

Agenda item: 

**Title of meeting:** Cabinet

**Date of meeting:** 29<sup>th</sup> June 2017

**Subject:** Public Health Transformation Fund

**Report From:** Director of Public Health

**Report by:** Kelly Nash, Corporate Performance Manager

**Wards affected:** All

**Key decision:** No

**Full Council decision:** No

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**1. Purpose of report**

1.1 To seek approval from Cabinet to the proposed approach to the creation of a Public Health Transformation Fund.

**2. Recommendations**

2.1 Cabinet is recommended to:

- i. Note the drivers of public health activity in Portsmouth, and the priority areas;
- ii. Approve the designation of a Public Health Transformation Fund, as set out in section 7;
- iii. Authorise the Director of Public Health, the s151 officer (or representative) and Cabinet Member for Adult Social Care and Public Health to approve allocations from the Fund, and keep progress against approved schemes under review.

**3. Background**

3.1 Responsibility for Public Health transferred from the NHS to local government in 2013. The function of Public Health promotes and protects public health and wellbeing.

3.2 The Portsmouth City Council Public Health Team aims to prevent ill-health and prolong lives, through a co-ordinated effort with partners, both inside and outside the council.

3.3 The key objectives for Public Health Portsmouth are:  
- Improving health for the poorest fastest;

- Increasing healthy life expectancy; and
- Reducing demand for services and improving quality of care.

3.4 The team have clear principles that guide the way of working, and so public health practice in Portsmouth will:

- be population and systems focused
- provide value for money through evidence informed practice, effective use of population data and evaluation
- support the development of public expertise for the wider workforce, including through the Making Every Contact Count approach
- promote self-efficacy towards independence to improve health and wellbeing
- uphold the parity of esteem between mental and physical health
- embed a Health in All Policies approach

#### **4. Mandated Services**

4.1 The transfer of responsibility for Public Health to local government in 2013 brought with it a legal responsibility for councils to improve the health of their populations, not just through their specific public health functions. Specifically, the Director of Public Health has responsibility for the delivery of mandated services delivered through the ring-fenced Public Health grant (£18.187m for 2017/18):

- Appropriate access to Sexual Health Services
- Ensuring plans are in place to protect the health of Portsmouth residents (including immunisation and screening plans)
- Ensuring the Clinical Commissioning Group receives the public health advice they need to support the commissioning of services (Core Offer)
- National Child Measurement Programme
- NHS Health Check Assessment
- Ensuring the mandated responsibilities for children 0-5
- Commissioning of local Healthwatch.

#### **5. National Advice**

5.1 Public Health England have identified 6 preventative interventions that have been implemented, proven to be effective and are estimated to improve health and wellbeing and save money to the health and/or care system within a five-year horizon. These are:

- Alcohol: identification and brief advice (IBA) in primary care
- Alcohol: alcohol care teams (ACT) in secondary care
- Tobacco: screening, advice and referral in secondary care
- Hypertension: improved management of hypertension in primary care
- Contraception: increase uptake of long-acting reversible contraceptives (LARC) in general practice, maternity and abortion pathways
- Falls: implement a fracture liaison service (FLS) in secondary care

## 6. Local priorities

- 6.1 Local health and wellbeing priorities are set by the Health and Wellbeing Board and reflected in the local Health and Wellbeing Strategy. Progress against these priorities is tracked through the annual summary of the Joint Strategic Needs Assessment. The Health and Wellbeing Strategy for Portsmouth is due to be refreshed in the coming year, and emerging areas of focus are to:
- Reduce the harms from tobacco
  - Reduce the harms from physical inactivity
  - Improve access to health and social care support in the community
  - Reduce the harms from alcohol and other substance misuse
  - Reduce the drivers of poverty
  - Support independence and self-care

## 7. Organisational priorities

- 7.1 The priorities for the city council have been identified as:
- Raising educational standards
  - Encouraging regeneration and investment
  - Empowering residents to be healthy and independent
  - Being entrepreneurial and efficient
  - Providing excellent customer service
- 7.2 Taken together, there is a clear link between the achievement of the national requirements for public health, the local priorities and achievement of the priorities for the organisation.
- 7.3 ***Raising Educational Standards***  
Education is the stepping stone for children to achieve success in later life. We must make education achievement for all our young children the very best it can be. This will give our children the best opportunities in life and in the longer term, reduce the need for our services.
- 7.4 We know that children in the city do not achieve as well in their education as children in other areas, and that this is particularly true if they are economically disadvantaged. The percentage of pupils that are eligible and claiming free school meals is higher than the national average, reflecting low incomes in the city.
- 7.5 The work of public health in supporting this priority is essential, making sure that children get off to the best start. This includes support for maternity services (including supporting expectant mothers to stop smoking in pregnancy) and for the commissioning of the Healthy Child programme, including the health visiting support that helps families ensure their children develop well and are ready for school. It includes working in schools to ensure they are healthy and vibrant environments that support learning.

7.6 ***Encouraging regeneration and investment***

Regenerating and encouraging investment is key to creating aspirations and opportunities that all our residents can benefit from and enhancing Portsmouth as a great place to live. In the longer term, this will reduce the need for our services. That's why the council and partners are working to make the city an attractive place to live, work and visit.

7.7 Public Health have a key role in supporting this objective in the city, by providing support to the frameworks that guide our regeneration programmes, including the refresh of the Portsmouth Plan and the Local Transport Plan, with a focus on reducing congestion and car use through the promotion of active modes of travel.

7.8 It is important to recognise that a city that is performing well against indicators of health and wellbeing will also be an attractive location for business - it is likely that there will be higher levels of skills in the resident population and better physical and mental health, making for a strong local workforce. Housing condition, educational standards and access to services and facilities will be better, encouraging businesses and their workforces to invest in an area. There are intrinsic links between the economic and social wellbeing of a city, and the physical and mental health of its population, summed up as "a healthy city is a wealthy city".

7.9 ***Empowering our residents to be healthy and independent***

For residents to be able to make the most of their opportunities and live independently they must be safe and healthy. A great city supports those who are most in need, and works to provide opportunities for everyone. We need to help all our residents make the most of opportunities so they can live the best and healthiest life possible and live independently. In the longer term this will reduce the need for our services.

7.10 We know that there are major inequalities in health and wellbeing outcomes across the city, in particular, between genders (shorter male life expectancy) and between different areas of the city. The most deprived areas are affected by higher rates of unemployment, smoking, alcohol consumption, mental ill-health. There are a number of people with complex needs, and an increase in levels of homelessness and rough sleeping in the city.

7.11 The Council's essential care services (Adults and Children's Social Care) face severe demographic pressures and represent a large proportion of the City Council's controllable budget. It is an area of critical risk and huge responsibility for us. Currently, we have nearly 1,000 people living in our care homes, including nearly 800 people over the age of 65. We are also, at any one time, looking after around 330 children who, for whatever reason, cannot be at home with their families.

7.12 To respond to the acute needs we have in the city, and at the same time try and prevent needs arising in the future, we are changing the way we deliver services, and working in partnership with colleagues in health services more than ever before.

7.13 The role of public health in supporting residents to live healthy lives is core, and responses include the commissioning of specialist services, including sexual health

and substance misuse services, and the provision of advice and support through the Wellbeing Service. The service also has a role to play in ensuring that preventative approaches are woven through work on the local health and care system, and that the relationships between issues are considered to develop holistic responses (for example in addressing the issue of adults with complex needs and the impact on society of the toxic trio of substance misuse, mental health and unhealthy relationships and domestic abuse).

- 7.14 ***Being entrepreneurial and efficient and providing excellent customer service***  
Public Health practice seeks to achieve value for money through promoting evidence-based approaches that have been demonstrated to be effective, and of benefit to both individuals and the wider system. This way of working ensures that money spent is being spent efficiently and effectively. Innovation is supported, but robust evaluation is critical.
- 7.15 The Directorate has recently restructured to reduce the cost of operations to the city council, and to reflect that much public health practice will be delivered by other parts of the organisation, with advice from a streamlined group of advisors. This is also reflected in the public health financial strategy. Significant savings have also been made from commissioned services.
- 7.16 The service is wherever possible seeking to ensure that interventions and support are delivered at the closest point possible to the customer, and are tailored to the needs of communities and individuals. Previous examples of this work have included the Rapid Participatory Appraisals in communities, and the delivery of Wellbeing Service work in community locations.

## **8. Public Health Priorities and actions, 2017/18**

- 8.1 Taking all of the above drivers into account, the priorities for Public Health in Portsmouth for 2017/18 are:
1. Population priority: Reduce smoking and tobacco use towards the national average from current baseline
  2. Population priority: Improve physical activity rates from current baseline with a focus on walking and cycling
  3. Population priority: Reduce self-harm and suicide from the current baseline
  4. Population priority: Reduce rates of drug-related deaths from the current baseline
  5. System priority: Mitigate against the health effects of child poverty
  6. System priority: Reduce health and social care needs in later life
  7. System priority: Reduce the social impact of the 'toxic trio'
- 8.2 The Directorate has agreed an action plan which sets out how the plan will be delivered through the Public Health Directorate, and through the wider local authority. Progress will be measured against key milestones, and also against the Public Health Outcomes Framework, which sets desired outcomes and indicators to assist with the monitoring of the health of the population.

## **9. Public Health financial strategy**

- 9.1 Portsmouth City Council receives an annual Public Health ring-fenced grant allocation in order to perform the range of functions set out in statute (including the provision of sexual health services, health protection and the delivery of prescribed services for children 0-5) and other functions that will either:
- Reduce the inequalities between the people in the area, with respect to the benefits they can obtain from that part of the health service provided; or
  - Improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.
- 9.2 In 2015, the Chancellor confirmed in the Autumn Statement that local authority funding for Public Health would be reduced by an average of 3.9% in real terms per annum until 2020, equating to a reduction in cash terms of 9.6% over the same period.
- 9.3 This represents a significant financial challenge. In Portsmouth City Council, In Portsmouth, we use the grant in three main ways:
- commissioning services that are required to fulfil the statutory functions (including sexual health and substance misuse services)
  - directly delivering services and programmes, through the Public Health directorate
  - delivering services and programmes that support improved outcomes delivered across the authority through the redistribution of public health grant.
- 9.4 The approach has been to assume that an element of ring-fenced public health grant is passported to the portolio as a cash-limited budget; and that a proportion is redistributed through the wider authority to support delivery of activity in support of public health objectives outside of the directorate.
- 9.5 The expectation is that this will continue as the basis of the financial strategy for public health until 2019/20.
- 9.6 Analysis has shown that Portsmouth's pattern of expenditure on public health related activity does not necessarily reflect the areas that have been identified as the priorities for the area; or reflect the pattern of expenditure in areas with similarities to Portsmouth. Future work for the directorate will focus on ensuring that resources are being directed to the areas of highest priority, both within the directorate and through redistribution across the authority.

## **10. Public Health Transformation Fund**

- 10.1 As well as the annual grant, there is a legacy of some underspent funding from previous years, including when Public Health was still a Primary Care Trust function, amounting to £4.8m. As this funding is from the Public Health grant, it must be spent in accordance with the grant conditions.

10.2 Given the pressures on the care and health system in the city -including the system of support for children and families - and the objective to reduce demand on services and promote prevention and independence, it is proposed that this made available to support prevention or demand management projects which will be transformational in terms of improving population health outcomes, and helping the organisation ensure sustainable services in the future.

10.3 In order to be eligible for funding, projects must demonstrate their suitability against the following criteria:

1. **Overall fit with the Council's objectives** - providing services consistent with the Council's responsibilities and priorities, and that are not statutory functions. The council's priorities are:
  - a. Be efficient and entrepreneurial
  - b. Raise education standards
  - c. Encourage regeneration and investment
  - d. Empower residents to be healthy and independent
  - e. Provide excellent customer service
  
2. **Overall fit with the Public Health Outcomes Framework** - the full PHOF can be found at (<http://www.phoutcomes.info/>) and all proposals must demonstrate how they will support improvements against these outcomes. The framework is divided into five areas: overarching outcomes (health expectancy and inequality); improving the wider determinants of public health; health improvement; health protection; and healthcare public health and preventing premature mortality. In Portsmouth, we have a particular focus on:
  - a. reducing the harms from tobacco
  - b. reducing the harms from physical inactivity
  - c. improving access to health and social care support in the community
  - d. reducing the harms from alcohol and other substance misuse
  - e. reducing the drivers of poverty
  - f. supporting independence and self-care

Projects supporting these issues will be particularly welcomed.

3. **Deliverability** - proposals need to have been costed robustly and there must be high confidence in their deliverability.
  
4. **Sustainability** - awards from the PH Transformation Fund are one-off (although could fund projects across more than one year) so projects need to demonstrate an operating model that will endure without further funding, or demonstrate that objectives will have been achieved within the funding window. If these are pilot projects, there must be confidence in the likelihood that this could be scaled.

5. **Cost avoidance** - an illustration should be provided of how the proposal avoids costs elsewhere in the health and care system.
  6. **Evidence base** - proposals must describe the evidence base for the proposal that gives confidence that the benefits will be achieved.
  7. **Potential for further transformation** - would the project enable further transformation, for example, partnering across the sector, social enterprise, volunteering opportunities, workforce development.
- 10.4 Proposals will need to be subject to a rigorous analysis against the criteria before funding is released, and therefore officers will be asked to set out the schemes on a proforma, addressing the criteria set out. In broad terms, schemes that support a demand management approach will be prioritised.
  - 10.5 Proposals will be considered by a panel consisting of the Director of Public Health, the s151 officer (or representative) and the Cabinet Member for Adult Social Care and Public Health.
  - 10.6 A condition of receiving funding is that schemes will report against progress on a regular basis to the panel (to be decided on a case by case basis). The panel will meet regularly to review new proposals, and progress against approved schemes. The panel will reserve the right to withdraw funding (and therefore potentially halt) any scheme should it emerge that the intended benefits are unlikely to be realised. Funding will also be conditional on commitment to evaluation of the scheme, with the appropriate methodology to be advised by a Consultant in Public Health.
11. **Reasons for recommendations**
    - 11.1 There are significant population and system level challenges that need to be addressed in Portsmouth. There is a clear plan and approach for how these will be tackled through the business as usual activity of the organisation. There is an opportunity to use previous underspending of the public health grant in a transformational way, to support demand management and prevention, and in doing so, support the longer term sustainability of the health and care system in the city (including services for children and families).
  12. **Equality impact assessment**
    - 12.1 A preliminary EIA was completed for the document and concluded that there will be no negative impact on any of the protected characteristics arising from the proposal to create a Public Health Transformation Fund. Any individual projects or measures arising from the strategic approach outlined will be subject to impact assessments in their own right. The preliminary EIA is attached as Annex 1.
  13. **City Solicitor comments**
    - 13.1 The legal implications are set out in the body of this report.



**14. Director of Finance and Information Services comments**

The financial implications and information are set out in the body of this report.

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Signed by: Jason Horsley, Director of Public Health

Appendices:  
Appendix 1 - Preliminary EIA

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by ..... on .....

.....  
Signed by: Name and Title