

DERBYSHIRE COUNTY COUNCIL

CABINET

15 March 2016

Report of the Director of Public Health

**PRIORITISATION OF PUBLIC HEALTH GRANT INVESTMENT
(Health and Communities)**

1. Purpose of the report:

To outline proposals for allocation of the public health grant over the next two years based upon an analysis of existing commitments with respect to evidence base, value for money, impact on health and on health inequalities.

To seek approval for a package of measures to achieve financial balance, including redesign, releasing efficiencies and new investment measures in 16/17 and 17/18, together with further development in collaboration with partners, of ambitious and realistic plans for new investment in prevention to support the priorities of the Health and Wellbeing Board.

2. Information and analysis:

2.1 Background

The public sector is facing unprecedented financial pressures, coupled with rising and increasingly complex demands and expectations. The recent transfer of public health responsibilities to local government offers significant opportunities to strengthen the necessary drive for public sector transformation.

We need to go further and faster with the promotion of positive wellbeing and addressing the root causes of ill health if our systems and services are to be sustainable for the future. We also need to address the inequalities in wellbeing and life chances which affect our most deprived areas and groups.

A new approach to prevention recognises that the most significant impacts on health outcomes go far beyond the health and social care system; and that these 'wider determinants of health' also underpin healthy behaviours. We need to think system wide and use our health and wellbeing partnerships to develop local solutions, harnessing energy and resources at community level.

The plans set out below are designed to support a new system-wide approach to prevention, in line with Derbyshire's Health and Wellbeing Strategy, in the context of local ambitions for devolution and the NHS Five year forward view.

2.2 Public health grant: investment review and prioritisation

In 2015/16 a 6.2% in-year reduction was made to Derbyshire's public health grant allocation. The public health grant allocation for 2016-17 and the indicative allocation for 2017-18 were published on 11 February. This confirms a cut of 2.24% in 2016-17 and a further proposed cut of 2.47% in 2017-18. Based on the Comprehensive Spending Review, Public Health England previously confirmed that a further reduction of 2.6% a year would be applied in 2017-18 and 2018-19.

If no change to existing commitments is made the public health budget will go into deficit in 2017/18. The proposals outlined in this paper ensure financial balance is secured over the next two years.

The proposed new ACRA formula, which determines the distribution of PH budgets across the country, would have resulted in an even greater reduction in the Derbyshire Public Health grant. However the confirmed grant allocation does not include application of the ACRA formula in the next two years.

The public health budget is relatively certain only for the next two years. Following the Comprehensive Spending Review the government proposed that from April 2018 funding for public health activity previously supported by the ring fenced grant, will be provided at local level from business rates. This has major implications for both the funding and governance of public health in local government, particularly in two tier authorities such as Derbyshire. Whilst it will be crucial to bear this changing future in mind as local government continues to develop its public health role, for the purposes of budget planning this paper focuses upon the plans for 2016-17 and 2017-18.

The public health senior team has undertaken a prioritisation exercise, reviewing all existing commissioning commitments against the public health grant, using the same methodology as had previously been used for the allocation of the Public Health Resource Fund. It should be noted that, over the last two years, significant efficiencies of around 15% have already been realised from re-procurement of major public health contracts, including sexual health, children's services and adult lifestyle services.

This prioritisation exercise, together with the development of a new approach to prevention, has resulted in plans for rebasing certain budgets, significant redesign to release efficiencies and improve outcomes in others, and finally, initial proposals for new investment which support Derbyshire's health and wellbeing priorities and ambitions.

2.3 Areas for redesign and proposed efficiencies

- Over the next two years, release cost savings from a small number of historical contracts on the basis of planned end of contract, improved efficiency and targeting, inequitable delivery/ duplication and new joint commissioning arrangements to save a total of approximately £300k
- From April 2016 rebasing sexual health, adult drug and alcohol treatment, and health protection budgets to release a total of £200k
- Redesign of 0-19 Public Health Nursing services to place more emphasis on emotional wellbeing and apply a 5% reduction in contract value from October 2019
- Develop a holistic approach to young people and risky behaviours
- Redesign of early years provision - breastfeeding support together with HENRY (group parenting programme) - to focus on reducing inequalities and on emotional wellbeing and resilience for the whole family from April 2018
- Significant redesign of adult lifestyle support services with a view to recommissioning during 2017/18 to achieve a 10% reduction in contract value from December 2017
- Redesign the basket of public health commissioned physical activity interventions to develop a more systematic, evidence based approach, aligned with other Council and partner investment in physical activity, for implementation in 2018/19 with 10% reduction in overall public health investment from April 2018
- Redesign of adult substance misuse treatment services to shift the balance of activity from drugs to alcohol, and from treatment to prevention, support and recovery whilst achieving a 5% reduction in contract value from April 2017 and further a further 10% reduction from April 2020
- Develop with CCGs a new approach to self-care support from April 2017
- Address equity of investment across districts/boroughs in the Healthy Communities programme, and review activity in light of new approach to prevention, with a 10% reduction on total localities budget from April 2017; consider localities as vehicle for delivery of redesigned county wide programmes listed above.

The plans outlined above, allowing for 2% contingency to be retained to account for demand-led service pressures, will create a modest surplus. This surplus, when augmented with further forecast underspends on contracted activity in 16/17 and 17/18, can enable non-recurrent investment in line with a new system-wide approach to prevention. The plans outlined above would result in an estimated total of £2.66m being available for investment in prevention over the next two years.

The overall aim is to use this non-recurrent funding in 2016-17 and 2017-18 to reorient investment towards aging well, supporting independence

and quality of life, promoting mental and emotional wellbeing, and tackling the wider determinants of health (housing, the economy, jobs and workplace health, food poverty), whilst maintaining existing public health investment in children and young people and in anti-poverty programmes.

- 2.4** The proposed indicative allocations for new investment in prevention are set out in Appendix A which Cabinet is invited to approve.

3. Financial considerations:

The Public Health Ring-Fenced Grant is £42.67m in 2016-17 and £41.62m in 2017-18. The plans outlined in this report can be met by the anticipated level of Ring-Fenced Grant over the next two financial years. It will also be possible to allow for a 2% contingency to be retained leaving a surplus estimated to be £2.66m which would enable non-recurrent investment in prevention over the next two financial years.

4. Legal considerations:

All changes to investment, in terms of redesign, releasing efficiencies and re-procurement, will be undertaken in accordance with the Council's contractual, procurement and consultation policies and procedures as appropriate.

5. Human Resources considerations:

Any staffing implications arising from procurement exercises will be dealt with in accordance with the Council's policies and procedures.

6. Other considerations:

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, equality of opportunity, environmental, health, property and transport considerations.

7. Background papers:

None

8. Key Decision:

Yes

9. Call-in:

Is it required that call-in be waived in respect of the decisions proposed in this report? No

10. Officer's recommendations:

That Cabinet:

- notes the prioritisation process outlined above,
- approves the financial plans as described for 16/17 and 17/18, and
- supports the proposal for public health officers to work with colleagues and partners to develop ambitious and realistic proposals for new investment in prevention as outlined above.

Maureen Whittaker
Interim Director of Public Health

Appendix A

New Investment in Prevention

| Priority area | Indicative proportional allocation | Proposals |
|--|------------------------------------|--|
| <ul style="list-style-type: none"> Health and Wellbeing Strategy priority | | |
| Ageing well <ul style="list-style-type: none"> <i>Keep people healthy and independent in their own homes</i> | 40% | Targeted prevention activity to be developed jointly with adult social care and partners, to include: <ul style="list-style-type: none"> Falls prevention (targeting those most at risk) Dementia proofing homes (roll out of Erewash pilot) Reducing social isolation in older men <i>Just a number</i> campaign (social marketing, positive aging, anti-stigma) |
| Mental Health <ul style="list-style-type: none"> <i>Build social capital</i> <i>Create healthy communities</i> | 15% | <ul style="list-style-type: none"> Support community and voluntary sector organisations to implement positive mental health programmes, building on the existing social prescribing schemes Provide additional mental health and suicide prevention awareness training to front-line staff and communities across Derbyshire Develop targeted campaigns to raise awareness and tackle poor mental health eg in middle-aged men, older people Support the Health and Wellbeing Partnerships to implement the 5 Ways to Wellbeing within each locality |
| Wider determinants: housing <ul style="list-style-type: none"> <i>Create healthy communities</i> | 10% | <ul style="list-style-type: none"> To be determined by recommendations from the Housing and Health joint needs assessment reporting March 16 |
| Wider determinants: Employment & economy & healthy workplaces <ul style="list-style-type: none"> <i>Create healthy communities</i> | 10% | Work with ETE and district/borough councils to develop practical interventions to support people to get into work, stay in work and get back into work after sickness absence including: <ul style="list-style-type: none"> Confidence building and skills development (eg Raising Aspiration, volunteering) Healthy workplaces: development of a health champion network across Derbyshire, prioritising organisations represented on the Health and |

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| | | <p>Wellbeing Board</p> <ul style="list-style-type: none"> Supporting work in context of North Midlands devolution plans with DWP and in development of local Fit for Work programme |
| <p>Wider determinants: food strategy</p> <ul style="list-style-type: none"> <i>Create healthy communities</i> | 10% | <ul style="list-style-type: none"> Population wide promotion of healthy eating, subject to Heart of Derbyshire evaluation Targeted cook and eat programmes addressing under- and over-weight <p>Food poverty:</p> <ul style="list-style-type: none"> Additional resource for Super Kitchens Develop the 'food bank plus' model – a preventative approach which addresses the upstream reasons people present at food banks by placing advisors (CAB, JobCentre, Housing etc) in the food bank. |
| <p>Children and young people's emotional health and wellbeing</p> <ul style="list-style-type: none"> <i>Support the emotional health and wellbeing of children and young people</i> | 15% | <p>Work with DCC Children's Services, early years providers and schools to develop:</p> <p><i>Knowledge, skills and understanding</i></p> <ul style="list-style-type: none"> Training for CYP and families to raise awareness of mental health, dispel myths and encourage talking/peer support Explore additional investment in Mental Health First Aid Youth training for children's workforce <p><i>Perinatal and infant mental health services</i></p> <ul style="list-style-type: none"> Expand targeted parenting programmes Support service development <p><i>Access to greenspace/nature</i></p> <ul style="list-style-type: none"> Develop initiatives to promote the benefits of outdoor natural play Increase access to nature within and close to schools Support teachers in developing the role of outdoor learning across the curriculum <p><i>Income, poverty and emotional health and wellbeing</i></p> <ul style="list-style-type: none"> Explore alternative venues for provision of CAB services in areas affected by closure of Children's Centres |