



## Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 19<sup>th</sup> March 2014

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**Report of:** Director of Public Health

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**Date:** Wednesday 19<sup>th</sup> March 2014

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**Subject:** Public Health Investment 2014-15

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**Author of Report:** Director of Public Health

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### Summary:

The ring fenced public health grant increases from £29.6 to £30.7 million in 2014/15. The additional £1.1million, together with approximately £1.6million of savings on existing contracts and deletion of vacant public health posts makes approximately £3.9million of funding available for new projects in financial year 2014/15.

Approximately £23.5million is to be spent on continuing public health programmes already in place. Some of these are statutory. An additional £2.1million is to be spent in the communities and CYPF portfolios on programmes which were previously funded within the portfolios by revenue funding, but which are vulnerable due to a reduction in overall council resources.

Approximately £1.3million is being spent on a variety of new programmes including early intervention and prevention in children (with a mental health and wellbeing focus), promotion of physical activity (cycling and the Move More Strategy), improving standards of private rented sector housing and employment and health initiatives.

The Scrutiny committee is being asked to review the proposed use of the public health grant for 2014/15.

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**Category of Report:** OPEN

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## Use of the Public Health Grant in 2014/15

### Background and context

Public health responsibilities transferred from the NHS to local government in April 2013. At the same time, funding was transferred from the NHS to local authorities in the form of the Public Health Grant, in order to ensure that those authorities had the resources necessary to fulfil their new responsibilities. The purpose of this paper is to provide a summary of the planned use of the Grant in financial year 2014/15, as agreed by Cabinet in February and full Council in March.

The public health Grant is ring-fenced for public health purposes. It has been announced it will be ring fenced for a further year beyond the initial 2 years, ie for 2015/16. In future years the amount of the ring fenced Grant will be dependent on progress made in improving public health outcome framework (PHOF) indicators, though the exact way in which the amount of the public health Grant will be related to those indicators has not yet been determined.

A number of principles concerning the use of the Grant were agreed by EMT as follows.

The Grant would be used to support the City Council's Strategic Outcomes and the decision process would be aligned with all other budget decisions. Any savings made on programmes previously funded through the Grant, including savings released if services are decommissioned altogether, would not revert to Portfolio budgets. Any such savings would be considered as part of the overall unallocated PH Grant funding, and so become available to commission public health services to meet Members' priorities, which may be through other Portfolios or the DPH office. Overall, the Grant should be used to maximum public health benefit, which again could indicate transfer of public health resource between Portfolios.

### Planned use of the Grant

#### *Resources available*

The Public Health Grant will increase from £29.665M in 2013/14 to £30.748M in 2014/15, an increase of £1.083M. It has been assumed that external income to support specific PH Programmes will continue at the same level in 2014/15 as in 2013/14. If this is not the case, the funding available for those specific programmes will have to be reduced on a pound for pound basis. Overall, the total amount assumed to be available to spend on PH Programmes, made up of the Grant and external income, in 14/15 is £31.721M, as shown in table 1.

Table 1

<b>Available Resources</b>	<b>£K</b>
Dept of Health Grant	30,748
Other external Income -	

Clinical commissioning group	200
Police and Crime Commissioner	551
Probation	80
SCC revenue funding for drugs and alcohol work	142
	<b>31,721</b>

### *Savings made*

Savings to the value of £1.58M have been made on this year's spend on PH Programmes by a combination of reductions in contract values and a discontinuation of some programmes altogether, as shown in table 2. The recommissioning of drug and alcohol dependency treatment services, now in train, will release further savings in future years. DESMOND (diabetes education), and Community Dental Treatment have been paid for this year (2013/14) by the Council using the Grant, but in fact are NHS responsibilities, and will therefore not be paid for by SCC out of the Grant in future.

Table 2

Savings made on 13/14	£K		
	13/14	14/15	savings
Sexual health Sheffield Teaching Hospitals	5557	5337	220
Sexual Health - primary care	244	200	44
Drugs and alcohol treatment programmes	8080	7548	532
Children and young people substance misuse	413	383	30
Health Checks	600	500	100
Healthy Communities Programme	526	273	253
DESMOND	73	0	73
Community Dental Treatment	270	0	270
Sickle Cell and Thalassaemia support	58	0	58
<b>Total</b>			<b>1580</b>

### *Staffing and vacancies*

There have been a number of vacancies in Public Health teams during the course of this year. Whilst a small number are now being recruited to, others are being held pending the outcome of restructuring (in Communities) and rationalisation of posts (in CYPF). Nevertheless it is clear that there are a number of posts which will not be recruited to and can be deleted from the establishment, thus releasing funding. Posts to be deleted include one health improvement principal post in CYPF, a consultant in public health and PA in the Communities portfolio, and an administrator post in DACT (Communities). In addition, the significant downscaling of the *Healthy Communities* team will also lead to a number of vacant posts being deleted, and a further reduction in staff costs. Overall this releases approximately £550K funding.

### *Cost pressures*

Unavoidable cost pressures for 14/15 included an assumed 1% cost of living increase for staff, and the cost of drug prescribing associated with sexual health and contraceptive services, which this year has been paid for by the CCG, but which is SCC's responsibility and will have to be picked up in future years.

### *Considerations*

In determining how the Grant should be used in 2014/15, the following factors were taken into consideration.

There are a small number of statutory obligations on the Council, that have to be funded from the Grant. These are the provision or commissioning of sexual health services, the health checks programme, the national child weighing and measuring programme (NCMP), and the provision of the 'core offer' of public health advice to NHS commissioners. This last is provided by Council employed public health staff. These costs are thus unavoidable.

In addition to this, there are some contractual commitments already entered into, that run through financial year 2014/15, such as the Carers' support and Carers' respite contracts.

There are also some programmes for which there is a very clear need, and the stopping of which would undoubtedly cause significant adverse health consequences. These include the drug and alcohol treatment programmes, weight management, and tobacco control programmes.

Elected members had reviewed the Healthy Communities Programme earlier in the year and determined a new balance of expenditure, with a more explicit focus on building social capital and a reduction in directly employed staff numbers. This was approved at Cabinet in October.

For other proposals, including proposals to continue existing programmes or to use Public Health Grant money to pay for programmes previously funded from within Portfolios, as well as any proposals for new activity, a simple cost effectiveness score was calculated. This took into account the amount of health benefit (number of people affected, extent of improvement in health, duration of effect), strength of evidence base, fit with members priorities, and cost. This was then used to inform (but not determine) the decision making.

### *Use of the Grant*

It has been determined that the Grant will be used as shown in table 3. Overall, approximately £23.5M is to be spent on programmes continuing from this year, though the actual amount spent on each programme will not necessarily remain the same.

An additional £2.1M is to be spent in CYPF and Communities on programmes which prior to April 2013 were funded by the Portfolios themselves, bringing the total up to approximately £4.2M.

Approximately £1.1M is to be spent on a number of new programmes aimed at addressing the root causes of ill health, consistent with the social model of health

adopted by Cabinet. If the additional investment in existing programmes is added to this, it gives a total of approximately £1.3M worth of new activity. This represents the beginning of a re-shaping of the overall public health programme, consistent with the Council's ambition to 'do things differently' and become a public health driven organisation, whilst maintaining our efforts to improve the Public Health Outcomes Framework indicators and thus mitigate the risk of loss of PH Grant value in future years.

Table 3

<b>Programmes continuing from previous years</b>			
<b>Programme</b>	<b>Portfolio</b>	<b>£K</b>	<b>Notes</b>
Sexual health services	CYPF	5,337	Statutory
SH - enhanced services	CYPF	200	Statutory
GUM and contraceptive services outside Sheffield	CYPF	170	Statutory
SH and contraceptive prescribing	CYPF	270	Statutory
CYP substance misuse services	CYPF	383	
Sexual Health outreach (SWWOP)	CYPF	56	
Support to Young Carers	CYPF	55	
School nursing	CYPF	1831	Includes statutory National Child Weighing and Measuring (NCMP) programme
Family Nurse Partnership	CYPF	160	
Community genetics awareness	CYPF	35	
<b>Subtotal</b>		<b>8,497</b>	
Tobacco control	Place	1,480	Contracts to be let for 3 yrs from April '14
Adult weight management	Place	685	Being re-specified and retendered during 14/15 with 3 year contracts
Children's weight management	Place	224	Being re-specified and retendered during 14/15 with 3 year contracts
Activity Sheffield	Place	400	Second year of two year commitment (13/14 & 14/15)
Upperthorpe Healthy Living Centre (food work)	Place	70	
Air quality monitoring (East End Quality of Life)	Place	55	
<b>Subtotal</b>		<b>2,914</b>	
DACT drug treatments	Comms	4,836	Programmes being retendered during the course of the year
DACT alcohol treatment	Comms	737	Programmes being retendered during the course of the year
DACT - Community pharmacies	Comms	321	
DACT - Police team for Drugs Intervention Programme	Comms	149	
Drug interventions programme	Comms	1,410	Contribution of £551K from Police and Crime Commissioner to this
Healthy Communities	Comms	273	
Social Capital'	Comms	290	
Health trainers	Comms	308	Contribution of £200K from Clinical Commissioning Group for this
Health champions	Comms	185	
Carers' support	Comms	210	Contracts let to Sept '15
Carers' respite	Comms	110	Contracts let to Sept '15

Substance misuse (residential rehabilitation)	Comms	350	
Hidden Harm - Safeguarding	Comms	40	
Mental ill health prevention	Comms	125	
Find and Stay in Employment - Bridge	Comms	50	
Employment Support - MH Problems – First step trust	Comms	106	
Mental Health Support to the Somali Community	Comms	73	
Support to Chinese Community – Kin Hom	Comms	55	
Magazine for Mental Health Service Users	Comms	20	
Advocacy for Older People with Mental Health Problems	Comms	34	
Infrastructure support to Third sector	Comms	61	
Private housing standards initiative	Comms	500	£175K increase over current budget
<b>Subtotal</b>		<b>10,243</b>	
Health Checks	DPHO	500	Statutory
Community infection prevention and control service	DPHO	90	Statutory
Occupational Health - SOHAS	DPHO	102	
Oral health promotion	DPHO	150	
<b>Subtotal</b>		<b>842</b>	
<b>Subtotal, continuing activity</b>		<b>22,496</b>	

**Funding of programmes previously funded by Portfolios using mainstream revenue grant (with some contribution from PHG)**

Early years	CYPF	1950	£554K increase
Floating support	Comms	2275	£1,560K increase

**New investment to address root causes of ill health, consistent with the 'social model'**

Early intervention and prevention (mental health and wellbeing)	CYPF	400
CAMHS training capacity	CYPF	50
Cycling opportunities	Place	50
Move more	Place	55
Cheap and illicit tobacco and alcohol enforcement activity	Place	97
Eat well campaign	Place	100
HENRY (Healthy Eating and Nutrition for the Really Young)	Place	60
Employment and health work with young people	DPHO	200
Employment and disability initiative	DPHO	80
<b>Subtotal new investment</b>		<b>1092</b>

DACT = Drug and alcohol commissioning team

DPHO = DPH office

SOHAS = Sheffield Occupational Health Advisory Service

### *Impact on Portfolio budgets*

The allocations as proposed include additional sums for Portfolios, as follows.

For CYPF, there is an additional £554K funding for early years work, to replace funding that was previously available from within the Portfolio. In addition there is an additional £450K allocation for new initiatives (mental wellbeing and emotional resilience, and CAMHS training). This gives a total of £1004K.

For Place, there is an additional £362K, all on new initiatives.

For Communities, there is an additional £1560K approximately available for 'Floating support', again to replace funding that was previously available from within the Portfolio. (The total is £2275, but this includes approximately £710K of funding that was previously allocated to specific budget lines within that overall programme.) There is also an additional £175K for work on private sector housing, which will be used to secure new activity – i.e. it is not simply replacing Portfolio funding. The overall increase in funding to Communities is therefore £1740K approx..

Overall, of the approximately £3.9M funding available for new projects next year (of which £1.1M comes from the increase in the Grant, £2M comes from savings on existing budgets, and £0.8M comes from carry forward of unallocated spend this year), £2.1M would go to replace mainstream revenue funding within Portfolios, £340K would go on cost pressures of various sorts, and £1.3M would go on new programmes and initiatives.

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March 2014