

PUBLIC HEALTH GRANT 2020/21

To: **Health Committee**
Meeting Date: **6th August 2020**
From: **Director of Public Health**
Electoral division(s): **All**

Forward Plan ref: **Key decision:** **No**

Purpose: **The purpose of this paper is to inform the Health Committee of the 2020/21 increase in the ring-fenced Public Health Grant and proposed investment of the increase.**

Recommendation: **The Health Committee is asked to note the increase in ring fenced Public Health Grant allocation and approve the following proposals:**

- a) The allocation of funding to commissioned services to meet the cost pressures created by increases in Agenda for Change salaries.**
- b) To refresh the Cambridgeshire Healthy Weight Strategy and allocate funding in support new actions.**
- c) To support the allocation of funding for a temporary member of staff to energise and drive the obesity agenda.**

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1. BACKGROUND

- 1.1 The public health grant to local authorities is ring fenced for use on public health functions exclusively for all ages. The Secretary of State has determined, in line with section 31 of the Local Government Act 2003, to pay grants each year to relevant authorities. The core condition of this grant is that it should be used only for the purposes of the public health functions of local authorities.
- 1.2 There is an expectation that the grant will be spent in-year. If at the end of the financial year there is any underspend local authorities may carry these over, as part of a public health reserve, into the next financial year. However in using those funds the next year, local authorities still need to comply with the ring-fenced grant conditions.
- 1.3 The grant in 2020/21 includes an adjustment to cover the estimated additional Agenda for Change (NHS) pay costs of eligible staff working in organisations commissioned by local authorities, or by the local authority, to deliver public health services.
- 1.4 Appendix 1 lists the areas where the grant may be spent. There is a specific grant condition that Local Authorities have regard to the need to reduce inequalities between the people.

2. MAIN ISSUES

- 2.1 The Cambridgeshire County Council ring-fenced Public Health grant for 2020/21 is £27,248,493, an increase from £25,560,000 in 2019/20. This £1,688,493 or 6.6% increase as indicated above, is intended to include funding for meeting the Agenda for Change cost pressures.
- 2.2 It is proposed that the following cost pressures for the Public Health commissioned services created by the Agenda for Change salary increases are met through the increased Public Health grant allocation. These increases will be re-occurring.

Agenda for Change Salary Increase cost pressures for Public Health commissioned services 2020/21 – annual cost		
Cambridgeshire Community Services	Healthy Child Programme	£27,248
Cambridgeshire Community Services	Integrated Sexual and Reproductive Health Services (iCaSH)	£94,660
Cambridgeshire and Peterborough Community Foundation Trust	Falls Prevention Programme	£2,315
Cambridgeshire and Peterborough Community Foundation Trust	Children and Young People's Substance Misuse Service	TBC circa £5,000
Change Grow Live	Adult Drug and Alcohol Treatment Services	TBC circa £15,000
TOTAL		£144,223

- 2.3 It is also proposed that the increase in the Public Health grant allocation be used in support of addressing obesity. The COVID-19 pandemic has focused attention on obesity as it is strongly associated with poorer COVID-19 outcomes. At both local and national levels there is a focus upon addressing the issue.
- 2.4 Almost two-thirds (63%) of adults in England are overweight or obese. 1 in 3 children leave primary school overweight or obese, with obesity-related illnesses costing the NHS £6 billion a year. Living with excess weight puts people at greater risk of serious illness or death from COVID-19, with risk growing substantially as body mass index (BMI) increases. Nearly 8% of critically ill patients with COVID-19 in intensive care units have been morbidly obese, compared with 2.9% of the general population. (Department of Health and Social Care)
- 2.5 In Cambridgeshire, 62.1% of adults are either overweight or obese, similar to the national figure, but in Fenland it is significantly worse at 71.5%. For children in reception class the figure is 17.7% increasing to 27% by year 6, in Fenland the figures are 23.3% and 34.7% respectively. The health behaviours most strongly associated with obesity are diet and physical activity. In Cambridgeshire 68% of adults are physically active which is close to the national figure of 67.2%. However in Fenland the figure is statistically significantly worse than the national figure at 62.8%. In terms of diet 56.5% of the adult population in Cambridgeshire eat “5 a day”, similar to the national figure of 54.6%. In Fenland the figure is statistically significantly worse than the national figure at 47.8%. (All data 2018/19)
- 2.6 The Government is launching a comprehensive obesity campaign driven in part by the COVID -19 associated risks and by the opportunity to build on some of the lifestyle changes that the pandemic has pre-empted, such as increased cycling activity. It launched its “Tackling obesity: empowering adults and children to live healthier lives” Strategy on the 27th July 2020. This is a call to action and includes the following range of initiatives that provide a new stimulus and opportunity for action at a local level:
- a new campaign “Better Health” which is a call to action for everyone who is overweight to take steps to move towards a healthier weight, with evidence-based tools and apps with advice on how to lose weight and keep it off
 - working to expand weight management services available through the NHS, so more people get the support they need to lose weight
 - publishing a 4-nation public consultation to gather views and evidence on our current ‘traffic light’ label to help people make healthy food choices
 - introducing legislation to require large out-of-home food businesses, including restaurants, cafes and takeaways with more than 250 employees, to add calorie labels to the food they sell
 - consulting on our intention to make companies provide calorie labelling on alcohol
 - legislating to end the promotion of foods ‘high in fat, sugar or salt’ (HFSS) by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations intended to encourage purchasing, both online and in physical stores in England
 - banning the advertising of HFSS products being shown on TV and online before 9pm and holding a short consultation as soon as possible on how we introduce a total HFSS advertising restriction online

- 2.7 Locally the Cambridgeshire and Peterborough Clinical Commissioning Group is concerned about the impact of obesity on diabetes and cardio-vascular disease. It is investing considerable funding in improving services related to prevention and the management of obesity. It has launched its Body Mass Index 'BMI Can Do It' campaign that includes a very comprehensive campaign for residents and organisations across the system to rise to the challenge of losing 1 million kilos.
- 2.8 There is clear evidence that addressing obesity requires a system wide approach as obesity is complex and requires a multi-faceted approach. This focus and energy to address obesity provides an opportunity to return to the Cambridgeshire Healthy Weight Strategy, to refresh it, reflect the developments and to build a system wide approach. Appendix 2 is the Healthy Weight Strategy on a "page" that captures the different variables for addressing obesity.
- 2.9 The proposal is to work with members of the Health Committee to explore the evidence, needs and prioritise actions to address the challenges that obesity presents such as changing behaviours that have been formed through complex factors such as affordability and cultural norms. It will require a broad approach that includes consideration of policies that can influence behaviours e.g. cycling routes, access to affordable healthy food, incentives and other innovative ways of influencing behaviours.
- 2.10 It is essential that this work is taken forward so that we can capture the current energy in the system and work with partners who are already acting to take this work forward. In support of this recommendation it is proposed to recruit an additional temporary staff member to support the energising of this work, to ensure that any opportunities are not missed.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in **2.6, 2.7, and 2.8**

3.2 Thriving places for people to live

The report above sets out the implications for this priority in **2.6, 2.7, and 2.8**

3.3 The best start for Cambridgeshire's children

The following bullet points set out details of implications identified by officers

- The Cambridgeshire Healthy Weight Strategy and the new National campaign address childhood obesity and call for comprehensive measures to target children

3.4 Net zero carbon emissions for Cambridgeshire by 2050

- Fundamental to any efforts to address obesity is focus upon increasing physical

activity by supporting people to use active travel rather than vehicles

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in **2.2**

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- This grant (in pursuant of the Local government Act 2003) can be used for both revenue and capital purposes to provide local authorities in England with the funding required to discharge the public health functions,
- Any legal or risk implications will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet points set out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any action is taken to address obesity.

4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications identified by officers:

- Any actions taken to address obesity will include consultation and engagement with communities affected.

4.6 Localism and Local Member Involvement

The following bullet points set out details of significant implications identified by officers:

- Addressing obesity will involve working with individuals and communities to identify how they can work together to tackle the many barriers to reducing obesity and improving their health and wellbeing.

4.7 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- Adult and childhood obesity is associated with poorer health outcomes that include increased risks of diabetes, cardio-vascular disease and premature death. It is a public health priority and the overall proposal is to improve these outcomes through a multi-faceted system wide approach

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus da Silver
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Name of Legal Officer: Gurdeep Sembhi
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

Source Documents	Location
Public Health Outcomes Framework: Public Health England	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework#:~:text=%20The%20framework%20focuses%20on%20the%20two%20high,and%20healthy%20life%20expectancy%20between%20communities%20More%20
Excess Weight and COVID-19 Insights from new evidence Public Health England July 2020	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf
FORESIGHT Tackling Obesities: Future Choices – Obesity System Atlas Government Office for Science 2007	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295153/07-1177-obesity-system-atlas.pdf
Public Health England: Guidance Adult obesity: applying All Our Health: Updated 17 June 2019	https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health/adult-obesity-applying-all-our-health
Public Health England: Guidance: Health matters: whole systems approach to obesity	https://www.gov.uk/government/publications/health-matters-whole-systems-approach-to-obesity
Tackling obesity: government strategy Department of Health and Social Care July 2020	https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives

APPENDIX 1

Categories for reporting local authority public health spend in 2020/21

Prescribed functions:

- 1) Sexual health services - STI testing and treatment
- 2) Sexual health services – Contraception
- 3) NHS Health Check programme
- 4) Local authority role in health protection
- 5) Public health advice to NHS Commissioners
- 6) National Child Measurement programme
- 7) Prescribed Children's 0-5 services

Non-prescribed functions:

- 8) Sexual health services - Advice, prevention and promotion
- 9) Obesity – adults
- 10) Obesity - children
- 11) Physical activity – adults
- 12) Physical activity - children
- 13) Treatment for drug misuse in adults
- 14) Treatment for alcohol misuse in adults
- 15) Preventing and reducing harm from drug misuse in adults
- 16) Preventing and reducing harm from alcohol misuse in adults
- 17) Specialist drugs and alcohol misuse services for children and young people
- 18) Stop smoking services and interventions
- 19) Wider tobacco control

- 20) Children 5-19 public health programmes
- 21) Other Children's 0-5 services non-prescribed
- 22) Health at work
- 23) Public mental health

- 24) **Miscellaneous**, can include, but is not exclusive to:

- Nutrition initiatives
- Accidents Prevention
- General prevention
- Community safety, violence prevention & social exclusion
- Dental public health
- Fluoridation
- Infectious disease surveillance and control
- Environmental hazards protection
- Seasonal death reduction initiatives
- Birth defect preventions

APPENDIX 2: Cambridgeshire Healthy Weight Strategy: “On a page”

