

Use of Public Health Redistribution Fund

1. Purpose

The purpose of this briefing note is to set out the principles by which an element of the Public Health Grant will be redistributed to Portsmouth City Council services

2. Background

2.1 Grant Conditions

The public health ring-fenced grant is allocated by the Department of Health to give local authorities the funding needed to discharge their public health responsibilities. The conditions of the grant are that the funds are used to:

- Significantly improve the health and wellbeing of local populations,
- Carry out health protection and health improvement 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.

2.2 Whilst these are the overarching conditions, the Department of Health also requires local authorities to use the grant on the responsibilities outlined in Annex A. Delivery of these responsibilities, and achievement of the grant conditions, is monitored through an array of outcome indicators described in the Public Health Outcomes Framework¹.

3. Principles of redistribution

3.1 So that the grant can be used to support the council's overall savings target, whilst continuing to comply with grant conditions, the approach taken by Head of Finance is as follows:

- a. Public Health, like all other services, is given an annual savings target to achieve.
- b. These savings are then to be used to support services where health outcomes can be clearly identified and measured against appropriate indicators in the PH Outcomes Framework. Redistribution of the savings should take place within the financial year to which they relate, i.e. 2014/15 savings are to be redistributed in 2014/15.
- c. Once a service area has been identified, and agreed, then **the service's General Fund baseline will be reduced by the level of funding transferred from the ring-fenced public health grant**. It therefore, is not 'new money', it replaces existing general funding but in order to meet the requirements of the grant, the work that this money supports needs to be agreed and may need to be changed or re-organised to ensure that it contributes positively to Public Health outcomes. It will therefore be necessary for the Director of Public Health and the Head of Service to agree an assurance process by which this can be achieved.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

- d. These public health savings cannot be used to 'pick up' a service's savings as to do this would result in a net effect on the overall council savings target.
- e. Redistribution of the Public Health savings cannot be used for new projects or other grant funding as this has no impact on reducing a Service's General Fund baseline.

4. Level of savings available for transfer

- 4.1 Currently the amount of savings which has to be transferred to replace general fund budgets by 31st March 2015 is **£1,548,700**.

Local authority responsibilities in the new public health system (England)

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children & young people aged 5-19 including Healthy Child Programme 5-19 and from 2015 all public health services for children and young people services
- The National Child Measurement Programme
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- NHS Health Check assessments
- Public Mental Health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Comprehensive sexual health (including testing and treatment for sexual transmitted infections, contraception outside of the GP contract and sexual health contract and sexual health promotion and disease prevention)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The local authority role in dealing health protection incidents, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environment risks