

29 September 2016**Agenda Item: 9****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****UPDATE ON PUBLIC HEALTH BUDGETS 2016/17****Purpose of the Report**

1. This report informs the Public Health Committee of the work of the Public Health Grant Working Group set up in March 2016, and seeks approval to changes to the use of Public Health grant within the Council in 2016/17.

Background

2. The County Council is responsible for ensuring the delivery of a range of Public Health services using Public Health grant, a ring-fenced grant provided for the specific purpose of improving the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities. The ring fence is due to remain in place until 2018.
3. The Public Health grant for Nottinghamshire in 2016/17 was announced in February 2016. The announcement contained notional estimates for the following three years. A report on the Public Health finance plan for 2016/17 was brought to Committee in March 2016. Committee noted that a stakeholder working group was being set up to consider utilisation of the budget in the light of anticipated reductions to Public Health grant, and agreed to receive a further report on the budget situation in due course.
4. The stakeholder working group comprised staff representatives from Public Health, Finance and other departments of the Council, and external stakeholders Public Health England and Nottinghamshire CCGs. The working group held three meetings, in April, May and July 2016. Reports on progress were taken to the Council's CLT in July and to the Clinical Congress group of Nottinghamshire CCGs in September.

Findings of the Public Health Grant Working Group

5. The Working Group received initial information on the projected level of Public Health grant and budget. It agreed the use of prioritisation criteria to be used in review of the budget lines. The Group subsequently received detailed financial projections for the next three years, taking into account latest forecasts against budget in 2016/17, and the results of detailed budget line reviews. These reviews also examined areas of realignment to verify that these were contributing to Public Health outcomes.
6. Since 2014, as part of integrating the Public Health function within the authority, the Council has used Public Health grant to support Council services which contribute to the

delivery of Public Health outcomes. This realignment has been in two directions, with some services transferring into Public Health, that were previously delivered in other parts of the Council (DVA, Substance misuse) and some Public Health funding being transferred to other parts of the Council to support services delivered there. The total amount of 2016/17 Public Health grant identified for transfer to other parts of the Council in 2016/17 was £5.266m. A further £848,802 was identified to be used from reserves to support realignment in 2016/17.

7. The Public Health grant conditions specify that grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (“the 2006 Act”). With regard to the use of Public Health grant for other functions of the local authority, the conditions state that “the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or in connection with, the exercise of the functions described in paragraph 3; and the authority must be satisfied that, having regard to the contribution from the Public Health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money.”
8. The stakeholder group recommended that some adjustments are made to focus the Public Health grant realignment on the areas which are most likely to contribute to Public Health outcomes. This would not affect the amount of realigned grant overall, and so have no overall financial impact on other parts of the Council, but it will mean a smaller number of activities will be supported and reported to Public Health Committee as part of the monitoring of Public Health activity (contained in the quarterly performance and monitoring reports). The proposed adjustments are set out in Table 1 below. They have been discussed and agreed with the service representatives on the stakeholder working group.

Table 1: Proposed alterations to realignment of Public Health grant 2016/17

Realignment line	Original realignment 2016/17	PH £	Proposed realignment 2016/17	PH £
Handy Persons Adaptation Scheme (HPAS)	£87,590		£177,590	
Children’s Centres	£2,490,000		£3,386,320	
Young Carers	£182,200			£0
Supported Accommodation for Young People	£424,120			£0
Youth Offending Team	£380,000			£0
Totals	£3,563,910		£3,563,910	

9. It is also recommended that the uncommitted small allocation of £50,000 realignment to Community Resources to Support People be removed, as no further activities are planned and initiatives to combat loneliness among older people are now being delivered via the Council’s Connect contract.
10. The full list of realignments with all the proposed changes is set out at Annex 2.
11. The stakeholder group also considered potential expansion of activities which would have

significant impact on Public Health outcomes. Two areas which were desirable for expansion were identified: the ASSIST smoking prevention programme in schools and the Healthy Housing initiative, both of which operated on a pilot basis with limited geographic coverage, but which were shown to have significant impact on health.

12. At the same time, discussions were taking place elsewhere regarding the use of the Better Care Fund Disabled Facilities Grant. The Handy Persons Adaptation Scheme (HPAS), which is supported by Public Health grant realignment as shown above, and also by a further allocation of £52,500 from another part of the Public Health budget, was identified as a candidate for funding from the BCF Disabled Facilities Grant. Health and Wellbeing Board approved £188,894 of BCF funding for the HPAS scheme in 2016/17 on 7 September. This would release £188,894 of Public Health funding for reassignment.
13. It is proposed to utilise the released Public Health grant to expand the activities identified by the stakeholder group, as follows:

Table 2: Proposed expansions of activities

Activity	Current budget £ 2016/17	Proposed budget £ 2016/17
ASSIST Evidence-based programme of smoking prevention in schools, delivered under licence by Notts Youth Service. Currently operates on a pilot basis in about 50% of County secondary Schools. Proposed expansion would enable coverage throughout the County.	£150,000	£300,000
Seasonal Death Reduction Initiative Small scale initiative to support vulnerable older people to improve the warmth of their homes. Currently operates on a pilot basis in south Notts only. Expansion would enable activity to be spread wider through the County.	£14,850	Up to £53,744, subject to discussion with the provider about the feasibility of expansion

14. Overall, the group concluded that with the removal of some additional small uncommitted items of expenditure, the level of Public Health grant, when the remaining reserves were added, would be able to support planned expenditure until the end of the ring fence in 2018. At this point, all the Public Health reserves would have been utilised. Beyond that, when the ring fence was removed from 2018/19 onwards, the Council would need to make decisions about the level of resource it wished to allocate to Public Health.

Other Options Considered

15. The review has focused on the most easily achievable changes which would be least disruptive to services currently in place. Other options to reduce Public Health expenditure would involve contractual changes which would be complex and potentially costly to implement. Further savings could be sought as services are recommissioned in line with existing expiry dates for contract. This is a natural point for services to be reviewed and so preferable to making changes part way through existing contracts.

Reason for Recommendation

16. The Public Health Committee is responsible for ensuring that the Public Health Grant is used most effectively to improve the public's health, and for the purposes intended as directed by the Department of Health and Public Health England.

Statutory and Policy Implications

17. 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

18. The financial implications are set out in the report.

RECOMMENDATION

The Public Health Committee is asked to:

- 1) Note the position as regards the Public Health grant and budget up to March 2018
- 2) Approve the list of changes to realignment in 2016/17 as set out in paragraphs 8 and 9
- 3) Following on from a decision on alternative funding for HPAS by the Health and Wellbeing Board, approve the use of released Public Health funds to expand the activities identified in paragraph 13

Barbara Brady
Director of Public Health

For any enquiries about this report please contact:

Kay Massingham
Executive Officer – Public Health
Tel: 0115 993 2565
kay.massingham@nottsc.gov.uk

Constitutional Comments (SLB 05/09/2016)

21. Public Health Committee is the appropriate body to consider the content of this report.

Financial Comments (DG 06/09/2016)

22. The financial implications are contained within Table 1 and Table 2 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, 17 March 2016, Use of Public Health Grant 2016/17

Electoral Divisions and Members Affected

- All

Annex 1: Proposed Public Health grant realignment outside of Public Health 2016/17

Title	Service aims and activities	Public Health Outcomes	Original realignment identified 2016/17 £	Proposed adjusted realignment 2016/17 £	Department transferred to / Notes
Illicit Tobacco	Regulating the legal and tackling the illicit tobacco trade to reduce smoking prevalence, through dedicated Trading Standards support.	Reduce smoking prevalence.	£91,000	£91,000	ASCHPP
Handy Person's Adaptation Scheme	Service to provide adaptations to help older people remain in their own homes, such as hand rails, insulation/heating and key safes.	Reduce falls and injuries among older people; improve perceptions of safety in own home	£87,590	£177,590	ASCHPP
Older People's early intervention and prevention service	Community involvement schemes to support people to retain independence, including community outreach work with individuals.	Improve health-related quality of life for older people ; improve social connectedness and self-reported wellbeing	£152,130	£152,130	ASCHPP
Information Prescriptions	Information service focused on health conditions, providing accredited local health and social care information for patients, carers and professionals to enable people to manage their conditions better. Information is available electronically or on	Improve health-related quality of life for older people.	£25,816	£25,816	ASCHPP
Stroke	Service to stroke survivors and their carers provided by the Stroke Association giving information advice and support.	Prevent readmissions to hospital after stroke.	£11,986	£11,986	ASCHPP

Mental Health Co-production	Social workers and support workers provide a personalised approach to meet the individual recovery outcomes for all spectrums of mental health problems.	Improve social connectedness; self-reported wellbeing; reduce risk of suicide; prevent hospital admissions; increase employment rate for people with long term health problems.	£206,000	£206,000	ASCHPP £67,716 from PH reserves in 2016/17
Supporting People	Support workers working from hostels and supported housing for adults who are/have recently been homeless and in crisis, many of whom have mental health &/or substance misuse issues.	Reduce substance misuse, prevent homelessness, reduce winter deaths, reduce risk of suicide and prevent hospital admissions.	£1,000,000	£1,000,000	ASCHPP £78,000 from PH reserves in 2016/17
Moving Forward service	Provide personal support covering housing, social inclusion, crisis and employment, targeted at people with mental health problems, with the aim of helping them continue to live independently.	Reduce social isolation and risk of suicide; increase employment for people with long term health problems.	£800,000	£800,000	ASCHPP £270,966 from PH reserves in 2016/17
Supported Accommodation for Young People & homelessness	Support workers help vulnerable young people to develop life skills to help them access services, education and employment. Service provided within supported accommodation to reach people at highest need.	Prevent homelessness; reduce number of 16-18 year olds not in education employment or training.	£424,120	£0	CFCS
Children's Centres	Children's centre provision focuses on improving a range of outcomes for parents/carers and children. The work is delivered in a range of locations across Nottinghamshire	Improve birth weight of term babies; reduce smoking prevalence at time of delivery; increase breastfeeding initiation and prevalence; improve	£2,490,000 (£194,220 from PH reserves)	£3,386,320 (£384,220 from PH reserves)	CFCS
Family Nurse Partnership	Evidence-based programme to improve outcomes for pregnant teenagers, teenage parents and their children, through an intensive home-based visiting programme for first time vulnerable teenage mothers.	Improve infant mortality, improve birth weight of term babies, reduce smoking prevalence at time of delivery, increase breastfeeding initiation and prevalence; reduce under 18 conceptions;	£92,200	£92,200	Transferred in to Public Health from CFCS.

Youth Offending Team and Youth Justice	Preventative case management and psycho-social interventions provided through Youth Offending Teams to children aged 8-17 with early signs of violent and antisocial behaviour	Reduce pupil absence; reduce first time entrants to the youth justice system; reduce violent crime (including sexual violence), reduce re-offending levels	£380,000 (£190K from PH reserves)	£0	CFCS
Young Carers	Support workers provide information and advice to support young carers of a disabled parent. This helps promote educational, psychological social and emotional development. Service is complementary to delivery of Personal Budgets.	Reduce social isolation; improve self-reported wellbeing; reduce number of children in poverty.	£182,200	£0	CFCS £92,200 ASCHPP £90,000
Young People's Sexual Health	Dedicated out of hours C-Card scheme delivered in young people's venues and targeted at young people. Sexual health is a statutory PH responsibility.	Reduce under 18 conceptions; improve chlamydia screening detection rate (15-24 year olds)	£73,760	£73,760	CFCS
Young People's Substance Misuse	Early intervention and diversion programmes, including services for young offenders (under 18s)	Percentage of offenders who reoffend, average number of re-offences per offender	£48,000	£48,000	£48,000 from reserves in 2016/17. Activity being subsumed into Public Health activities to address substance misuse
Community Resources to Support People	Budget to support pilot activities to combat loneliness among older people	Improve social connectedness; self-reported wellbeing	£50,000	£0	Very little spend in 2015/16; no further activities planned.
TOTALS			£6,114,802 (£5,266,000 plus £848,802 from reserves)	£6,064,802 (5,266,000 plus £798,802 from reserves)	