

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	22 July 2013
Title:	Public Health Budget
Reference:	5020
Report From:	Director of Corporate Resources & Director of Public Health

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1. Executive Summary

- 1.1. Further to the report on the public health initial budget considered by Cabinet on 25th March, this paper brings back recommendations regarding evidence based proposals for Public Health expenditure over the short to medium term. Proposals cover the financial years 2013/14 – 2014/15 focussed upon improving the health of Hampshire citizens, working towards key public health outcome measures, aligning with existing Council priority programmes and maximising transformational opportunities across the Council.
- 1.2. A significant issue when considering the optimal use of this resource is that the public health grant allocation has been confirmed for the two years, 2013/14 and 2014/15. While this is explicitly to enable the delivery by the Council of its new public health responsibilities, the uncertainty of the financial climate means that the two-year growth must at this juncture be treated as a one-off opportunity to support transformational and sustainable change. Therefore any proposals which are recurring in nature will need to be matched by efficiencies from 2015/16 onwards in order to ensure that no growth is built in beyond year 2 when it is anticipated that the Public Health budget will form part of the normal overall County Council budget planning process.
- 1.3. Over the year, as the final transitional issues which potentially impact upon the Public Health budget become clearer, there may be opportunities to recommend further proposals for additional expenditure. Should this situation arise, it will be dealt with as part of the regular quarterly budget monitoring reporting framework to Cabinet.
- 1.4. Any further changes for 2014/15 will form part of the normal budget setting process currently being progressed, to report to Cabinet in February 2014.

2. Contextual information

- 2.1. The Health and Social Care Act (2012)¹ gave upper tier and unitary local authorities, hence Hampshire County Council, a new duty as of April 2013 “to take steps to improve the health of the people in their area”, as well as other public health functions and the responsibility for a range of services that were previously commissioned by NHS bodiesⁱ. A ring fenced public health grant has been provided from the national public health resource, to give local authorities the funding needed to discharge their new public health responsibilities including those discharged through the staff supporting the Director of Public Healthⁱⁱ. While local authorities have not become NHS bodies, when undertaking their public health functions they are part of the comprehensive health service² and like NHS bodies must have regard to the NHS Constitutionⁱⁱⁱ when exercising these functions.
- 2.2. A key benefit of moving responsibility for local leadership of public health to local authorities is the opportunity to identify the locally relevant priorities rather than working to deliver nationally identified targets that may not be an issue locally. However, there is government recognition that some of the public health functions need to be consistent across the country and it is these; sexual health services, health protection, public health advice to NHS commissioners, national child measurement programme and NHS healthchecks; that are mandated as described in Regulations. However, delivery of the mandated functions requires service commissioning as well as access to adequate specialist public health capacity and capability and successful delivery of non-mandated functions, for example successful delivery of the national child measurement programme relies on an effective school nursing function.

3. Public Health Grant

- 3.1. Hampshire has been awarded a public health grant for 2013-2014 of £36.753M and for 2014-2015 of £40.428M to reflect the public health needs rather than historical spend and to ensure that the Council can fully deliver its new responsibilities. However, the future of this grant allocation, which forms part of the Department of Health funded national public health resource, after the two year period including whether or not it remains ring-fenced, has yet to be specified.
- 3.2. The Public Health budget paper considered by Cabinet on March 25th 2013 included an opening budget of £29.6M acknowledging that the end of year position might require some amendments. Amendments have had to be made as budget commitments have been clarified at the end of the financial year giving a baseline budget of £30.8m in 2013/14.

¹ Section 2B of the NHS Act 2006 (as inserted by section 12 of the Health and Social Care Act 2012)

² As established in 1948 which the secretary of state has a duty to continue to promote under section 1 of the NHS Act 2006

- 3.3. Cabinet agreed that the Directors of: Public Health, Adults Services, Children's Services, Policy & Governance and Corporate Resources should develop recommendations for the use of the remainder of the grant allocation and that this should be brought back to Cabinet in the summer. Assembling this group of senior officers provides the opportunity to consider current work across the breadth of council business that is already delivering aspects of its new public health responsibilities and to maximise the opportunity this grant provides at a time of change.
- 3.4. This exercise needs to ensure delivery of the mandated public health responsibilities alongside consideration of opportunities to make a real difference to the health of the citizens of Hampshire. This also provides the opportunity to consider how the resources can support the breadth of existing local authority work that is delivering interventions to improve and protect the population's health for sustainability and to assist in transformation for the future.
- 3.5. In common with many parts of England there are several services where the commissioning responsibility may have been unclear and transferred erroneously and be associated with a lack of disaggregation of block NHS contracts. This is being investigated in Hampshire to clarify its own situation in this regard. In recognition of this potential risk, the allocation has been considered conservatively.

4. Criteria for use of the Full Public Health Grant Allocation

- 4.1. Criteria have been developed to match proposals for use of the grant allocation over the two year period as follows:-
 - a). ensure cost effective delivery of public health mandated responsibilities along with the priority discretionary responsibilities of Drug and Alcohol prevention and treatment;
 - b). to maximise the transformational opportunity of this resource to facilitate sustainable service change;
 - c). to ensure the resource is aligned with ongoing interventions by the Council to improve the public's health;
 - d). focus on resource interventions leading to improved outcomes.
- 4.2. Appendix 1 to this report presents the recommendations regarding additional Public Health expenditure over 2013/14 and 2014/15, totalling £4.101 million and £3.981 million respectively. The appendix clearly identifies the evidence to support each proposed investment stream and the anticipated outcomes complete with the manner in which they will be measured. In highlighting the significant opportunity achieved through the transfer of Public Health responsibilities to the County Council, reference is made to Appendix 1 where it can be seen for example that recommendations are being made regarding support for and alignment with existing priority work programmes.
- 4.3. In particular, additional resources are earmarked for the supporting troubled families programme which will allow a greater number of families to be helped to turn around their lives in the next two years as a minimum. Funding is also

being directed to help support community safety programmes that the County Council leads and/or commissions including domestic violence, substance misuse and youth offending. This support will allow time for focused discussions to take place this year with the Police and Crime Commissioner so that future programmes, lead roles and funding levels can be better joined-up and can properly complement each other. Significant resources are also being directed to 5-19 children programmes. In a number of the areas that the public health funding will support, including those above, the investment will allow successful programmes across the wider Hampshire geography to be maintained whilst providing time for future programmes to be developed so that key outcomes can be maintained despite declining overall public resources.

4.4. The unallocated grant position can therefore be summarised as follows:-

	2013/14	2014/15
	£'000	£'000
Grant allocation	-36,753	-40,428
Baseline budget (as agreed by Cabinet in March 2013)	29,632	29,632
Contingency for transitional issues	1,200	1,800
Remaining grant	-5,921	-8,996
Proposals in this report	4,101	3,981
Predicted remaining balance	-1,820	-5,015

5. Next steps

5.1. Using the agreed, objective criteria, focus will continue throughout the year on developing a further plan to maximise the benefits of the Public Health resources, as one of the Workstreams forming the Transformation to 2015 programme. This will include:

- undertaking a rapid review of the aspects of the new public health functions being delivered across Hampshire County Council
- revisiting and extending work undertaken as part of Public Health Transition workstreams and a HOG project in 2012/13 to agree overlaps, disjoints and gaps;
- relying upon Departmental reviews underway as part of current service reviews.

5.2. From these assessments, the aim is to identify transformational and sustainable changes against public health responsibilities that will achieve

Public Health Outcomes aligned with Council objectives and facilitate necessary service changes across Council services.

- 5.3. Over the year, as the final transitional issues which potentially impact upon the Public Health budget become clearer, there may be opportunities to recommend further proposals for additional expenditure. Should this situation arise, it will be dealt with as part of the regular quarterly budget monitoring reporting framework to Cabinet. The two-year growth must be treated as a one-off opportunity, any proposals which are recurring in nature will need to be matched by efficiencies from 2015/16 onwards in order to ensure that no growth is built in beyond year 2.
- 5.4. Any further changes for 2014/15 will form part of the normal budget setting process currently being progressed, to report to Cabinet in February 2014.

6. Conclusion

- 6.1. The public health grant allocation offers the Council an opportunity to apply a needs informed, evidence based approach to improve and protect the public's health and wellbeing that considers the breadth of the determinants of health rather than healthcare and in a way previously unknown with a smaller budget in the NHS. However, the uncertainty of the financial climate means that the two-year growth must at this juncture be treated as a one-off opportunity to support transformational and sustainable change. Therefore any proposals which are recurring in nature will need to be matched by efficiencies from 2015/16 onwards in order to ensure that no growth is built in beyond year 2 when it is anticipated that the Public Health budget will form part of the normal overall County Council budget planning process.
- 6.2. The real challenge will be the development of a mechanism which robustly monitors and measures achievement against outcomes in order to build an evidence base to support overall public health expenditure. It will be important in reporting back to Cabinet that future reports measure the achievements against the stated objectives in Appendix 1, resultant from the use of the additional public health expenditure approved, and that a significant focus is given, over the coming year to developing the performance management approach to public health alongside the development of the future budget.

7. Recommendation(s)

- 7.1. It is recommended that Cabinet:

Agrees the proposed additional £4.101 million expenditure for 2013/14 and £3.981 million for 2014/15 noting that should any of the items become recurring in nature they will be offset by efficiencies in 2015/16 onwards.

Agrees the next steps outlined in section 5, in particular that further proposals will be presented as part of the normal budget monitoring approach, thereafter changes for 2014/15 will form part of the normal budget setting process.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	
Health and Social Care Act 2012		

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1. By definition, interventions considered to improve and protect the public's health are designed to reduce inequalities across the citizens of Hampshire that influence their health and health outcomes

2. Impact on Crime and Disorder:

- 2.1. By definition, interventions considered to improve and protect the public's health are designed to support the citizens of Hampshire to live safely and have improved health and health outcomes

3. Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

Consideration of climate change and its impact on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

The need to consider this is a non- mandated public health responsibility for local government that informs both the nature and the content of any intervention.

Appendix 1

Proposed interventions to improve and protect Hampshire citizen's health and reduce inequalities

PH Category	Description of Proposal & Objective	2013/14 £'000	2014/15 £'000	Measurable outcomes against PH outcomes framework and links	How will this transform /integrate services / reduce need across Hampshire
Health Protection (mandated)	Use Public Health England specified budget to deliver required function to improve infection control across the community	116	116	Provision of infection prevention and control for Hampshire meeting national standard Demonstrable Reduction in avoidable infections and associated costs	Introduced national standard systems and processes, including training and audit for infection prevention and control across the community. Build on infection control function in Adults Services to meet new responsibility.
Troubled families	Demonstrable local authority public health support to improve the life chances and associated health outcomes of this vulnerable part of our population	250	250	This links explicitly to the local authority responsibility to address public health aspects of social exclusion and Domain One of the PH outcomes framework: 4 - first time entrants to the youth justice system 5 – 16-18 year olds NEETs 11 – domestic abuse 12 – hospital admissions for violence It also links to Children and Young People's Plan outcomes Local measurable: achieving Troubled families outcomes with sustainability local work against need for the future demonstrated	This will contribute to delivery of Troubled Families programme allowing the potential to target and support a greater number of families both during and beyond the programme period.
Hitting the cold spots	Continue the annual work to support local people during winter months led out of Adults Services	50	50	This addresses issues identified in the PH outcomes framework in Domain One: 17 – fuel poverty 18 – social isolation	This resource enables the established programme to continue and develop with evaluation built in and with ongoing support from public health staff

				Continuation of current success measures as described in Open for Business	
Support for district delivery of health improvement work (internal PH staff support for district forum)	To provide resource for the districts to bid against to deliver actions in the Joint Health & Wellbeing Strategy through time limited project work	500	500	To deliver outcomes in the healthy communities section of the Joint Health & Wellbeing Strategy – each project will have specified SMART outcomes	This provides an opportunity for districts to oversee projects locally. The bid criteria will include a focus on deliverables, staff support will come from our public health staff and outcomes will include evaluation.
Domestic Violence	This is a key issue where opportunities remain to improve the public's health – support interventions to measurably improve outcomes for both victims and perpetrators	500	500	It can be measured against the PH outcomes framework Domain One: 11 – domestic abuse 12 – hospital admissions for violence Address community safety outcomes for Hampshire	Contribute to moving to a sustainable approach to public health aspects of inequalities and community safety and links to substance misuse services. Allows overall support for community safety initiatives and programmes to be maintained pending further joint deliberations with other key partners including the Police and Crime Commissioner
Dental public health – (mandated)	Meet statutory epidemiological requirements - understand the current dental health of our under 5 year olds	70	-	Delivery required against PH outcomes framework Domain Four: 2 – tooth decay in children aged 5	This year's survey will include children aged 3 years and is detailed on PHE website. It informs development of national and local preventative interventions already in place to update service contracts for 14-15
Locally led nutrition initiatives	Expert nutrition support (PH nutritionist) to provide leadership and advice to maintain and assist transformation of local interventions across Hampshire for the	300	300	Domain 2: 2 - breastfeeding 5 - child development at 2-2 ½ years 6 - excess weight in 4-5 and 10-11 year olds 11- diet 12 - excess weight in adults 17 - recorded diabetes	This builds on joint work across Public Health, Adults and Children's services and enables delivery of specific interventions across Adults Services as well as continuing to support the implementation of the Healthy Weights Strategy for Children & Young People, as part of C&YP Plan delivery in action plan.

	most vulnerable (old and young) Achieve: implementation of the Healthy Weights Strategy for Children & Young People; meal support service for older people; lunch clubs to address nutrition and social isolation; nutritional advice support to Children's centres.			Domain 4: 2 - tooth decay in children aged 5 13 - health related QOL for older people	Includes: meal support service for older people; lunch clubs to address nutrition and social isolation; nutritional advice support to Children's centres.
Increasing levels of physical activity in the population	This broad category includes actions detailed in the Joint Falls prevention Strategy; physical activity work with alignment to HCC Olympic legacy work; further work informed by the exercise referral assessments	200	200	The outcomes that can be measured include those in the outcomes framework Domain Two: 24 - Falls and injuries in the over 65s 6 - Excess weight in 4-5 and 10-11 years 12 - Excess weight in adults 13 - Proportion of physically active and inactive adults Deliver HCC component of general physical activity outcomes for each year as identified in partnership strategies Deliver "better balance" as part of falls strategy implementation	To support implementation of the Hampshire Falls & Bone Health Strategy and Older People's Health & Wellbeing Strategy delivery Aligned to Sport HLOW Strategy implementation & work with district councils Workplace physical activity plan and implementation with partners with aims to integrate all activity into routine business during this time period
Maintain specialist public health capacity	To assure HCC that its public health specialist workforce meets national standards and	15	15	Maintain capacity and capability of the specialist workforce – as measured by annual management and professional annual appraisal, achieving mandated	Need this for mandatory PH CPD and revalidation – training has been externally funded from Wessex PH school but revalidation and associated needs will not

	to enable HCC to fulfil its requirements as the employer to support revalidation			duties with NHS commissioning work and GMC revalidation	be covered.
Children 5-19	Provide capacity and capability to support work across at risk groups with specific schools based interventions during coming school year with focus on at risk behaviours and the most deprived children and young people	1,600	1,600	This will be assessed through Domain One measures which include: 1 - children in poverty 3 - pupil absence 4 - first time entrants to the youth justice system 5 - 16-18 year olds NEET as well as Domain Two: 4 - under 18 conceptions Outcomes all measurable against CYPP	This resource will support integrated working across the council and its educational partners Links to Troubled Families and community safety priorities Supports PHSE in schools to tackle risky behaviours – specific evidence based interventions including “teens and toddlers” and applying successful programmes from elsewhere to support vulnerable mothers Supports implementation of reducing teenage conceptions Implementation of School Nursing Review & improved services “offer” in line with national model and standards. It provides an opportunity for transformation across changing services for children and young people in Hampshire
NHS Healthchecks – (mandated)	Full annual implementation of this mandated programme which offers a free NHS healthcheck to people between 40 and 74 once every 5 years to then enable reduction of risk for some serious illnesses to maximise people’s	450	450	These outcomes are recorded nationally and will be compared across local authorities mandated responsibilities through the outcomes in Domain two: 22 - Take up of the NHS Health Check Programme 4 - Mortality from all Cardiovascular disease 18 - alcohol related admissions and liver disease	The service delivery has been rigorously evaluated over the last year and using GP practices in as large and complex a county as Hampshire is the most cost effective approach. This is the largest service in England and almost all GP practices are engaged in its delivery.

	opportunity to maintain their independence and ability to care			Domain 4 16 - dementia and its impacts Reduction in needs for Adults services Domain 2.22	
Community pharmacy developments	Start roll out of Healthy Living Pharmacies across Hampshire to provide coordinated focus for community pharmacy delivery of interventions to improve the public's health	50	tba	Measureable outcomes include: Delivery of Smoking cessation, chlamydia testing, drug and alcohol and other services commissioned through community pharmacies PH outcomes Domain One: 18 – social isolation - measure against standard HLP outcome measures as they become accredited and established	Healthy Living Pharmacies now evaluated nationally, enable local community support by community within community from healthcare professional. Initial budget to support accreditation against national standard. Further work to optimise current public health spend with pharmacies

ⁱⁱ Local Authority public health services

Functions required by regulations:

- Weighing and measuring children (the national child measurement programme)
- Health check assessments (NHS healthcheck)
- Open access sexual health services (including contraception, but excluding abortion, sterilisation and HIV treatment)
- Public health expertise and advice to Clinical Commissioning Groups
- Working with local partners to protect the health of the local population

Discretionary Services:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) and from 2015/16 all public health services for children and young people
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the population
- 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
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

ⁱⁱ Ring Fenced Public Health Grant – LAC (DH) (2013) 1: gateway 18552

ⁱⁱⁱ NHS Constitution & Public Health Supplement (gateway 18906) – DH March 2013