidable hospital admissions and need for social care at discharge 	130,000	Extend S75 agreement.
Antimicrobial resistance (AMR) campaign - antimicrobial resistance arises when the micro-organisms that cause infection survive exposure to a medicine that would	“Antimicrobial resistance poses a catastrophic threat” (Chief Medical Officer 2013) There is a local, national and global requirement for a reduction in antibiotic prescribing	<ul style="list-style-type: none"> • Support marketing of key messages to support local AMR messages to the public and health and care organisations. • Contribute to national goal for 	20,000	Within officer delegation limits.

normally kill them or stop their growth. Proposal is for a public - facing awareness raising campaign regarding use of antibiotics.	over increasing concern relating to AMR. It is difficult to achieve a balance between using antimicrobials when they are really needed and reducing use when they are not indicated. To preserve antimicrobial effectiveness they must be used appropriately (NICE). Providing time limited funding would enable a timely response to this emerging health issue, using existing networks and contracts for delivery of public health messages.	commissioning for quality and innovation (CQUIN) 2016/17 <ul style="list-style-type: none"> • Reduce antibiotic consumption and encourage a focus on antimicrobial stewardship. 		
Schools based academic resilience programme currently part funded by Public Health. Increasing the PH contribution could either expand the programme to a larger number of primary schools, or enable the programme to run for longer. The programme is a service for young people, which aims to improve mental health and wellbeing in young people.	Using reserves to support the scheme will enable potential extension / expansion of an effective intervention, and continue to respond to a key current public health issue affecting Nottinghamshire schools.	Developing inner resources for self-awareness, self-confidence, self-esteem and self-efficacy Improved behaviour Improved relationships and sense of belonging Improved attendance at school Increased focus, attention and ability to learn Sustainability in the school setting Early identification of and intervention with emotional mental health and wellbeing difficulties. Appropriateness of referrals to Child and Adolescent Mental Health services CAMHS Improved mental health and well-being and reduced use of Children and Adolescent Mental Health Services (CAMHS)	150,000	Contract variation
Children's Health Web site – expansion of existing web site aimed at teenagers (Health for Teens) to provide additional advice for younger age group (Health for Kids).	Assigning resources from reserves would enable the web provision to respond to identified need and develop an accessible service suitable for the age group.	<ul style="list-style-type: none"> • Improved access to healthcare • Engagement with more families including those who may not engage with traditional services 	20,000	Contract variation.

Clinically assured interactive content, striking design, games, and localised information and signposting, divided between sections on staying healthy, illness, feelings and getting help. Links to Healthy Families Programme for 0-19's and embedded in the core offer of the Schools Health Hub.		<ul style="list-style-type: none"> • Reduced barriers to services leading to earlier intervention • Increased access to appropriate information out of core service hours • Early identification of need / prevention in relation to weight management, physical activity, smoking cessation, emotional health and other public health priorities 		
KOOTH online advice service - universal, open access service providing advice, guidance and early intervention for young people with mild emotional and mental health concerns, reducing escalation and need for higher cost, specialised services. Funding would enable extension of activity for extra 2 years by substituting for S256 funds without time limit.	Maximise the available resources to extend provision of a low cost, existing intervention which aligns with the Future in Mind (2015) Nottinghamshire Local Transformation Plan (part of the Nottingham and Nottinghamshire STP). Public Health England 'The Mental Health of Children and Young People in England' (December 2016): identifies: "The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP)."	This service is key to providing early intervention for young people of Nottinghamshire. Children and young people accessing the service will receive appropriate, timely and evidence based support to meet a diverse range of presenting issues that impact on mental health, wellbeing and quality of life for the young person living with mental health and wellbeing needs. The support and lifestyle strategies promoted by the service will enhance and improve the day to day living and inclusion into a range of social environments.	300,000	Contract variation.
Pump prime a home safety assessment and equipment fitting schemes to reduce avoidable injuries in children. Potential to develop this pilot by linking up with housing departments within district councils across the county.	<p>The proposal would respond to expressed need and feedback from partners, using existing services to integrate public health considerations and deliver additional outcomes.</p> <p>The proposal is in line with recommendations in NICE guidance (PH30) and our existing 'Reducing</p>	<p>The Royal Society for the Prevention of Accidents (RoSPA) has recently estimated that home safety equipment schemes can reduce hospital admissions in the under-5s by 29%.</p> <p>In 2014 RoSPA's national projections of cost to wider society and NHS for avoidable injuries in the</p>	100,000	New activity; may require Committee authorisation.

	<p>avoidable injuries for children and young people' strategy.</p> <p>Epidemiological data indicates that the risk of an unintentional injury is greatest among households living in areas of greatest need. Children and young people from lower socioeconomic groups whose parents have never worked (or who are long-term unemployed) are 13 times more likely to die from such an injury than those whose parents are managers and professionals.</p> <p>The proposal would enable individual families to take responsibility for home safety by providing them with the advice, support and correctly fitted equipment to make their home safer for their children.</p>	<p>under 5s were £7.8billion and £140million respectively.</p> <p>Impact of the programme would be:</p> <ul style="list-style-type: none"> - Reduction in number of avoidable injuries in children under 24 months - Increased parental knowledge and skills to take ownership of reducing avoidable injuries - Increase in skills and knowledge of housing and children's staff in relation to avoidable injuries - Prevention of potential long term impact of serious injuries on a child's life, whether physical (e.g. disability) or psychological (e.g. results of burns, head injuries) 		
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