Haringey Council

Report for:	Cabinet 16th April 2013	**Item Number:**	

Title:	Public Health Budget 2013/14

Report Authorised by:	Jeanelle de Gruchy, Director of Public Health

Lead Officer:	Jeanelle de Gruchy, Director of Public Health

Ward(s) affected: All	**Report for Key Decision**

1. Describe the issue under consideration

1.1 In accordance with regulations under the Health and Social Care Act 2012, public health responsibilities, together with a ring fenced grant, transferred from the Department of Health to local government on 1st April 2013. Local authorities now have a duty to promote the health of their population and have the key functions of ensuring that robust plans are in place to protect the local population and providing public health advice to NHS commissioners.

1.2 The Department of Health circular of 10 January 2013 sets out the following allocations for Haringey of the ring fenced public health grant:

2013/14 grant is **£17.587m** (baseline £16.254 plus 8.2% increase)
2014/15 grant is **£18.189m** (plus 3.4% increase)

1.3 This report details the current commitments and proposed 13/14 budget, including areas of new investment.

2. Cabinet Member introduction

2.1 The Department of Health announcement of local ring fenced public health grant, including growth, provides stability for the existing programmes and offers opportunities for further investment in meeting the health needs of our residents (see Appendix 1).

2.2 The investment plans proposed in this report will support delivery of Haringey's Health and Wellbeing Strategy and assist the Council as a whole in delivering the public health agenda, particularly focusing on prevention and early intervention. The proposals were informed by identified gaps in meeting the health needs of residents and the evidence-base of the effectiveness of public health interventions. In particular, I would like to highlight proposed investment in the following areas:

- Interventions targeted to improve mental health and wellbeing across the borough ranging from school-based activities to improving physical activity and reducing smoking amongst people with mental health problems;
- Expanding the Council's environmental health capacity to tackle alcohol misuse, tobacco control and the fast-food offer in the Tottenham area;
- Census 2011 information suggests that the number of young people residing in Haringey is increasing rapidly. Further investment in a range of interventions aimed at prevention of sexually transmitted diseases, especially amongst young people, is therefore of crucial importance.

2.3 This report recommends allocating contingency funds for 2013/14. This is necessary to allow for any variations in contracts due to a number of factors such as demand-led services or an increase in the national tariff payment. A Public Health Transition report detailing contractual arrangements transferring to the council was approved by the Cabinet in December 2012.

3. Recommendations

3.1 To continue to fund the current portfolio of public health services/programmes in 2013/14 at the estimated commitments of **£13.800m**.

3.2 In 2013/14 to undertake a programme of review of the current commitments in the public health portfolio.

3.3 To note plans for **£2.7m** new spend in 2013/14.

3.4 To allow for a contingency of **£1m** in 3013/14.

3.5 To note the proposed use of an earmarked reserve to smooth funding between years.

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4. Alternative options considered

4.1 A ring fenced public health grant is being provided to enable LAs to discharge their new public health responsibilities. Current funding and future proposals for investment are based on the grant conditions (see Appendix 1)

5. Background information

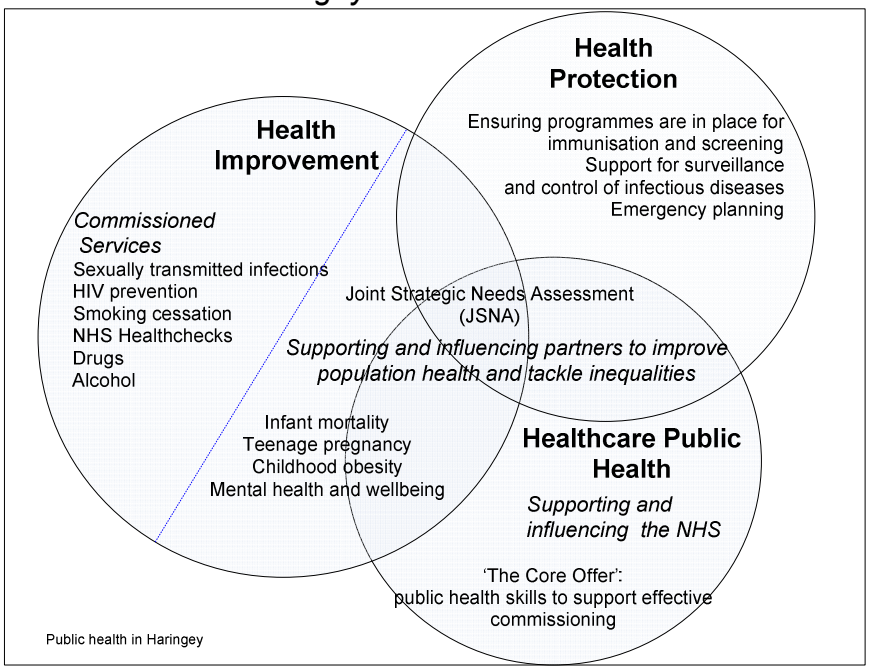
Transfer of the public health function to local authorities

5.1 From April 1st 2013, public health responsibilities transferred from the Department of Health to local government. Local authorities now have a duty to promote the health of their population and have the key functions of ensuring that robust plans are in place to protect the local population and providing public health advice to NHS commissioners.

5.2 Public health responsibilities are categorised into three 'domains' (see Fig. 1). Health improvement is generally about how we promote health and keep people healthy; health protection is about keeping us safe from infectious disease, environmental hazards and major emergencies; and healthcare-related public health is about provision of key information on what goes on in our local acute hospitals or GP practices in order to shape health care commissioning and delivery, based on the needs of the local population.

5.3 The ring-fenced public health grant will support local authorities in carrying out these new public health functions.

Figure 1: Public health in Haringey



How have public health budgets been spent historically?

5.4 Since 2003, public health budgets were primarily held by public health teams in NHS primary care trusts (PCTs) (some health protection was held by the Health Protection Agency, now part of Public Health England). Within the PCTs, these were generally small budgets with the majority spent on public health staff. This reflected the low priority given to commissioning specific health improvement / prevention programmes by the NHS – however there was an assumption that the public health team would deliver a prevention / early intervention focus for the NHS through their strategic influencing and partnership skills.

5.5 The team also provided the main intelligence for all aspects of evidence-based commissioning by the PCT – i.e. they were an active part of influencing the effective spend of the large NHS budgets. This key function of public health teams was (belatedly) recognised with the requirement for councils to provide healthcare public health back to the NHS (the 'core offer'). This is a key way in which the council could develop its role as strategic leader of Haringey's health and wellbeing strategy. The contribution of these commissioning skills to other council directorates also needs to be developed.

5.6 Public health budgets in PCTs did not fund the school nursing service[1] and on the whole did not fund health treatment services (sexual health or drug and alcohol services) – these now account for two thirds of the public health budget. These responsibilities were included as public health responsibilities by the Health and Social Care Act 2012.

The public health budget: national

5.7 In 2013/14 the total budget for local public health services will be just under £2.7 billion. In 2014/15 the budget will be just under £2.8 billion. Every local authority will receive a real terms increase in their single ring-fenced public health grant. The intention is for it to 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 be composed of three components: mandated (statutory) services, non-mandated services[2] and drug services which are currently commissioned by DAATs (Drug and Alcohol Action Teams) through the Pooled Treatment Budget (PTB) formula (also non-mandated).

5.8 London's allocation is £553m in 2013/14 (20.8% of national share) & £578m in 2014/15 (20.7%); in 2013/14 average increases are 3.6% for inner London authorities and 6.1% for outer London.

[1] Public health will commission services for 0 – 5 year olds (primarily health visitors) from 2015.
[2] The non-mandated component of funding is to be a 'health premium', which would essentially be an incentive scheme to reward those authorities that meet public health targets. Due to the significant time lag on many of the indicators in public health, plans are for the first payment of this to be delayed until 2015-16 (the third year of local authority public health responsibilities).

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The public health budget: LBH

5.9 The Department of Health circular of 10 January 2013 sets out the following allocations of the ring fenced public health grant:

2013/14 grant is **£17.587m** (baseline £16.254 plus 8.2% increase)
2014/15 grant is **£18.189m** (plus 3.4% increase)

5.10 The estimated commitment for 13/14 is £13.800m (see Figure 2). A programme to review this portfolio will be undertaken in 13/14.

Figure 2: Estimated commitment for 13/14

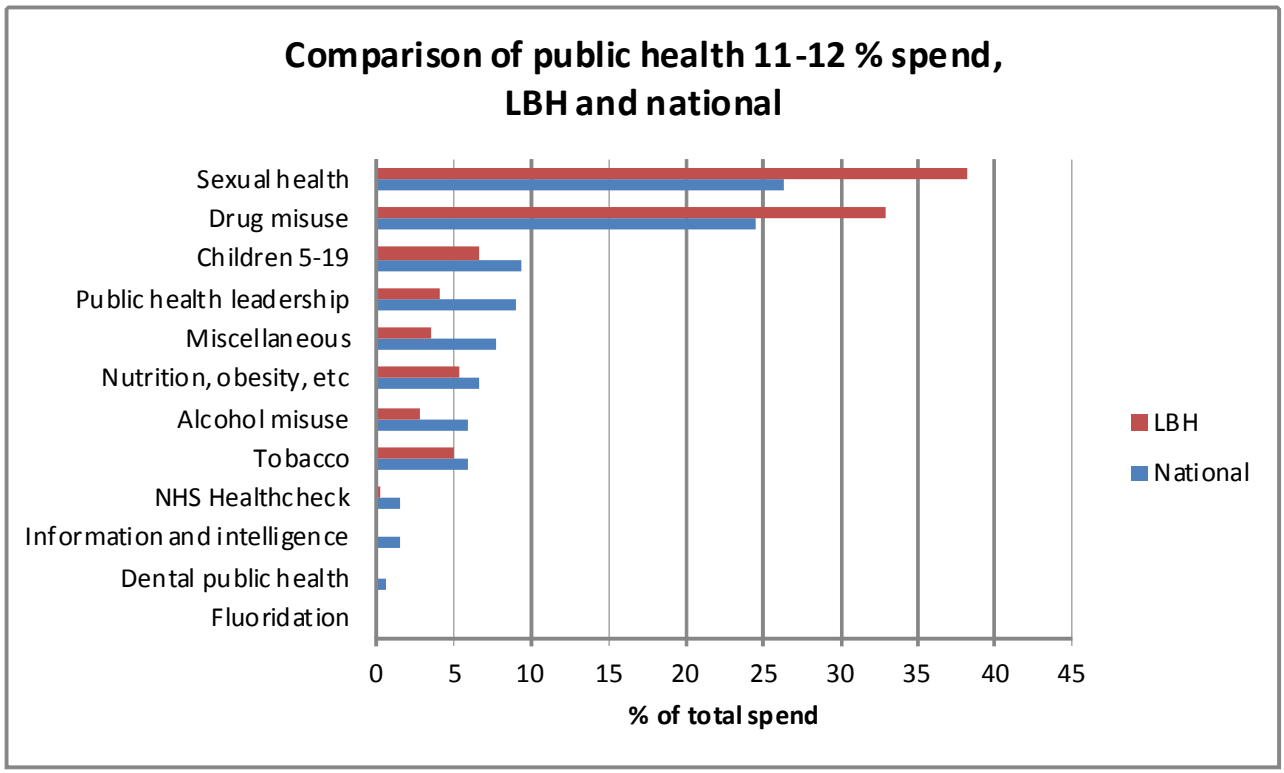
Activity	Est. spend (£000s)
Staff*	1422181
Sexual health	5316414
Drugs	4315287
Alcohol	725891
Children's public health	849500
NHS Health Check	351000
Tobacco	414000
Lifestyle improvement	150902
Health protection	150325
Mental health	27500
Dental public health	77000
	13800000

*'Staff' includes senior public health staff (categorized as 'public health leadership' in Figure 3) and commissioning support for public health programmes and to the CCG as part of our 'NHS Core Offer' commitment.

5. 11 Figure 3 shows that the estimated public health spend in Haringey in 2011/12 was similar to the national split – the slightly increased sexual health and drug misuse budgets reflect the higher level of need in our London borough compared to England. The cautionary note from this is that, although our public health task is to improve the health of our residents and reduce health inequalities, a large part of our budget needs to be focused not on premature mortality and reducing the life expectancy gap, but on sexual health and drug services. The cost pressure on open access sexual health services is in particular, a risk to the council. It would not be

appropriate to de-stabilise these services in the short to medium term by attempting to radically re-shape these areas of spend.

Figure 3



5.12 Plans for **£2.7m** new investment are divided into:

- The 3 outcome areas of the Health and Wellbeing Strategy: Giving every child the best start in life; reducing the life expectancy gap and improving mental health and wellbeing.
- Socio-economic regeneration of Tottenham
- Supporting the Council's commissioning function
- Priority gaps from the Joint Strategic Needs Assessment (JSNA)

(A) Children's health improvement – giving every child the best start in life (exploring how this programme effectively inter-relates with the school nursing service and CYPS)

i. Upscale healthy schools focus with a programme that both:
   - supports and encourages schools to adopt policies and practice for health, and
   - commission a range of projects covering: healthy eating and relationships / sexual health / domestic violence (DV) / bullying / mental health; these projects will cover a range of approaches including training teachers and assistants and training 17-25 year olds to work in schools.

£152,500 investment to deliver:

- Improved children's health and wellbeing (by reducing childhood obesity, reducing teenage pregnancy and improving sexual health, reducing alcohol and smoking, improving emotional health and wellbeing)
- Raised pupil attainment
- Increased training and employment experience for 17 – 25 year olds

ii. Develop a Healthy Children's Centres programme:

- work with existing Centres to develop an holistic approach to the healthy child; this could provide 'best start in life' hubs for the councils, GP practices and NHS community services to support those most in need
- increase universal breastfeeding support, 'healthy start, healthy vitamins' programme, early years community champions, working with parents (e.g. the HENRY programme for healthy lifestyles)

£355,000 investment to deliver:

- Improved parenting
- Improved long term health outcomes for mother and baby
- Improving attitudes and knowledge towards food and nutrition by parents and increasing levels of physical activity for the whole family
- Increasing volunteering

iii. Young people; in particular interventions to improve sexual health, physical activity and mental health.

£230,000 investment to deliver:

- Improved young people's health and wellbeing
- Reduced sexually transmitted infections
- Reduced teenage pregnancies
- Increased training and employment experience for 17 – 25 year olds

(B) Reducing the life expectancy gap

i. Upscale our work to reduce the life expectancy gap between the east and west of the borough through:

- Extending our targeted (mandatory) Health Checks programme, increasing our identification of those most at risk of cardiovascular disease (older people, those in deprived areas, those with severe and enduring mental health problems) and supporting them to make behavioural changes

- Extending our coordinated behavioural change programme, particularly in the east of the borough (health trainers, exercise referral, smoking cessation, obesity management).
- Increase training of front-line staff in health promotion and brief interventions (smoking, alcohol, mental health)

£393,000 investment to deliver:
- Full roll out of Health Checks programme across East Haringey
- Reduction in cardiovascular disease (CVD), diabetes
- Reduction in obesity, smoking, alcohol
- Raised awareness of key diseases to ensure early detection

ii. Increasing prevention and early intervention of long term conditions (this will form part of the integrated care pathway).

£220,000 investment to deliver:
- Increased number of inactive people at risk of or living with a long term condition now physically active
- Raised awareness of key diseases to ensure early detection
- Improved well being and reduced social isolation of older people

iii. Increasing our focus on tobacco control to ensure we deliver the '10 high impact changes'.

£65,000 investment to deliver:
- Increased number of smoke free homes, reducing risks from passive smoking, particularly for children
- Reduced smoking prevalence

iv. Alcohol: increase provision of community detoxification

£100,000 investment to reduce alcohol-related harm

v. Accident prevention, particularly preventing falls in older people.

£40,000 investment to support independent living and reduce hospital admissions due to falls

(C) Improving mental health and wellbeing – integrated approach to mental health prevention across all of the proposed programmes in sections A (i & iii), B (i) and D (i & iii)

i. In addition, to support those with mild to moderate mental health problems including Black and minority ethnic communities and young people

£55,000 investment to deliver:
- Improved access to appropriate services
- Raised awareness of common symptoms to ensure early identification of mental health problems in these specific communities

(D) Supporting socio-economic regeneration of Tottenham

i. Develop a healthy Tottenham hub on the high street through use of pop-up shops; explore development into a cafe space; particular focus on alcohol, drugs, smoking, mental health, with particular emphasis on recovery and social connection in a non-stigmatising environment.

£250,000 investment to deliver:
- Reduced life expectancy gap by reducing risk factors for early death
- Increased volunteering and employment opportunities
- Improved mental health and wellbeing of vulnerable groups

ii. Increase capacity to tackle increasing alcohol misuse, illicit/counterfeit or under age tobacco and improve the fast-food offer through licensing / environmental health.

£55,000 investment to deliver:
- Reduced alcohol-related harm
- Reduced smoking prevalence
- Reduced childhood obesity

iii. Violence prevention: community interventions to prevent domestic violence and pilot 'community therapy', an innovative approach to recovery post-riots.

£175,000 investment to deliver:
- Reduced domestic violence
- Improving mental health and wellbeing
- Improved community safety

(E) Supporting the council's commissioning function

i. Augment the council's intelligence function through increasing public health's intelligence capacity.

ii. Increase sexual health commissioning capacity to review our sexual health commissioning in 2013/14.

iii. Increase capacity to ensure evaluation of programmes.

£210,000 investment to deliver:
- Improved commissioning of services
- Improved sexual health services
- Improved evidence base for commissioning

(F) Other gaps identified by JSNA - a number of gaps have been identified through the JSNA, including:

i. Prevention of infectious diseases, especially TB, hepatitis B and C £70,000

ii. Sexual health prevention and promotion: condom distribution for over 25 years old, increase capacity in outreach services supporting young people and C-card scheme for under 25 years old.

£329,500 investment to deliver:
- Reduced sexually transmitted infections
- Reduced teenage pregnancy

5.13 A contingency of £1m has been made to cover any unforeseen costs that arise as a result of the transition.

5.14 An earmarked reserve will be used to smooth funding between years.

6. Comments of the Chief Finance Officer and financial implications

6.1 The CFO confirms the grant allocations for 2013/14 & 2014/15. This funding is ringfenced and attention is drawn to the conditions set out in Appendix 2.

6.2 Of particular note is the agreement from the Department of Health that any unspent funding can be carried over to the following financial year as part of a public health reserve.

6.3 This will be of particular importance during the first year of operation as the baseline spend levels are only estimates and some sexual health services are open access so difficult to accurately estimate final spend. The late notification of grant funding has also left little time for the programme to be put together and inevitably some activities will not be up and running from 1 April.

6.4 The proposed programme review, along with additional intelligence and data gathering should enable the Council to have a much clearer view for the programme 2014/15 with greater alignment with current Council services.

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6.5 The current expectation is that as far as possible, back office support for the new services will be absorbed within existing Council provision however, this will need to be assessed during the first year of operation.

7. Head of Legal Services and legal implications

7.1 The Head of Legal Services notes the contents of the report.

7.2 Under the Health and Social Care Act 2012 public health responsibilities will transfer from the Department of Health to local authorities on 1 April 2013.

7.3 The Department of Health circular of 10 January 2013 sets out the allocation of the ring fenced public health grant fund for the London Borough of Haringey for the years 2013/14 and 2014/15. The Council will need to ensure that it complies with the grant conditions attached at Appendix 2

7.4 The proposed expenditure is a Key Decision and, as such, needs to be included in the Forward Plan in accordance with CSO 3.01 d).

7.5 All proposed commissioning will need to comply with the EU public procurement regime (where applicable) and the Council's Contract Standing Orders.

7.6 The Public Health Directorate should consult with the Head of Legal Services on the specific initiatives and commissioning proposals identified as and when they arise.

7.7 The Head of Legal Services confirms that there are no legal reasons preventing Members from approving the recommendations in this report.

8. Equalities and Community Cohesion Comments

8.1 The funding of the local public health function in the transition phase and beyond, aims to establish effective public health services, based on an understanding of the needs of the different sections of the population through the Joint Strategic Needs Assessment (JSNA), with the aim of improving and protecting the health of people in Haringey and reducing the health inequalities between communities and the more and less deprived areas of the borough.

9. Head of Procurement Comments

Not applicable

10. Policy Implication

10.1 Haringey Council wants its residents to live healthier lives and the council is committed to tackling health inequalities, childhood obesity and teenage pregnancy. (The Council Plan 2012-15)

10.2 The vision for Haringey's Health and Wellbeing Strategy 2012-2015, is for a healthier Haringey, where health inequalities are reduced through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

10.3 The new Public Health arrangements will play a key part in delivering the council's priorities to drive local health improvements in Haringey.

11. Reasons for Decision

11.1 Information is provided in sections 2 and 3.

12. Use of Appendices

Appendix 1: What are the main public health priorities for Haringey?

Appendix 2: Grant conditions

13. Local Government (Access to Information) Act 1985

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Appendix 1: What are the main public health priorities for Haringey?

Haringey is the 4th most deprived borough in London and the 13th most deprived in the country. An estimated 21,595 (36.4%) children live in poverty, largely in the east of the borough. High levels of deprivation, low educational attainment and unhealthy lifestyles (high smoking, low physical activity, high alcohol misuse), primarily in the east of the borough, are all interrelated determinants of poor health outcomes and the considerable health inequalities in the borough. Key priorities are:

- Only 53% of children show satisfactory development at age 5
- Highest teenage pregnancy rate in England
- High child obesity (1 in 3 children aged 10-11 are overweight or obese)
- Inequality in male life expectancy (men in the east die up to 9 years younger than men in the west)
- High smoking (contributes to 50% of the male life expectancy gap) and physical inactivity
- High levels of alcohol and drug misuse
- High levels, and rising, of sexually transmitted infections
- High levels of common and severe (3rd highest in London) mental health problems

The table shows the many areas where Haringey has poorer health outcomes than the London average. The Joint Strategic Needs Assessment details further areas of concern, in particular Haringey's high levels of common mental health problems and particularly high level of severe mental illness, with high levels of psychotic disorders (including schizophrenia and bipolar disorder).

The key service trends and demand pressures relate to two main areas: sexual health and alcohol treatment. The Health Check programme is a key prevention intervention to identify those at high risk of cardiovascular disease and support them to reduce their risk of disease – and reduce demand pressures.

Four areas of high need and poor outcomes for Haringey are teenage pregnancy, childhood obesity, mental health promotion and violence prevention – they are also areas that historically have had very low mainstream budgets to meet the need. Tuberculosis is high and increasing in particular communities, requiring increased, targeted intervention.

These public health priorities are largely reflected in the key outcomes of the shadow Health and Well Being Strategy: 1) Giving every child the best start in life; 2) Reducing the life expectancy gap; 3) Improving mental health and well being.

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Table: Haringey's health determinants and outcomes compared to London

	Better than London	Worse than London
Our communities		Violent Crime GCSE achievement* Deprivation* Children in poverty* Statutory homelessness* Long term unemployment*
Children and young people's health	Breast feeding initiation* Smoking in pregnancy Alcohol admissions (under 18) Obese children (year 6)	Teenage pregnancy*
Adult's health and lifestyle	Obese adults Healthy eating adults Physically active adults	Adults smoking
Disease and poor health	Incidence of malignant melanoma People diagnosed with diabetes	Hospital stays for self harm Hip fracture in 65s and over New cases of tuberculosis Drug misuse* Sexually transmitted infections* Hospital stays for alcohol related harm*
Life expectancy and causes of death	Female life expectancy Road injuries and deaths	Smoking related deaths Early death from heart disease and stroke Male life expectancy* Early cancer deaths*

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Appendix 2: Grant conditions

The public health grant is being provided to enable LAs to discharge their new public health responsibilities to:

- Improve significantly the health and wellbeing of local populations
- Carry out health protection functions delegated from the Secretary of State
- Reduce health inequalities across the life course, including within hard to reach groups
- Ensure the provision of population healthcare advice.

The funding remains ring-fenced with conditions:

- it must be used for purposes related local authorities' public health function; certain mandatory responsibilities are detailed
- although it still has to be reported on quarterly, this will now be through the usual Quarterly & Annual Revenue Outturn (RO) returns to DCLG, who will forward these to Public Health England (PHE) to review on behalf of the Department of Health
- reporting will be against 18 categories of spend
- it can be used for revenue or capital spend, although the capital spend cannot be on items that entail borrowing or a finance lease
- it can be used for pooling, subject to certain conditions
- unused grant can be carried forward into the next financial year
- no separate audit or certification requirements, but Chief Executives will have to return an annual statement of assurance to PHE that the grant has been used as intended & RO returns are accurate.