

12 October 2020

Agenda Item: 5

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **INVESTING UNCOMMITTED PUBLIC HEALTH GRANT FOR A HEALTHIER NOTTINGHAMSHIRE**

#### **Purpose of the Report**

1. To seek approval to invest forecasted uncommitted Public Health grant in services to sustain and improve outcomes for people in Nottinghamshire County.
2. To seek approval to establish fixed term posts in the Public Health Division, as detailed in paragraph 44.
3. To seek approval for media communications relating to the launch and promotion of these programmes of work.

#### **Information**

4. The context for the following proposals is the availability of uncommitted Public Health grant, the opportunity to invest this to improve outcomes over the long term and to avoid pressures on other corporate budgets, together with the ongoing short-term need to deploy public health officers on COVID-19 outbreak management.

#### **Strategy and alignment**

5. Health and wellbeing is an asset which enables people to pursue what is important to them. It also underpins important outcomes related to growth, cohesion and prosperity in which all communities can share. Therefore, **extending the years in which people live in good health and focussing effort in areas where outcomes have previously been poorest** has been integral to the Council Plan.
6. Improving health and reducing inequalities depends on much more than the provision of good healthcare. Creating health (as opposed to providing healthcare) is closely linked to the environments in which we grow, live and work, including the benefits which accumulate from the start of life and in early years, and to the systematic implementation of measures to prevent ill-health.
7. The unequal impact of COVID-19 has provided a forceful reminder of the extent to which place and environment are the dominant factors in shaping health and its distribution across the population. National data shows that both men and women living in least advantaged areas

have been twice as likely to die from COVID-19 as those living in the most advantaged areas. It is notable that similar differences in risk also exist for some Black, Asian and Minority Ethnic groups.

8. The reasons for this inequality include higher density of housing and multiple occupancy households, occupations and reliance on transport involving increased risk of exposure without adequate mitigation, contractual conditions which provide fewer protections, and higher rates of physical ill-health which are associated with environments conducive to poor diet, reduced physical activity, harmful drinking and tobacco smoking.
9. These socioeconomic factors represent longstanding inequalities and are hazards not only in terms of Nottinghamshire's resilience to COVID-19 but also undermine health and wellbeing and economic prosperity more generally. Therefore, an important part of the Council's commitment to improve the health of the population is delivered through its use of the Public Health grant to create environments which protect and promote good health; to ensure that everyone has a best start in life and is enabled to maximise their capabilities into adulthood; and to deliver services which address risk factors for poor health and wellbeing and loss of independence.
10. The ambition to extend healthy life expectancy and address inequalities is also reflected in the Joint Health and Wellbeing Strategy and the priorities for action agreed by Health and Wellbeing Board partners, and in the outcomes framework and goals adopted by the Nottingham and Nottinghamshire Integrated Care System (ICS).
11. Whilst contributing to Public Health outcomes more generally and fulfilling the mandatory Public Health duties of the authority, the Council's deployment of the grant also contributes to specific commitments within the Council Plan, and to the Council's policy for "Health in all Policies". For example:
  - delivery of cross-council work on Employment and Health, which will strengthen the Council's role in improving employment prospects for people with disabilities and health conditions in Nottinghamshire, is partly resourced using the Public Health grant
  - the Healthy Families Programme comprises evidence-based services which improve the life chances and physical and mental health of young people, and supports school readiness (Commitment 1)
  - Public Health leadership given to the development of the Nottinghamshire Air Quality Framework, tools to support planning officers, and work with partner organisations on the food environment contribute to making our environments health-promoting, and to making Nottinghamshire a great place to live, work, visit and relax (Commitment 5)
  - newly commissioned services launched in April 2020 are preventing ill-health and promote wellbeing by delivering all-age support to people seeking to reduce their exposure to substance misuse, tobacco, excess weight and low physical activity (Commitment 6)
  - recently re-commissioned services to address the needs of survivors and residents at risk of domestic abuse help to ensure that people are kept safe from harm and that everyone can live in communities which are vibrant and supportive (Commitment 7). In addition, officers in the Public Health Division have led on the recent submission of partnership bid

which has secured £500,000 for Nottinghamshire County from the Ministry of Housing, Communities and Local Government for sustaining safe accommodation for survivors, and on the commissioning of additional temporary emergency accommodation for people fleeing domestic violence to meet additional demand and supply issues associated with COVID-19

- specialist advice to NHS commissioners and coordination of the Joint Strategic Needs Assessment across health and social care helps ensure that people can access the right care and support (Commitment 9)

12. In accordance with the Council's policy of promoting "Health in All Policies", the Public Health grant has contributed to wider programmes of work with system partners, for example:

- The Violence Reduction Unit has received specialist advice from the Public Health team in its development of a strategic needs assessment and, as part the Council's wider commitment to the safety of our communities, Public Health reserves contribute to the funding of additional work with hard-to-reach young people who are at risk of becoming victims or perpetrators of youth violence.
- Public Health leadership and technical expertise to the development and implementation of an outcomes framework and prevention plans for our Integrated Care System and Integrated Care Partnerships which will extend the years people spend in good health

## **Impact**

13. Population level outcomes (such as those identified in the Public Health Outcomes Framework) are the result of a range of influences, one of which is the effective application of evidence-based Public Health programmes like these, at scale, and sustained over time. In Nottinghamshire County the Public Health grant contributes to Public Health outcomes which, at county level, are similar to or better than national averages and to mitigating inequalities in those of our communities who experience outcomes significantly worse than average.
14. Evidence from a wide range of local authorities and from across the NHS also demonstrates that investment in interventions such as those which the Council funds through its Public Health grant are highly cost effective. For example, health economists have found that the average cost of securing one additional year of life in full health is as little as £3,800 for the Public Health interventions typically commissioned by local authorities. This compares with £13,000 for healthcare interventions.
15. Assurance that investment of the grant in Nottinghamshire County is properly directed to the needs of people and circumstances locally follows from our close attendance to the recommendations of the Joint Strategic Needs Assessment, and to the rigour with which it sets out unmet need and the evidence of what works to address it.
16. Assurance that investment of the grant secures the intended service outcomes rests on evidence-based commissioning including proactive contract management and periodic evaluation.

17. In other words (and notwithstanding the fact that effective services are only one part of what is required to shift outcomes at a population level) there is evidence from a range of studies that interventions like these deliver a good return on investment.

### **Financial context**

18. The Public Health Division is funded through a ring-fenced grant, provided annually as an allocation from the Department of Health and Social Care. In 2020/21, the grant received was £41.561m.
19. Based on provisional announcements made by the previous government in Autumn 2019, it is assumed that the Public Health grant will increase by 1% annually within the period of the Council's Medium-Term Financial Strategy. This would represent a modest reversal of the year on year reductions to the grant in excess of £1m per year which have been applied since 2015/16.
20. Where the Public Health grant is not spent in-year (due, for example, to slippage in spend or contract under-performance), the unspent monies accrue to Public Health General Reserves.
21. The ring-fenced allocation of Public Health grant is subject to national conditions specified by the Department of Health and Social Care. The conditions apply to the use of the grant including any unused sums which accrue to reserves.
22. Amongst other things the conditions specify that the grant must be for "eligible expenditure" (which it specifies) or for functions which "have a significant effect on Public Health", that the local authority must have regard to the need to reduce inequalities between the people in its area, and that the Public Health benefit to be derived from the use of the fund provides value for money.
23. In discharging its duties and plans, the Public Health Division is expected to make its own arrangements to address risk and is not expected to draw on the Council's other reserves. The Public Health General Reserves provide the resource with which to do this, and £300k is currently held for this contingency.
24. After accounting for reserves for which Committee has previously given approval to invest, there are no uncommitted reserves from funding that the Council currently holds. However, based on current planning assumptions and spending levels, officers forecast that £6.085m of uncommitted Public Health funding will accumulate by March 2024.
25. Greatest impact from this forecasted funding will be secured by investing some of them promptly and, subject to the value of the grant which is received in the period ahead, then sustaining them over a period of time.

### **Proposals for investing uncommitted Public Health grant**

26. Committee is invited to review an initial group of proposals listed in **Appendix 1** which align with the strategic and corporate objectives identified above.

27. The proposals have been screened and prioritised against routine considerations relating to Public Health impact, equity, affordability, value for money, and the conditions of the Public Health grant.
28. All proposals represent an extension of existing programmes of work for which funding from the Public Health grant would otherwise come to an end, leaving the Council facing an erosion of outcomes or the prospect of an additional cost pressure on corporate budgets. These programmes are commissioned from other departments and organisations. Therefore, funding them is not anticipated to add significantly to resourcing required from the public health team in a period when the immediate priority is to sustain COVID-19 outbreak management.

*Create environments which protect and promote good health*

29. The current Mental Health First Aid Training offer has reached a wide range of groups and services working with diverse communities. It equips frontline workers and volunteers to raise awareness of the importance of good mental health, reduce stigma, promote self-management and signpost to additional support where it is needed.
30. The extension of funding to Nottingham Energy Partnership will address risks associated with living in a cold home environment, thereby supporting independent living, improved quality of life, and reductions in excess winter deaths. It achieves this through training to front line staff, community awareness raising and energy efficiency advice, and support for the installation of heating and insulation improvements for targeted groups.
31. Community Friendly Nottinghamshire is a 'community organising' programme based around 'listening conversations' and is delivered by the Place Department. It facilitates people to establish their own sustainable community groups and assets. As such, it addresses the corporate objective to develop the resilience of local communities in a manner which is self-sustaining, as well as addressing wellbeing, loneliness and isolation amongst people who engage in the groups and networks enabled through the programme.
32. Flu immunisation is effective in preventing disease in working-age adults, and is the single best way to protect against catching or spreading flu. The staff flu programme protects vulnerable service users from transmission of seasonal flu by frontline staff and contributes to corporate objectives relating to sickness absence. It is proposed to establish 1 Full-Time Equivalent (FTE) Public Health and Commissioning Manager (Band D) for a fixed term period of 12 months in order to bolster preparations ahead of the 2020/21 flu season, which is expected to be a challenging period whilst COVID-19 remains a significant threat.

*Ensure that everyone has a best start in life and is enabled to maximise their capabilities into adulthood*

33. The Schools Health Hub within the Children and Families Service supports schools to improve health, resilience and educational outcomes amongst young people in schools. The proposed funding would support continuation of the existing service across primary, secondary and special school settings.

*Deliver services which address risk factors for poor health and wellbeing and loss of independence*

34. Continuation of the current level of funding to the oral health promotion service will sustain targeted work to reduce the burden of dental decay and consequential treatment costs, loss of school days, and the consequential erosion of independence in later years.
35. Funding allocated to suicide prevention will enable the Authority to continue meeting increased demand for suicide crisis prevention support, while responding to the mental health impact of the COVID-19 pandemic and the linked downturn in employment. This will extend an initial tranche of funding allocated to suicide prevention in July 2020.

### **Next steps if approved**

36. Taken together this initial group of proposals will cost £1,151,642 leaving an estimated £4.933m of uncommitted funding by March 2024. Approving these initial proposals now will provide a more favourable window of time for planning, secure continuity and longevity of services, and secure earlier impact for residents.
37. Several more proposals remain in development. Therefore, it is proposed to 'hold' some of the forecasted uncommitted funding pending completion of the necessary work to develop and prioritise a second set of proposals later in 2021.

### **Local Authority Test and Trace Grant**

38. At the September meeting of Adult Social Care and Public Health Committee, members approved a report in relation to the Local Authority Test and Trace Grant, received by the Authority for expenditure in relation to the mitigation and management of local outbreaks of COVID-19. One aspect of the report was to establish a series of fixed term posts in support of the Public Health Division and Outbreak Cell.
39. It has since become apparent that the Outbreak Cell would benefit from additional project support resource. It is therefore proposed to establish 1 FTE Public Health Support Officer (Band B) for a fixed term period of 12 months at a cost of £48,635. This will be contained within the Local Authority Test and Trace Grant.

### **Other Options Considered**

40. The option to use Public Health grant for other budgetary purposes in the local authority was discounted. The Council is required to use the Public Health grant in line with the conditions, must sign annual statements of assurance to this effect and must complete government returns reporting expenditure from the grant within specified categories. Therefore, it is not possible to place unspent Public Health grant into the Council's main reserves, nor to use it to offset budget pressures in other areas of the Council that do not contribute to Public Health outcomes. This also applies to the Local Authority Test and Trace Grant.

### **Reason for Recommendation**

41. The proposed use of uncommitted Public Health grant, and Local Authority Test and Trace Grant, is compliant with the grant conditions and will maximise the use of funding for a healthier Nottinghamshire.

## Statutory and Policy Implications

42. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (Public Health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment 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

43. A revised Public Health financial planning assumption has been agreed in consultation with the Section 151 Officer following provisional announcements made by the previous government in Autumn 2019. This has delivered a more favourable position for Public Health such that it is assumed the Public Health grant will increase by 1% annually within the period of the Council's Medium-Term Financial Strategy. As a result, and based on current planning assumptions, uncommitted Public Health funding is forecasted to increase to £6.085m by March 2024. The investment proposals in this paper totalling £1,151,642 will reduce this to an estimated £4.933m and a further report to Committee will propose a second set of proposals for use of this remaining funding.

## Human Resources Implications

44. This report proposes to establish fixed terms posts, as detailed in the table below.

Post Title	FTE	Grade/ Band	Contract length	Total cost	Funding Source
Public Health and Commissioning Manager	1.0	D	12 months	£59,355	Public Health Reserves
Public Health Support Officer	1.0	B	12 months	£48,635	Local Authority Test and Trace Grant

## RECOMMENDATION/S

That Members:

- 1) Approve the proposed investment of forecasted uncommitted Public Health grant in services to sustain and improve outcomes for people in Nottinghamshire County.
- 2) Approve the establishment of fixed term posts in the Public Health Division, as detailed in paragraph 44.
- 3) Approve media communications relating to the launch and promotion of these programmes of work.

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**Constitutional Comments (AK 30/9/2020)**

45. The report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

**Financial Comments (DG 29/09/20)**

46. The estimated uncommitted Public Health reserves are £6.085m by March 2024. The investment proposals in this paper totalling £1.151m will reduce this to an estimated £4.933m. The Band D commissioning manager's post will be met from PH reserves (£59,355) and the Band B Support officer will be met from the £3.802m test and trace grant (£48,635).

**HR Comments (SJJ2 30/9/2020)**

47. Recruitment to the posts will be undertaken using the County Council's recruitment process and employed on fixed term contracts

**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.

- None

**Electoral Division(s) and Member(s) Affected**

- All