

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH GRANT REALIGNMENT 2015/16 – PROGRESS REPORT

Purpose of the Report

1. This report provides an update on the use of realigned Public Health grant in 2015/16, based on results of monitoring up to 30 September 2015.

Background

2. Public Health was transferred to Nottinghamshire County Council (NCC) on 1 April 2013 along with an allocation of ring-fenced Public Health grant, to be used to support activities leading to Public Health outcomes.
3. 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. £5m was realigned to other Council activities delivering Public Health outcomes in 2014/15, increased to £9m in 2015/16.
4. On 12 May 2015, Public Health Committee approved a list of realignment activities to be funded out of the Public Health grant as part of the Finance Plan for 2015/16. Committee also agreed to maintain an overview of performance with regards the realigned grant. This report provides monitoring information on the use of this realigned Public Health grant and thus meets the obligation of the Council to ensure that Public Health grant is used for the purposes for which it was provided.

Information and Advice

5. Public Health grant was made available for realignment through release of uncommitted expenditure, efficiency savings arising from re-procurement exercises, underspends from staffing and policy areas, and use of reserves.
6. Realignment comprised both movement of resources to other Council departments, and absorption of costs previously held by other areas of the Council into Public Health. Costs absorbed by Public Health amounted to £1.454m related to substance misuse and domestic violence, which had previously been delivered by other parts of the Adult Social Care, Health & Public Protection Department. Detailed monitoring of performance and expenditure related to these activities is contained in the regular Performance and Quality Reports to Public Health

Committee. The remaining £7.545m was realigned to other parts of the Council. Performance and spend monitoring takes place through quarterly returns on the individual activities. Public Health staff take a monitoring overview, agreeing targets with relevant staff within Departments.

7. The Public Health Outcomes Framework is a national framework which sets out a vision for public health, desired outcomes and 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. As the Public Health outcomes are long-term, and so not always possible to monitor in-year, appropriately identified markers for success are monitored instead, alongside expenditure, to ascertain overall performance.
8. Annex 1 contains a complete list of the realignment activities in 2015/16 together with the main Public Health outcomes being positively addressed by each of the activities.

Performance

9. Monitoring process for the realigned grant confirms that the grant is being used to deliver Public Health outcomes. Three activities which commenced as realignment for the first time in 2015/16 are still setting baselines and agreeing detailed targets. The majority of the realigned activities are on track to meet annual targets set. Fourteen out of the nineteen identified realignment activities are on target to achieve spend and targets.
10. Based on the forecasts made at the end of Quarter 2, the total projected underspend on realignment is £755,032 or 8.3% of the total realignment budget. Plans to remediate underspend are not being put in place given the financial need to accommodate the in-year savings requirement of £2.6million on the Nottinghamshire Public Health grant. The savings on realignment will contribute towards this target.
11. The five activities which are not on target are set out in Table 1 below.

Table 1: Realignment activities forecasting reduced activity or spend

<i>Project</i>	<i>Approved budget</i>	<i>Revised forecast (% of budget)</i>	<i>Commentary</i>
Building Community Resources to Support People	£200,000	£19,745 (10%)	A pilot approach was designed and ran, but outcomes did not meet expectations. The pilot has not been extended pending consideration of the results.
Substance misuse	£420,000	£0 (0%)	Realignment activities and targets have been subsumed into the overall Public Health substance misuse contract. Re-procurement and integration of services generated additional efficiency savings.
Young Carer’s ASCH	£240,000	£132,076 (55%)	Carers’ personal budgets available to meet needs, so not all realigned Public Health grant will be required.

Mental Health Co-Production Service	£206,000	£172,000 (83%)	Savings arising from staff vacancies.
DVA Grant Aid	£50,000	£37,147 (74%)	Funding requirement was for three quarters of year

Benefits Realisation

12. Examples of some of the benefits being brought about through the realignment activities are described below:

- Achieving Public Health benefits from other areas of work, including by partners:** The innovative work being done on 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. Partnership approaches to enforcement, including licensing, are being used with cooperation from the Police. Realignment has fostered an integrated approach, with other agencies contributing to delivery of Public Health outcomes. The work has a number of benefits including reducing the amount of illegal tobacco, which contributes to reduced smoking prevalence; increased intelligence reporting of illegal tobacco, and prevention of illegal tobacco sales. In the first 5 months of 2015/16, 199,985 cigarettes and 51.2Kg of pouched tobacco have been seized, well above the 148,565 cigarettes, and just short of the 59.3Kg of pouched tobacco, recovered in the preceding year.
- Making every contact count:** Use of Public Health grant to support children's centres helps to provide an integrated service offer to parents and children, maximising the Public Health opportunity of every contact. Children's social care, early years and Public Health services can be integrated for delivery leading to streamlined operations, reduced duplication and avoidance of overlap.
- Maximising opportunities to achieve cost efficiencies:** Activities related to substance misuse have all been absorbed into the main substance misuse service commissioned by Public Health. Cost savings within the contract have reduced the need for the realignment budget to fund separate activities, as these services are now contained in the large-scale substance misuse contract. This leads to savings for the Council whilst service is maintained. Examples of activities which are now subsumed within the main substance misuse contract include community rehabilitation for substance misuse and support for people to retain/secure accommodation. Both of these aspects were previously separately funded by ASCH&PP and are now part of what the provider is required to do to deliver recovery outcomes.

The above are examples: work continues in other areas of realignment with Departments to develop good practice and joint working, for example in the approach to mental health. There are opportunities to coordinate the Mental Health Co-production service and the Moving Forward service to bring about improved co-ordination and achievement of Public Health outcomes in future.

Other Options Considered

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

Reason for Recommendation

14. 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. Public Health grant for realignment has been released through a combination of efficiency savings, budget control and use of reserves. Against the total £9m allocated for realignment in 2015/16, underspend is projected at £755,032 or 8.3% of the realignment budget. This underspend will help offset an in-year budget reduction of 6.2% of total Public Health grant (£2.6m on the Nottinghamshire Public Health grant).

RECOMMENDATION

1) Public Health Committee is asked to note the report.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Kay Massingham
Public Health Executive Officer
0115 9932565
kay.massingham@nottsc.gov.uk

Constitutional Comments (CEH 29/12/15)

17. The report is for noting purposes only.

Financial Comments (KAS 17/12/15)

18. The financial implications are contained within paragraph 15 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 12 May 2015, Public Health Finance Plan 2015/16

Electoral Divisions and Members Affected

All

Annex 1: Use of realigned Public Health grant

Public Health Outcomes	Realigned Activity	Approved allocation £ (£000s)
1.11 – Domestic abuse	Domestic Violence realignment -	1,034
1.11 – Domestic abuse	DVA Grant Aid	50
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 to hospital	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	420
2.15 Completion of drug treatment 2.18 Alcohol-related admissions to hospital	Young people’s substance misuse	48
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 1.8 Employment for those with long term conditions	Moving Forward service	800
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	Older People’s Early intervention Scheme	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	28
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 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	Children's Centres	3490
Total		8999