

DERBYSHIRE COUNTY COUNCIL**Cabinet Report**
3rd December 2013**Report of the Director of Public Health****PROPOSAL TO DEVELOP A PUBLIC HEALTH RESOURCE FUND
TO REDUCE THE IMPACT OF REDUCTIONS TO PREVENTATIVE
PROGRAMMES ACROSS THE COUNTY COUNCIL****HEALTH & COMMUNITIES****1. Purpose of the Report**

The report seeks approval for the development of a public health resource fund. The aim will be to work collaboratively across council departments to jointly identify where services may be reduced or removed that would have a significant impact on the health and wellbeing of local people then agree priorities for supportive funding.

2. Information and Analysis**Background**

The public health ring fenced grant is £34.7m in 2013/14 and rises to £35.6m in 2014/15. Funding beyond April 2015 is not known at this point. Based on the currently understood national formula for allocating the grant to councils, there may be a 15% reduction to the grant from April 2015. This is planned for in procuring all public health services outlined.

A Cabinet report in July made recommendations for deployment of the grant which were endorsed. In summary these were to fund:-

- Contraceptive and sexual health services. This is a mandatory responsibility. Major redesign was proposed to contain costs for these open access services
- Drug and alcohol services- a shift to providing more support for people with alcohol problems with a focus on recovery was recommended
- Children's health services – a major redesign was proposed with additional investment in increasing breastfeeding since the target is not being met
- Lifestyle support services – a major redesign proposed to increase access and effectiveness whilst significantly reducing costs

- Healthchecks for 45 to 70 year old's. A mandatory service which aims for early identification of people with high risks of heart attacks and strokes to provide early interventions
- Services to tackle poverty: includes provision and support for advice services in primary care and children's centres, credit union loans, food banks, support for credit unions, support for welfare rights appeals and for people to access employment
- Making healthy choices easier: through tackling illicit and illegal tobacco, a Heart of Derbyshire healthy eating campaign, developing a healthy workplace charter and training for frontline staff to Make Every Contact Count
- Greater support to help older people stay well and independent: by widening out the falls prevention programme, targeting vulnerable people to reduce fuel poverty and reducing social isolation through a befriending outreach scheme

The recommendations that were endorsed by Cabinet in July were informed through a joint review of all public health programmes including representatives of Adult Social Care Department, Children & Young People's Department, the Clinical Commissioning Groups and district and borough councils. The aim was to ensure alignment with other council programmes, avoid duplication of services and identify gaps in provision that could be met. In addition the recommendations were informed by performance against the local authority commissioning responsibilities in Appendix 1, the Public Health Outcomes framework in Appendix 2, the Joint Strategic Needs Assessment and the Health & Wellbeing Strategy priorities.

Conditions relating to the use of the public health ring fenced grant

Healthy Lives, Healthy People: update on public health funding June 2012 sets out the conditions for use of the grant which must be spent on activities whose main or primary purpose is to impact positively on the health and wellbeing of local populations, with the aim of reducing health inequalities in local communities. The grant will only be paid to authorities to support eligible expenditure. The Council has to provide quarterly and annual returns detailing expenditure against specific categories including all the prescribed functions, the commissioning responsibilities outlined in Appendix 1 and the wider range of expenditure to secure population health gain, health protection and advice for the NHS.

The expectation from government is that public health funds will be used in year. However it is recognised that there may be underspend and this can be carried forward as part of a public health reserve into the next financial year. Repeatedly large underspends may result in a reduction in the allocation in future years.

A further consideration is the Health Premium. This is meant to incentivise progress in population health outcomes and reductions in health inequalities. The nature of the health premium is yet to be determined and is likely to be introduced in 2015/16. However it is understood that it will be performance related against specific criteria with the potential for some local determination. The incentive will not be paid to an authority if any of the mandatory services are not being appropriately delivered. The focus of public health programmes and efforts will be reviewed once the nature of the health premium for Derbyshire is understood.

Proposal for a public health resource fund

In recognition of the financial pressures facing the authority and the potential for services which improve or protect the health and wellbeing of local people to be reduced or removed it is proposed that a public health resource fund is identified. The aim would be to secure some key services which are having a notably positive impact on the health of local people and whose reduction or removal would have a significantly negative effect.

Proposed criteria

- The strength of evidence that the service addresses health inequalities
- The number of people benefitting
- Capability of the service to meet national requirements or local priorities for improving health
- The effect of the intervention and its impact
- The scale of benefit to health improvement or life expectancy
- Value for money of current provision
- The impact on wider stakeholders if the service is reduced or removed
- Levels of satisfaction with the service
- Scale of reputational risks
- The extent to which the service meets the expectations of local authorities commissioning responsibilities and the requirements of the Public Health Outcomes Framework
- Compliance with conditions applying to the public health grant

The resource identified is at least £1m in 2013/14, increasing to at least £2m in 2014/15 and £2m in 2015/16 respectively. This will provide an element of sustainability over the next two years. Should additional funding become available once the ring fenced grant is known then there is the potential to increase the funding subject to agreement by Cabinet.

In order to enable the resource to be deployed to best effect to improve and protect the health of the population it is suggested that a task group is set up, led by public health, to review the currently available preventative programmes in totality across the authority against the criteria outlined above. The prioritisation process will involve all departments and have a robust

governance system. The task group would then make recommendations for consideration by Cabinet.

3. HR considerations

It is not anticipated that the proposals will affect the current staffing structures. The key objectives within the implementation are to ensure that organisational needs are met and to adhere to the principles of equality of opportunity.

4. Financial considerations

As set out in the report

5. Other considerations

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

4. Key Decision

Yes

5. Call-in

No

6. Background Papers

Public Health Commissioned Services 2013-15 Cabinet Report July 2013
Healthy Lives, Healthy People: update on public health funding, Dept of Health June 2012

6. OFFICER'S RECOMMENDATION

- a. That Cabinet supports the creation of a public health resource fund of at least £1m in 2013/14 increasing to at least £2m in 2014/15 and maintained at £2m in 2015/16
- b. Any uncommitted balances to be transferred to the fund
- c. That the proposed criteria are used as a basis for developing funding priorities
- d. That the proposal to form a cross departmental task and finish group is supported
- e. That Cabinet agrees to receive recommendations for use of the public health ring fenced grant

Elaine Michel
Director of Public Health

Appendix 1

Local Authority Commissioning Responsibilities from April 2013

Local authorities will be responsible for:

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including the Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks

Appendix 2

Public Health Outcomes Framework - the Domains

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities.

Indicators

- Children in poverty
- School readiness
- Pupil absence
- First-time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- People in prison who have a mental illness or significant mental illness
- Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- Domestic abuse
- Violent crime (including sexual violence)
- Re-offending
- The percentage of the population affected by noise
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- Social connectedness
- Older people's perception of community safety

2 Health Improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- Child development at 2-2.5 years
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- Emotional wellbeing of looked-after children
- Smoking prevalence – 15 year olds

- Hospital admissions as a result of self-harm
- Diet
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- Cancer diagnosed at stage 1 and 2
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

3 Health Protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities.

Indicators

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plan
- Comprehensive, agreed inter-agency plans for responding to public health incidents

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicators

- Infant mortality
- Tooth decay in children aged 5
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease

- Mortality from respiratory diseases
- Mortality from communicable diseases
- Excess under 75 mortality in adults with serious mental illness
- Suicide
- Emergency readmissions within 30 days of discharge from hospital
- Preventable sight loss
- Health-related quality of life for older people
- Hip fractures in over 65s
- Excess winter deaths
- Dementia and its impacts