

Public Health Update

For discussion and direction

Summary

Update report on the Public Health Finance Settlement 2015/16, Health Premium Incentive Payment Scheme, 0-5 Transition, and Public Health Revenue Account 2014/15.

Recommendation(s)

Members are asked to offer their views on the following:

- i) Public Health Settlement 2015/16 and Health Premium Incentive Payment
- ii) Public Health Workforce
- iii) Children's Health 0-5 Transition
- iv) Any other/wider points we should be making to the government?

Action

Officers to progress as directed.

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Public Health Update

Public Health Settlement 2015/16 and Health Premium Incentive Scheme

1. An announcement on the indicative Public Health budgets 2015/16 and the Health Premium Incentive Scheme due to be published in July prior to the parliamentary recess were delayed. An announcement will be made by the Department of Health in early September followed by a period of consultation.

Key points

2. The transfer of public health to local government is profound and far-reaching, which will still take time to bed in. We need to continually look at the impact of the changes on the ground, and it is vitally important that dialogue continues to address challenges which arise over the coming years, and to ensure sufficient ongoing funding to ensure all local authorities can continue to meet their new public health responsibilities beyond 2015/16.
3. We will continue to work to ensure decisions in Whitehall enable local authorities' full potential to improve the public health outcomes of their residents is realised.
4. We have consistently maintained that local government can only fulfil the new duties if it is adequately resourced to do so. It is right that funding should be based on an appropriate measure of health need, but this must not be considered in isolation.
5. The ring-fence on the public health budget cannot remain in place forever and flies in the face of the Government's support for whole placed budgets. We will continue to call for its removal.
6. The Health Premium Incentive Scheme would, in the Government's view, "reward improvements in health outcomes, and incentivise action to reduce health inequalities". There is still some confusion as to what this means in practice. We expect the first payments to be made under this scheme in 2015/16 and so this will also be a key year using the new formula and discussions on the size of the pot that will be made available.
7. More than half of the public health money going to local authorities (£1.5bn), has been identified as necessary spend for sexual health and substance misuse services, which are demand-led services. This presents real problems and significantly reduces the funding available to invest in prevention work on issues like physical activity, obesity and smoking. Proposals outlined within our 100 days campaign work have highlighted areas of additional investment that we believe should be explored further (e.g. tackling physical inactivity, tobacco control and smoking cessation).

Local Authority General Fund Revenue Accounts Budget Estimate 2014-15 for public health

8. Information derived from DCLG Revenue Account (RA) budget returns submitted by local authorities in England and published in July (Annex A) show that Councils plan to spend 6% (£150m) more on public health this year despite overall fall in local government spending. **The key points arising from this data are that:**
- 8.1 Figures show Councils rebalancing towards higher priority need;
 - 8.2 Sexual Health (STI, contraception, advice and promotion) totals £671m, more from £644m previous year (£27m);
 - 8.3 Obesity (children and adults) sees increased investment of £108m this year compared with £96m in 2013/14;
 - 8.4 Physical activity (children and adults) increased investment of up to £78m this year compared with £43m last year (£32m) not including the £905m councils are committed to spend on sport and recreation and £797m spent on open spaces.
 - 8.5 Substance misuse (alcohol and drugs) show a slight decrease on the previous year but still spending over £832m;
 - 8.6 Smoking cessation and tobacco control slight decrease £159.7m down from £160.5m previous year;
 - 8.7 Public Health advice increase by £3.7m to £68.5 from £64.6m;
 - 8.8 £54m extra committed by LAs, above and beyond the grant received from DoH;
 - 8.9 District Councils committed £1.5m from their budgets to public health
 - 8.10 £531m was spent on “miscellaneous” including oral health, domestic violence, health at work, accident prevention, public mental health, community safety, social exclusion, fluoridation, population level interventions, information and intelligence, wider determinants.

Public Health Workforce

Multi-disciplinary teams in Public Health

9. After some months of detailed joint working, PHE, LGA, ADPH and FPH have published a major document on developing multi-disciplinary public health teams. The report focuses mainly on senior specialist roles and looks at the need for specialist medical skills. Where councils choose to employ doctors, the report examines the challenges around equal pay, job evaluation and recruitment processes. There is also a call for action on the issue of providing recognition of continuous service for those moving around the new public health system which will be the subject of further consultation. The group which led the drafting of the document is remaining in place to look at other issues in specialist employment.

Public Health Talent Management

10. The aim of the public health system talent management strategy, led by PHE with close LGA involvement is to develop the skills of the workforce, to maximise their impact, and thereby meet the urgent needs of the system. Nurturing talent and maximising the potential of each individual member of staff across the whole public health system and related disciplines is at its heart.
11. Two pilot regions have now been identified – North West and London. These were chosen as two contrasting contexts, both with whole system ‘appetite’ for a pilot, with mechanisms to progress detailed implementation and an ability to absorb a proportion of other professionals such as scientists. Following a competition, Deloitte have been commissioned to help co-design and develop the overall programme and to design and manage an application and assessment process for the pilot groups.

Children Public Health 0-5 Transition

Update on mandation

12. The Government has announced that certain universal elements of the Healthy Child Programme will be mandated in regulations in the same way it has for sexual health and some other public health services.
13. We are relieved that the Government has listened to our concerns about the importance for local authorities to have long-term flexibility to manage these services locally and has committed to including a sunset clause in the regulations which will set a time limit for the requirements placed on local authorities. The arrangements will be reviewed after a year.
14. The universal elements which will be mandated are:
 - 14.1. Antenatal health promotion review;
 - 14.2. New baby review, which is the first check after the birth ;
 - 14.3. 6-8 week assessment;
 - 14.4. 1 year assessment; and
 - 14.5. 2 to 2 and a half year review.
15. There remains a great deal of work to be done at a local and national level to ensure that in every area there is sufficient funding to deliver these new responsibilities and we will continue to work closely with the Department of Health to ensure that local authorities are fully funded.
16. We are aware of a number of questions and we will work with partners to resolve these. These include:

- 16.1 Agreeing exactly what should transfer and how any pressures in the system (eg growth in workforce costs due to career progression over time) should be managed;
 - 16.2 Ensuring that NHS Area Teams are able to agree 2015-16 contracts which meet local authority needs. We are pressing for this to be resolved urgently so that councils have sufficient scope to influence the content and approach for 15-16 contracts;
 - 16.3 Performance against the mandated checks: we have made the point strongly that local areas need to understand performance data at local authority level, but it's clear that data is still incomplete and collected at provider level currently. Officials confirmed that there is no presumption that local authorities will have to do better on those checks than NHS performance pre-transfer.
- 17 NHS England has issued a second finance and contracting information request to Area Teams (ATs). ATs have been asked to work with local authorities (LAs) to jointly agree this information. LAs are being asked to jointly sign off the second finance and contracting return and the joint commentary template. The information in the return will inform provisional local authority baseline allocations which will be published for consultation in October 2014, with final allocations announced alongside the local government finance settlement in December 2014. Due to the tight timescales LAs and ATs are being asked to keep to the deadline of 12 September 2014 to enable time for the consultation.

Assurance process

- 18 A sector led support process similar to the previous health transfer to oversee aspects of the assurance process is being set up. Regional groups will be established involving the Regional Chief Executive together with the PHE Regional Director, Director of Children's Services, Director of Public Health and regional representatives from NHS England.
- 19 Each group will be asked to take an overview of how transfer plans are progressing in their region and feed this back to the national "Preparations" group which has representation from the LGA, PHE and NHS England. That group will take a national overview, feedback on any issues which need national resolution, and facilitate access to any sector-led support which may be required.

Regional events to support local authorities

- 20 To support local preparations the LGA, Public Health England, NHS England and the Department of Health are delivering a series of regional events in September and October 2014. These events will support joint working at the local level between area teams, local authorities and PHE centres and will share key messages about the wider work programme as well as answer queries from the field.
- 21 Events are free to local authorities and are aimed at officers and elected members with responsibility for overseeing the transfer.

Investing in our nation's future: 100 days

- 32 Work continues on the public health priorities as detailed in the LGA's new campaign. Launched at the LGA's annual conference in July, 'Investing in our nation's future: the first 100 days of the next government' is the LGA's campaign which identifies the key priorities for this new government. The **Key Points** are as follows:
- 32.1 Prevention should be prioritised over treatment at an early age to curb obesity and diabetes which cause health problems in later life;
 - 32.2 Focus is on measures to support early years and older adults;
 - 32.3 Calling for reinvestment of one fifth of VAT on soft drinks, confectionery and fast food on preventative measures;
 - 32.4 Calling for the reinvestment of one fifth on duty on tobacco and alcohol to be invested in prevention and measures to tackle black market;
 - 32.5 Give councils the power to take public health issues into account when making licensing decisions;
 - 32.6 Help the three and a half million overweight or obese children by reinvesting a fifth of the existing VAT on soft drinks, fast food and confectionery in activity programmes; and
 - 32.7 Help people live healthier lives and tackle the harm caused by smoking and excessive drinking by reinvesting a fifth of existing tobacco and alcohol duty in preventative measures and supporting licensing and trading standards departments to better tackle the black market in alcohol and tobacco.

Annex A: Local authority spending on public health by area

	Budgeted Spend 2014/15 (£'000)	Budgeted Spend 2013/14 (£'000)	Increase / (Decrease) £'000	% Increase / (Decrease)
Sexual health services - STI testing and treatment (prescribed functions)	383,482	374,244	9,238	2%
Sexual health services - Contraception (prescribed functions)	184,089	155,592	28,497	18%
Sexual health services - Advice, prevention and promotion (non-prescribed functions)	103,763	114,273	-10,510	-9%
NHS health check programme (prescribed functions)	85,320	86,714	-1,394	-2%
Health protection - Local authority role in health protection (prescribed functions)	37,480	41,857	-4,377	-10%
National child measurement programme (prescribed functions)	19,078	24,154	-5,076	-21%
Public health advice (prescribed functions)	68,539	64,816	3,723	6%
Obesity – adults	72,485	68,298	4,187	6%
Obesity – children	35,749	28,477	7,272	26%
Physical activity – adults	58,863	31,949	26,914	84%
Physical activity – children	16,916	11,078	5,838	53%
Substance misuse - Drug misuse – adults	562,700	578,925	-16,225	-3%
Substance misuse - Alcohol misuse – adults	200,228	206,309	-6,081	-3%
Substance misuse - (drugs and alcohol) - youth services	69,546	55,142	14,404	26%
Smoking and tobacco - Stop smoking services and interventions	140,548	136,634	3,914	3%
Smoking and tobacco - Wider tobacco control	19,174	23,890	-4,716	-20%
Children 5–19 public health programmes	259,513	231,407	28,106	12%
Miscellaneous public health services	531,183	465,466	65,717	14%
TOTALS	2,848,656	2,699,225	149,431	6%