

**UPDATE ON PUBLIC HEALTH BUSINESS PLANNING 2015/16, INCLUDING
SHARED PUBLIC HEALTH PRIORITIES**

To: Health Committee

Meeting Date: 11 September 2014

From: Director of Public Health

Electoral division(s): All

Forward Plan ref:

Key decision: No

Purpose: To outline approaches to 2015/16 public health business planning which would support identified Health Committee priorities through (a) reallocation of public health directorate resources into priority areas (b) development of shared priority outcomes working with directorates across the Council.

Recommendation: The Committee is asked to comment on the proposed approach to 2015/16 public health business planning and to endorse further work on the proposals outlined.

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1. BACKGROUND

- 1.1 Previous meetings on the Health Committee have identified the following priorities for Cambridgeshire:

- Public Mental Health
- Health inequalities
- Transport and Planning

At its July meeting, the Health Committee requested that these priorities should be clearly referenced in 2015/16 business planning, and that proposals should be brought to the Committee in September and October.

- 1.2 The July meeting of the Health Committee also endorsed the proposed approach to development of shared public health priorities across Council directorates and requested that an update paper was brought to the Committee in September.

Public health funding for 2015/16

- 1.3 All public health business planning proposals are funded by the public health ring-fenced grant from the Department of Health, rather than through County Council core budgets. The 2015/16 public health ring-fenced grant allocation is unlikely to be announced before December 2014. In 2014/15, Cambridgeshire County Council was 5.2% below target for national public health grant funding (i.e. the Council receives 5.2% less funding than the amount identified through the national public health allocation formula). Therefore it is assumed to be unlikely that the public health ring-fenced grant to Cambridgeshire will be reduced in cash terms in 2015/16. In this paper the assumption is also made that the 2015/16 ring-fenced grant allocation to Cambridgeshire will be uplifted to cover demography and inflation, but that any other investment will need to be funded from reallocation of existing public health budgets.

- 1.4 Services funded by the public health ring-fenced grant are required to have the primary purpose of improving health. Grant allocation decisions should have regard to the national Public Health Outcomes Framework and to the local Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy, as well as demonstrating value for money. Grant funded services remain part of the comprehensive health service, free at the point of delivery - therefore individuals cannot be charged for these services, and compliance is required with some aspects of the NHS constitution.

2. PUBLIC HEALTH DIRECTORATE BUSINESS PLANNING 2015/16 – MAIN PROPOSALS

- 2.1 This paper is seeking the Committee's steer on proposals, and presents the principles rather than the financial detail, which will be provided in October. Because public health directorate funding is already allocated against a range of core public health services, the scope of reallocation is limited. However some opportunities have been identified.

Mental health

- 2.2 While public mental health has been identified as a priority by the Committee, the Public Mental Health Strategy is still in development for approval in March

2015. Therefore the background work and collation of evidence to identify best use of resources to promote public mental health is not yet complete. However, the Child Health Profile 2014 for Cambridgeshire identified hospital admission rates for self-harm for young people as an area of concern, and specific work carried out through the Children's and Young People's Mental Health Joint Strategic Needs Assessment (JSNA) demonstrated a clear need to improve access to tier 2 mental health services.

- 2.3 Voluntary sector counselling services for young people which partially address this need are already funded through the public health grant, but are not provided equitably around the county. It is proposed to expand the geographical reach of these voluntary sector counselling services, with a focus on areas of deprivation, by reallocating funding from sexual health promotion budgets.
- 2.4 In addition it is proposed to review other elements of recurrent public health directorate funding for in-year campaigns and initiatives, to assess whether these could be re-prioritised into a 'public mental health fund' to support implementation of the public mental health strategy.

Health inequalities

- 2.5 Proposals are described in more detail in the 'Reducing Health Inequalities – Update and Forward Planning' paper to the Health Committee. In summary, the proposals seek to address specific health inequalities issues in Cambridgeshire identified through the public health outcomes framework, including a cluster of adverse health and lifestyle indicators in Fenland; high rates of smoking amongst manual workers; and inequalities in early development for children receiving free school meals. The specific proposals identified after consideration of the national and local evidence base are:
- Investment with other East of England local authorities in a regional Tobacco Control Office, addressing high rates of smoking in Fenland and amongst manual workers throughout the county.
 - Investment in workplace health initiatives, focussed on employers who employ large numbers of manual workers and in areas of deprivation.
 - Creation of a 'Fenland Healthy Living' fund to enable community engagement and funding of community and voluntary sector led projects to improve health through prevention. This would be pump primed through non-recurrent funds identified in the 2014/15 public health directorate budget, but would need some ongoing revenue support for staffing infrastructure, communications etc.
 - Input to the 2015/16 health visitor contract working closely with NHS England, to ensure sufficient focus on addressing inequalities in early child development, before transfer of commissioning responsibilities to local authorities in October 2015.
- 2.6 It is proposed that recurrent revenue funding for the proposals outlined under 2.6 would be identified mainly through reallocation from smoking cessation budgets. There has been a significant decrease in activity of smoking cessation services both locally and nationally, which is thought to be due to the impact of electronic cigarettes – and this is resulting in savings on smoking cessation service prescription costs and payments to primary care. Non-recurrent pump-priming for the 'Fenland Healthy Living' fund could be identified from non-recurrent savings in 2014/15 public health budgets resulting from delays in the agreed expansion of the health trainer service;

over-accrual of funding against smoking cessation prescriptions carried forward from 2013/14 to 2014/15 together with reduced in-year prescription costs; and savings against posts which were vacant in the earlier part of 2014/15.

Transport and Planning

- 2.7 The public health directorate is currently involved in preparing a Transport and Health JSNA, which will be presented to the Health and Wellbeing Board in April 2015. The amount of capital and revenue funding required to have a significant impact on transport and planning issues is unlikely to be available through current public health budgets. The best route for taking forward this Committee priority is therefore considered to be through the development of shared priorities and policies with the Economy, Transport and Environment Directorate (ETE), including use of the public health ring-fenced grant already allocated to ETE through the 2014/15 public health Memorandum of Understanding (MOU).

3. DEVELOPMENT OF SHARED PUBLIC HEALTH PRIORITIES ACROSS COUNCIL DIRECTORATES

- 3.1 A background paper outlining the 2013/14 and 2014/15 MOU for management of the public health ring-fenced grant by directorates across the Council, was taken to the Health Committee in July. This paper proposed a more strategic approach to developing shared public health priorities across directorates in 2015/16 business planning, with a clearer focus on the outcomes we wish to achieve, and this approach was endorsed by the Health Committee.
- 3.2 Papers have been taken to Children Families and Adults (CFA) and Economy Transport and Environment (ETE) management teams by the Director of Public Health, outlining the Health Committee's priorities, providing information on potential public health outcome indicators, and referring to the relevant evidence base such as public health NICE guidance. A similar paper will be taken to Customer Service and Transformation directorate management team later this month.
- 3.3 Discussion at CFA management team led to a focus on preventing and addressing self-harm among young people as a shared priority across CFA directorates and public health. There was discussion about the governance arrangements for joint work on this issue, and that there needed to be genuine shared priorities and outcomes reflected in the 2015/16 business plan, rather than a commissioner/provider model. It was agreed to pilot the shared priority approach by taking forward joint work on preventing and addressing self-harm, and a cross-directorate task group has been established.
- 3.4 Discussion at ETE management team led to agreement of the following shared priorities:
- Reducing road traffic injuries and deaths
 - Promoting walking and cycling, which will improve both physical and mental health through increased physical activity
 - A shared approach to engaging with communities in Fenland on a range of issues including health

It was recognised that this was not a comprehensive list, and there were a number of other areas where ETE and public health directorates could work

productively together. A cross-directorate task group has been established to take forward work on the identified shared priorities, and potentially other areas of synergy.

- 3.5 Preliminary discussions with the Director of Customer Service and Transformation (CS&T) indicated that a shared priority of engaging communities and addressing health inequalities would be welcomed. This will be further discussed at the CS&T management team later in September.
- 3.6 Further details on development of shared priorities and updating of the cross-Council public health MOU will be provided in Committee papers on 2015/16 business planning proposals.

4 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

Improved public health will contribute to the local economy through a healthy workforce and increased productivity

4.2 Helping people live healthy and independent lives

Public health business planning will contribute directly to this priority by preventing ill health through individual and population level interventions.

4.3 Supporting and protecting vulnerable people

The priorities outlined by the Health Committee support people who are vulnerable to mental health problems and to wider health inequalities.

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

Resource implications are outlined in paragraph 1.3.

5.2 Statutory, Risk and Legal Implications

There are statutory conditions for spend of the ring-fenced public health grant as outlined in para . Following a letter sent to local authorities by Public Health England (PHE) in August 2014, both the Chief Executive or Section 151 Officer, and the Director of Public Health, are required to provide assurance to PHE that the grant has been spent appropriately in line with grant conditions. .

5.3 Equality and Diversity Implications

The approach to business planning outlined in this paper seeks to address health inequalities within the County, through reallocation of public health resource.

5.4 Engagement and Consultation Implications

The Health Committee priority of public mental health reflects the findings of the YouChoose consultation in 2013. The proposal for a 'Healthy Living Fund' for Fenland is based on a community engagement approach.

5.5 Localism and Local Member Involvement

The proposed approach to development of a Fenland healthy living fund, potentially in partnership with other community engagement initiatives, would promote localism in the Fenland area.

5.6 Public Health Implications

The aim of public health business planning in 2015/16 is to address key local priorities to improve public health and reduce health inequalities.

Source Documents	Location
Public Health Grants to Local Authorities 2013 to 2014 and 2014 to 2015	https://www.gov.uk/government/publications/ring-fenced-public-health-grants-to-local-authorities-2013-14-and-2014-15
Public Health Outcomes Framework	http://www.phoutcomes.info/
Local Authority Child Health Profile 2014 (Cambridgeshire)	http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101633