

HEALTH AND WELLBEING BOARD

11 FEBRUARY 2014

Title:	Public Health Commissioning Plan 2014/15		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: YES	
Report Authors: Sarah Blair Interim Planning & Performance Manager Karen Fuller, Principal Accountant Public Health		Contact Details: Tel: 020 8227 3781 Email: sarah.blair@lbbd.gov.uk	
Sponsor: Matthew Cole, Director Public Health			
Summary: The following paper sets out the commissioning plan for the Public Health programme for the period 2014/15. It follows on from the "Public Health Commissioning Priorities 2014/15" paper, presented at the 5 November 2013 Health and Wellbeing Board. The Board agreed and prioritised the following: <ul style="list-style-type: none">• Transformation of Health and Social Care• Improving premature mortality• Tackling obesity and increasing physical activity• Improving Sexual and Reproductive Health• Improving Child Health and Early Years• Improving Community Safety• Alcohol and Substance Misuse• Improving Mental Health• Reducing Injuries and Accidents This paper sets out the funding proposals for these 9 priorities, together with the funding requirements for the mandated services and for a small number of other programmes.			

Recommendation(s)

1. To consider the resources allocated to the delivery of the 9 priorities agreed within the strategic framework for commissioning public health programmes for 2014/15 and 2015/16.
2. To endorse the commissioning intentions in this paper to ensure that service delivery continues to improve Public Health outcome indicators as outlined in the Public Health Outcome Framework and the Joint Health and Wellbeing Strategy.

Reason(s)

The Health and Social Care Act 2012 introduced the requirement for health and wellbeing boards to prepare joint health and wellbeing strategies for their local areas. The Joint Health and Wellbeing Strategy should provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population.

1. Background

Further to the commissioning priorities agreed by the Health and Wellbeing Board at its meeting on the 5th November 2013, this report sets out the Public Health commissioning intentions for 2014-2016 for improving health and wellbeing. The Director of Public Health has undertaken a review of the current resourced programmes against the 9 priorities identified.

This report is for discussion and agreement of the intentions contained within it for our resourced delivery programmes from the 1st April 2014.

2. The Public Health Grant

- 2.1 The Department of Health awarded the Council a £12.921m ring-fenced Public Health grant for 2013/14. We were also notified that a further £14.213m had been approved for 2014/15. The total confirmed Public Health grant awarded is £27.134m over the two financial years. See Appendix 1 – Grant breakdown by priorities.
- 2.2 Expenditure to 31st December 2013 was £6.8m, approximately 53% of the budget. The projected year-end position of the grant is currently projecting an underspend of £1.077m. This underspend is largely due to commissioned services not starting on time and the efficiency savings made on external commissioned services.
- 2.3 Once the final outturn position is known, a list of potential roll forwards will be scrutinised and a decision will be made as to whether the underspend should be rolled forward for the particular service in question, or whether it should be held in a separate budget line that may be used for redirection to other schemes on the reserve list.

2.4 The Department of Health (DH) expectation is that funds will be utilised in-year, but if at the end of the financial year there is any underspend, this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds in the next year, the grant conditions will still need to be complied with. However, where there are large repeated underspends the DH will consider whether allocations should be reduced in future years.

2.5 The 2014/15 budget allocation of £14.213m has been provisionally allocated as a result of a zero-based budgeting exercise. Requests for project funding have exceeded the £14.213m grant available, but the forecast underspend from 2013/14 could be used to meet this shortfall (£666,700), assuming all 2014/15 budgets are approved, as shown in the table below. This will be reviewed following the finalisation of the outturn position in May 2014. Until this point, some schemes will need to be placed on a reserve list.

2.6 Grant breakdown over three years is as follows:

Year	Total Grant	Total spend requests	Potential shortfall
2013/14	£12.921m	£12.921m	0
2014/15	£14.213m	£14.880m	£667k
2015/16	Potentially £14m	£17.700m	Potentially £3-£4m
Total	Circa £40m	£45.501m	Potentially £5m

2.7 Public Health England has also declared that the Public Health grant will be ring-fenced for a third year (2015/16), although specific amounts for each local authority have not yet been disclosed.

2.8 The Advisory Committee on Resource Allocation have commissioned research to develop a new formula for distributing the Public Health grant. The research is expected to be completed by summer 2014, and be used to inform Public Health allocations from 2015-16.

2.9 DH has said that the Public Health grant 2015/16 will be announced with the normal DH timetable of allocations (December 2014). If the new formula is not ready, the introduction of this could be delayed to the following year.

2.10 In 2015/16, the commissioning responsibilities for the Healthy Child Programme (0-5 years) and Child Health Records Service will be transferred to the Council from NHS England. The process of setting the baseline for transfer of funding to Local Authorities has not yet been decided. At this moment in time we are uncertain as to whether the allocation for 2015/16 will include sufficient additional funding to bring Health Visiting up to the numbers recommended in line with the Health Visitor Implementation Plan 2011-2015. This accounts for £2m of the £4m predicted short fall for 2015/16. See Appendix 1 – Grant breakdown by priorities.

2.11 While there may be additional funding for health visitors, this has not been confirmed at this stage. However, while there is no reason to assume the grant will be reduced in 2015/16 it is unlikely that the grant will increase, apart from provision

for transferred responsibilities. It is therefore prudent to plan on the basis that it will remain at around £13-14m. Even then, some of this funding may be connected with achieving the outcomes included in the Health Premium. Total spend requests of £17.7m therefore far exceed this assumed budget and decisions regarding priorities will need to be addressed once the final grant details are released in December 2014.

- 2.12 The sub groups of the Board will need to review and determine what programmes to deliver through the available financial envelope. A budget of £100k has been included in 2014/15 for a programme evaluation, which it had been hoped to do this financial year. However, with some schemes starting in line with the academic year, this will be carried out in September 2014. This will also inform the review of the Health and Wellbeing Strategy.
- 2.13 The Public Health grant contribution to the proposed two year Better Care Fund (BCF) plan totals £1.191m in 2014/15.
- 2.14 Additional schemes need to be considered in decision-making. The additional schemes are Care City of £300k and possible School Nursing pressures of £300k in 2015/16.

3. The Health Premium

- 3.1 The Health Premium Incentive Scheme will be introduced in 2015/16. It will be designed to reward communities for making progress against certain indicators identified from the Public Health Outcomes Framework. The selected health premium indicators will be communicated to local authorities by March 2014. The first incentive payment will be in the year 2015/16 to ensure local authorities are rewarded for the improvements they make.
- 3.2 When further details are released, an analysis will need to be undertaken to ascertain whether the premium is reflective of our local priorities and whether it is worth pursuing in financial terms. Priorities may need to be reviewed in light of the health premium, and programmes may need to be scaled up or down accordingly.

4 Commissioning Intentions

- 4.1 The commissioning intentions support the 9 priorities identified by the Board through the life course. A number of key documents have been published recently which impact on the current direction of the Public Health programmes and the desired impact the Health and Wellbeing Board needs to achieve if it is to reduce premature deaths from liver disease, cardiovascular disease, respiratory disease and cancer.
- 4.2 The tables below describe, by priority area, the current and proposed investments.

Table 1: Transformation of Health and Social Care

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Leisure offer over 60 years	130	130	130	390	Y	This cost is maintained ensuring the over-65s have improved access to leisure centres. Satisfaction survey results have proved very positive.
Active Age Centres	200	300	300	800	Y	Increase to reflect BCF and keeping older people healthy and active.
Eat well, Live an active life, Feel great (ELF)	70	70	70	210	Y	Specific intervention for people with learning disabilities. Currently level of investment maintained.
Volunteer drivers	48	48	48	144	Y	This project is designed to reduce social isolation in vulnerable people. Currently level of investment maintained.
Tenancy Support	40	110	110	260	Y	Part-year funding in 2013/14 and full year effect 2014/15 onwards. New investment targeted at keeping vulnerable residents in their tenancy to support the delivery of social care.
Winter warmth	10	50	50	110	Y	Part-year funding in 2013/14 and full year effect 2014/15 onwards. New investment targeted at reducing premature mortality.
Care City	0	300	0	300	N	Health and social care workforce development and research. A full report will be presented to the March Health and Wellbeing Board. Placed on hold until funding is established.
Total	498	1,008	708	2,215		Overall increase in investment to support the delivery of health and social care outcomes

Table 2: Improving Premature Mortality, including Smoking Cessation and Cancer Screening

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Smoking cessation support services inc. GP and Pharmacy and prescribing costs from 2014/15	620	824	1,520	2,964	N	Smoking budgets increasing due to more ambitious targets for the number of quitters. A significant increase in the cost of a specialist smoking cessation service (circa £700k) is anticipated over the next two years due to the cost of drugs used for nicotine replacement.
Smoking prevention – all ages	40	100	100	240	N	The increase in budget is reflective of a local policy shift in preventing young people from initiating smoking behaviour. There is a compelling case for reducing the number of people who take up smoking when the cost of education and brief intervention is weighted against the cost of treatment for smoking-related illnesses later in the life course. Smoking prevention work will increase to reflect the high incidence of smoking in the borough and the need for more preventative methods.
Tobacco Co-ordinator	17	60	60	137	N	Investment strengthened to maintain tobacco control initiatives.
Targeted health improvement projects	39	50	50	139	N	Investment maintained.
Pulmonary rehabilitation	100	100	100	300	N	A review is currently in place to determine how best to deliver this area of work.
Total	816	1,134	1,830	3,780		Overall increase in investment to address premature mortality.

Table 3: Tackling Obesity and increasing Physical Activity

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Healthier catering/ baby friendly feeding	70	0	0	70	N	Resources reinvested within this programme area.
From Seed to Plate	32	54	54	140	N	This scheme started in September and therefore the full-year effect will be evident in 2014/15. After initially being rolled out to half the schools in the borough, this initiative will be extended to every primary school as part of the industrial scale approach to reducing obesity in children and their families.
Healthy Heritage and Victory Gardens	20	50	50	120	N	The initial budget is for an audit and scoping exercise. The budget for 2014/15 will be placed on hold, pending the audit results. Investment for 2015/16 to be determined and money reinvested into the obesity programme if not needed.
Training and Skills – Disability Officer	47	47	47	141	N	Investment maintained.
Weight management 0-19	300	320	320	940	N	The budget has increased in 2014/15 due to the increased child population within the borough and the high prevalence of childhood obesity.
Young Persons Active for Life	150	150	150	450	N	This programme focuses on getting teenagers more active. This scheme started in September and therefore any underspend will be rolled into 2014/15 if approved.

Get Active!	100	151	151	402	N	This focuses on getting school children more active. This scheme started in September and therefore the full-year effect will be evident in 2014/15.
Youth Access Card	150	155	155	460	N	It is envisaged that this team will be utilised further to embed Public Health initiatives within the school-age group in the borough.
Summer Sorted	60	60	60	180	N	Investment maintained over the three year period.
Play in the Parks	55	55	0	110	N	Investment maintained over the three year period.
School swimming	78	78	78	234	N	Investment maintained over the three year period.
Cycle Clubs	60	60	60	180	N	Investment maintained over the three year period.
Exercise on referral	300	320	320	940	Y	An increase in investment is planned due to the focus on reducing obesity within the borough and the demand for the service.
Weight management - adults	50	55	55	160	Y	An increase is planned due to the focus on reducing obesity within the borough.
Leisure co-ordinator/ impact of new leisure centre	0	60	200	260	N	Increase in investment to deliver the new programmes.
Total	1,472	1,615	1,700	4,787		Overall investment increased to address lifestyle risk factors especially obesity.

Table 4: Improving Sexual and Reproductive Health (also a mandated service)

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Integrated services	1,112	1,200	1,200	3,512	N	Efficiencies were made within the contract in 2013/14; however, as a request will be made to extend this contract, additional resource may be required.
Targeted services	600	500	600	1,700	N	This is a demand-led service and hence difficult to predict due to a lack of historical information. While spend to date has been relatively low so far, more invoices are expected to be received during quarter 4. Demand for this service is also expected to increase longer term. Tariffs and charging mechanisms are being explored.
HIV Services	210	200	200	610	N	Efficiencies were made within these contracts and hence the budget has been reduced.
Chlamydia screening	300	300	300	900	N	Investment to continue at this level as this indicator is part of the Public health Outcomes framework (positive test in 15-24 year olds).
GP/Pharmacy services	200	220	220	640	N	Increased incentives have been agreed, hence the budget has increased.
Local access to primary prevention	60	60	60	180	N	Investment maintained in this condom distribution scheme for young people.
Pan-London HIV prevention	14	30	30	74	N	Investment will increase slightly in line with the Pan London agreement.
Improving the sexual health of sex workers	5	0	0	5	N	This has been decommissioned from this year's programme and picked up by the Health Intelligence resource.

Spread the Word project	35	35	0	70	N	This is a two year programme.
Sexual health, teenage pregnancy and HIV prevention	40	40	0	80	N	This is a two year programme.
Young People Friendly	30	30	0	60	N	This is a two year programme.
Integrated Youth Service	81	81	81	243	N	On-going programme for three youth workers to provide support.
Intrauterine devices (IUD) and contraceptive implants	0	60	60	120	N	This has been separated out from the GP/Pharmacy budget line.
LGBT Youth Support	20	20	20	60	N	Investment maintained.
Total	2,707	2,776	2,771	8,254		Overall investment maintained to deliver open access sexual health services.

Table 5: Improving Child Health and Early Years

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Family Nurse Partnership	150	300	300	750	N	The agreement for NHS England to contribute half of the costs is not expected to continue into 2014/15. Service review to begin in April 2014 but funding indicated for 2015/16 to remain within this programme area.
Baby Family Intervention Project (FIP)	60	140	200	400	N	The programme has been delayed, but is expected to cost £400k in total (2014/16).
Breastfeeding and early years nutrition	50	50	50	150	N	This contributes to the breastfeeding work carried out in Children's Centres and the breastfeeding needs assessment will influence the future direction of this programme area.
School Years Prevention	145	145	145	435	N	Investment maintained.
Health Visitor Transition	25	50	0	75	N	Investment maintained for the period of transition.
Healthy Child 5-19	1,206	1,200	1,200	3,606	N	Review required for additional school nursing posts.
School Nurses	0	0	300	300	N	Increase to match population increase.
Oral Health - children	30	30	60	120	N	Investment maintained.
Wellbeing curriculum skills	35	50	50	135	N	Investment maintained to support the delivery of health in schools.

Sexual relationships programme	30	0	0	30	N	This was a one-off project.
Administrative and project support	30	30	30	90	N	A budget has been created for this post from within the children's Public Health budget envelope.
Health Visitors	0	0	2,000	2,000	N	The responsibility for the commissioning of Health Visitors will transfer to Local Authorities in 2015/16 and this represents a significant cost pressure. Due to the number of staff delivering this function, it is anticipated that approximately £2m will be required to sustain this function. There are significant opportunities for integrating this service with other related functions such as FNP, Baby FIP and School Nursing and this may produce savings in the medium to long-term.
Total	1,761	1,995	4,335	8,091		Overall significant increase in resource for early years and delivery of the healthy schools programme.

Table 6: Improving Community Safety

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013- 2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Youth Offending Boot camp	25	70	70	165	N	A discussion will take place to whether investment in this area is continued in 2015/16.
Children's Domestic Violence Service	40	160	160	360	N	Investment in line with Health and Wellbeing Board recommendation.
Public health and crime	275	275	275	825	N	Maintain level of investment to ensure achievement of shared Community Safety Partnership Public Health outcomes.
Total	340	505	505	1,350		Overall slight increase in investment.

Table 7: Alcohol and Substance Misuse

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Alcohol Co-ordinator	45	45	45	135	N	Investment maintained.
Joint Drug and Alcohol work	2,527	2,527	2,527	7,581	N	Investment maintained.
Joint Drug and Alcohol Commissioner	55	55	55	165	N	Investment maintained.
Alcohol and drug prevention	25	25	25	75	N	Investment maintained.
Action around alcohol hotspots	46	25	0	71	N	Investment maintained.
Increased alcohol treatment places	0	122	244	366	N	Alcohol treatment places will be increase to help prevent alcohol-related health issues.
Total	2,698	2,799	2,896	8,393		Overall year on year increase to reflect service demand and local need.

Table 8: Improving Mental Health across the life course

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Mental wellbeing – children and young people	40	0 (under spend from 2013/14 to be rolled into 2014/15)	40	80	N	Investment maintained.
Mental wellbeing – adults	45	45	45	135	Y	Investment maintained. Investment maintained.
Mental Health First Aid	66	63	0	129	Y	Two year training programme.
Total	151	108	85	344		Overall investment maintained in mental health.

Table 9: Reducing injuries and accidents

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Accident prevention	40	40	40	120	N	Investment maintained.
Total	40	40	40	120		Overall investment maintained.

In addition to these 9 areas spend within the programme also occurs within the following areas as outlined in tables 10, 11 and 12.

Table 10: Mandated Services (excluding sexual health)

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Emergency Planning	50	50	50	150	N	Investment maintained.
Local events and outbreaks	0	35	35	70	N	This is a contingency fund in the event of a flu outbreak or natural disaster. May also be used in times of extreme weather conditions such as providing water and sunscreen during a heat wave.
LBBB flu jabs	15	15	15	45	N	2014/15 budget to be placed on hold until underspends and roll forwards are established.
National Child Measurement Programme	50	50	70	170	N	This is a mandated national programme to monitor levels of childhood obesity. The increase in the child population is reflected in the budget increase.
NHS Health Check Programme	300	396	396	1,092	N	Increased incentives have increased the budget accordingly.
LBBB Health Check Programme	18	18	18	54	N	Health Checks are available to LBBB staff and increased promotion will increase uptake and as a result improve health outcomes.
Public Health Function – Intelligence	140	150	50	340	N	Investment maintained.
CCG projects	100	50	50	200	N	Work programme under review.
Total	673	764	684	2,121		Overall investment maintained.

Table 11: Wider priorities

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013-2016	Included in BCF?	Explanatory Notes
	£000	£000	£000	£000		
Fire cadets	10	10	10	30	N	This scheme will be placed on hold in 2014/15 until underspends and roll forwards are established.
Targeted wellbeing interventions 0-19	45	0 (under spend from 2013/14 to be rolled into 2014/15)	45	90	N	Scheme was delayed; hence request to roll budget forward.
Oral health - adults	40	40	0	80	N	Two year programme to be developed. 2014/15 budget to be placed on hold until roll forwards and underspends are established.
Community health champions	107	0	0	107	N	Scheme likely to underspend and therefore may request to roll forward into 2014/15.
Creative referral	43	0	0	43	N	One-off project.
Healthy SMEs	0	176	176	352	N	New scheme – to be placed on hold until roll forwards and underspends are established.
Nurse-led staff absence	0	87	87	174	N	New scheme – to be placed on hold until roll forwards and underspends are established.
Total	245	313	318	876		Some schemes to be placed on hold until resources are established.

Table 12 – Corporate Costs

Project	Budget 2013/14	Proposed Budget 2014/15	Indicative 2015/16	Total 2013- 2016	Included in BCF?	Explanatory Notes
Public Health Team	1,148	1,129	1,129	3,406	N	Costs of the team are expected to stabilise as reliance on agency staff reduces and permanent staff are recruited.
Corporate costs inc. Health and Wellbeing Board/Children's Trust, licences and data warehouse	374	694	699	1,767	N	Corporate costs have increased due to more accurate calculations of support costs, and stand at 12.83% of the grant for 2014/15.
Total	1,521	1,823	1,828	5,173		Investment maintained.

5. Mandatory Implications

5.1. Joint Strategic Needs Assessment

5.2. The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment (JSNA). It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

5.3. Health and Wellbeing Strategy

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, and Adult Social Care with the Children and Young People's Plan. The Strategy is based on four priority themes that cover the breadth of the frameworks and in which the priorities under consideration are picked up within. These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures are mapped across the life course against the four priority themes.

5.4. Integration

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The report makes several recommendations related to the need for effective integration of services and partnership working.

5.5. Financial Implications

Financial issues are addressed throughout this report. As stated above, proposals regarding 2015/16 will be considered after final grant details are released in December 2014.

A further report will be presented to the Health and Wellbeing Board at its March meeting on the "Care City" proposal.

(Implications completed by Roger Hampson, Group Manager, Finance)

5.6. Legal Implications

This report is seeking that the Health & Wellbeing Board (HWBB) consider the allocation of resources for commissioning of public health programmes for 2014/2015 and 2015/2016.

This report further seeks that the HWBB endorse the commissioning intentions noted in the report to ensure that service delivery continues to improve Public Health outcome indicators as outlined in the Public Health Outcome Framework and the Joint Health and Wellbeing Strategy.

To extent that the allocation of resources as noted in this report is in compliance with the conditions of the Public Health Grant awarded by the Department of Health to the Council, the Legal Practice is not aware of reasons why the HWBB should not give due consideration to the recommendations of this report.

The processes for procurement of specific items may require further consideration in

relation to compliance with the Public Contracts Regulations 2006; Legal Services and Procurement Services will provide specific advice and assistance as details as to the chosen routes for procurement on specific items are developed and emerge, so that relevant regulatory requirements are complied with.

(Implications to be completed by Daniel Toohey, Principal Corporate Solicitor)

5.7. Risk Management

Delivery of the commissioning intentions is a key dependency in the delivery of the Public Health, NHS and Adult Social Care Outcome Frameworks challenge as well as the delivery of the Children and Young People's Plan.

6. Background Papers used in the preparation of the Report

- [Barking and Dagenham's Community Strategy 2013-1016](#)
- [Joint Strategic Needs assessment](#)
- [Joint Health and Wellbeing Strategy](#)
- [Fair Society Healthy Lives \(The Marmot Review\)](#)
- [Longer Lives](#)
- [Independent Review on Poverty and Life Chances](#)
- <https://www.gov.uk/government/policy-advisory-groups/health-premium-incentive-advisory-group>

7. Appendices

- Appendix 1: Grant breakdown by Priorities