

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee

Date: 4th October 2013

Subject: Kent Public Health Grant 2013/14 and 2014/15

Classification: Unrestricted

Summary: In April 2013 responsibilities for Public Health transferred from the NHS to Local Authorities along with a ring fenced public health grant. The grant was higher than previously identified spend in the Primary Care Trusts.

A process was established to consider additional programmes that could form part of the Public Health programme, funded through this Public Health Grant. This paper sets out the process undertaken to date, the challenges, and the programmes recommended for available funding.

Recommendation(s):

The Committee is asked to note that establishing baseline spend against the public health grant is a challenge in 2013/14, and that this challenge was anticipated by the Department of Health.

The Committee is asked to agree that the approach to implementation of programmes must minimise financial risk.

The Committee is asked to consider and make recommendations to the cabinet member for an initial phase of programmes for funding as attached in Appendix 1 in relation to Mental Health, Health and Social Care Integration and Universal Services.

1. Introduction

- 1.1. In April 2013 KCC became a responsible Public Health Authority. A ring fenced grant for public health has been allocated to the value of £49.8m for 13/14 and £54.8m for 14/15. This allocation was higher than identified spend within Primary Care Trusts in recognition of historic underfunding into Public health services.
- 1.2. The performance of public health will be measured against a set of national indicators laid out in the Public Health Outcomes Framework.¹

¹ <http://www.phoutcomes.info/>

The grant spend is monitored by the Department of Health against specific reporting lines. Terms and Conditions set out that any underspend in year 1 should be placed in reserve for year 2. However repeated underspend could result in reduced allocation in future years.

- 1.3. On the 23rd July 2013 Public Health was asked to present a 100 day plan to KCC Corporate Board. This laid out aims and ambition for the programme against 5 key themes. It included investment of £2,250,000 against the following programmes of work: Mental Health £750 000, Health and Social Care Integration £750 000 and Universal Services in West Kent £750 000.
- 1.4. A Public Health Board was established in July 2013 and agreed to consider programmes in September 2013 for allocation of these funding streams, in order to provide recommendations to the Adult Social Care and Public Health Committee on October 4th 2013.

2. **Financial Context**

- 2.1. The process for establishing the baseline for the public health grant was complicated both locally and nationally. Much work took place between KCC and PCT finance and contracting teams. However DH anticipated that discrepancies were likely to arise due to the significant system change. DH set out that in 2013/14 local negotiation between LA and PCT's should take place wherever needed.
- 2.2. A business team was established in Public health, in part to work with finance to ensure full understanding of the grant, and to establish robust monitoring and reporting which comply with DH returns.
- 2.3. Through this work significant potential underspend has been forecast for 13/14 on the grant. In part this is because activity and spend in relation to programmes prioritised through the October Adult Social Care and Cabinet Committee will be part year effect. It is also due to the work of the business team in identifying efficiencies in the contracts transferred from the PCT's.
- 2.4. However there is significant risk in confirming underspend at this time as the baseline grant position is still to be clarified. There is pressure on the grant to be negotiated with Clinical Commissioning Groups. There is also areas of spend where KCC needs at least 2 quarters of invoicing to have confidence in forecast spend. It is possible that further pressures will be placed on the budget.
- 2.5. Therefore a process (as described below), has been undertaken to identify those programmes which address gaps in need. However implementation of these programmes will be taken in a phased approach which does not risk overspend on the grant.

3. **Prioritisation process**

- 3.1. Following the Public Health Board in July 13 a process was established to prioritise programmes that could be funded through the public health grant. Colleagues from within the public health directorate who had already worked in partnership with internal and external colleagues, were invited to propose

programmes for spend. These could be existing programmes, programmes at risk due to funding reductions or new programmes of work.

- 3.2. A 3 stage approach was used to screen the proposals. This method looked at viability of programmes and alignment to public health priorities and the grants conditions. It incorporated a health inequalities impact assessment tool, considered current performance indicators, the needs identified by the related Joint Strategic Needs Assessment and also inequity of service provision.
- 3.3. The funding for the programmes was considered within the following criteria:
 - 3.3.1. New or existing programmes to be funded through the 13/14 £2.25m investment into Mental Health (£750k), Health and Social care Integration (£750k) and Universal programmes (£750k)
 - 3.3.2. Current time limited or recurrent programmes at risk, which are appropriate and eligible to be funded through underspend on the grant.
 - 3.3.3. Core existing programmes which are eligible to be funded through the Public Health grant in 14/15.
- 3.4. The process has identified the programmes outlined in Appendix 1 to be recommended for funding. Priority proposals have been aligned to mental health, health and social care, and universal services.
- 3.5. During the process it was established that some proposals could be supported via improved partnership working rather than direct funding. Others were specific to one geographical area only, and it was agreed that these would be further considered from any underspend. The same process for prioritisation would be applied.
- 3.6. The core existing programmes submitted require further work across KCC.

4. Conclusion

- 4.1. The increase in the public health grant recognised historic underinvestment in core public health programmes and offers KCC the opportunity to address these gaps. Significant work has been undertaken to establish where this additional spend should be targeted.
- 4.2. Full understanding in the budget position is complicated this financial year due to a range of factors associated with the system transfer from the NHS to the Local Authority. Therefore a phased approach should be taken to implementation of programmes which does not risk overspend. The terms and conditions of the Public Health grant which allow a 2 year approach to the budget, enables this safe implementation of programmes.
- 4.3. Decisions on programmes within phase 1 will be taken individually, in keeping with the statutory requirements, but it is not planned that they will be reported to the Cabinet Committee individually. Decisions will each appear in the regular list of forthcoming executive decisions (FED) and will be advertised to Members for comment (before being taken) and the opportunity for call-in (before implementation). In addition, Members will be notified of any proposed spend decision which affects their local area.

5. Recommendations

Recommendation(s):

The Committee is asked to note that establishing baseline spend against the public health grant is a challenge in 2013/14 and that this challenge was anticipated by the Department of Health.

The Committee is asked to agree that the approach to implementation of programmes must minimise financial risk.

The Committee is asked to consider and make recommendations to the Cabinet Member for an initial phase of programmes for funding as attached in Appendix 1 in relation to Mental Health, Health and Social Care Integration and Universal Services.

6. Background documents - none

7. Contact Details

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Appendix 1 Recommended programmes for Funding

Health and Social Care Integration £750 000

Business plan priority	Ref	Name of proposal	Brief Description
BP6	EE: 22	Health and Sustainability Impact Assessment / Toolkit	Develop an evidence based toolkit for embedding public health policy in the planning framework.
BP6	BP6/14, CC: 8	Workplace Health	Working with KCC and SMEs, particularly those in manual and retail, through 'Healthy Business' programme to improve health and wellbeing of working age population.
BP6	BP6/1	Reducing Health Inequalities – locality funding	Locality pots to support programmes identified in local Mind the Gap plans– funding would support improved service redesign. Commissioned programmes will have improved targeting of high risk groups to reduce inequalities.
BP6	BP6/11	Reasonable adjustments	Framework for ensuring that reasonable adjustments are made where possible to support people with LD when they access routine services
BP6	BP6/2, BP6/3, FSC: 30	Postural Stability/ Falls Prevention	Prepare the market and commission workforce training for postural stability instructors.

Mental Health

Business plan priority	Ref	Name of proposal	Brief Description
BP7	BP7/9, MH 13	Implementation and evaluation	To ensure all the mental health programmes are effectively evaluated additional funding has been allocated to cover any anticipated costs.
BP7	MH9, BP7/8	Mental Health Awareness Training and Healthy Working Lives (includes suicide)	The training package on mental health first aid will help front facing staff and managers across a range of sectors to intervene early and reduce mental health illness. It will also include some specific work on suicide prevention.
BP7	BP7/9, MH7	Library – Community care and resilience wellbeing hubs in libraries	Libraries can play a greater role in supporting community resilience and can offer a wider range of interventions and campaign platforms to support and promote wellbeing. This resource will build and enhance current interventions to promote wellbeing and will encourage greater use of the library and use library resources to provide outreach support to groups who are at risk of poor mental wellbeing.
BP7	BP7/9, BP 6, MH6	Sheds	Men's Sheds' is a programme that supports and improves men's mental health and wellbeing by providing support, camaraderie, structure, activity, learning and skills development. Research has shown that many men prefer to learn and be supported 'shoulder to shoulder' with other men, rather than formal adult learning environments. 'Men's Sheds' have been successfully piloted to improve wellbeing across UK and Ireland but do not exist in Kent.
BP7	MH5 BP7/9	Live it well website uplift & project worker	Mental health has been identified as a priority area and this post and website will help ensure there is a communication platform for the whole programme including the Six Ways to Wellbeing Campaign.
BP7	BP7/9, MH 4	Workplace wellbeing support	This project will be developed with the internal wellbeing leads at KCC and look to pilot an approach that will help keep staff well. The approach could then be rolled out to other local authorities and businesses if successful
BP7	BP7/9, MH 3	Wellbeing campaign resources and conferences	Improving mental wellbeing has been highlighted as a priority area and the Six Ways to Wellbeing campaign will help to increase awareness and support other projects and interventions.
BP7	BP7/9, MH2	Mindful pilot for schools	Web based low intensity whole population counselling service and in school mentoring and training in mental wellbeing for young people. This is an innovative pilot project that will be tested in a number of Kent schools and is also being piloted in other areas of the UK.
BP7	BP7/9, MH1	Resilience and asset mapping research	This investment plan is to work with KCC Policy team to take an assets based approach to the voluntary and community sector and its impact on social and economic development. The aim is to use best practice methods from international and national community asset mapping and development to gain insight that will both inform public policy and the Joint strategic needs assessment.

BP7	BP7/, MH 12	Tackling isolation in priority communities	National guidance has indicated that tackling isolation and loneliness is a priority. Tailored interventions will reduce symptoms of depression; increase social support; improve social function, subjective wellbeing; increase social engagement e.g. civic participation, leisure activities, cultural engagement, and social activity.
BP7	BP7/9, MH 11	Parenting – Families and Schools support 2014/15/evidence based parenting	The Parenting Support Service has been commissioned to deliver Evidence Based Parenting Programmes has been in place since April 2013. This course is for parents with a child from 0-6 months and is a natural programme for young parents who do not meet the criteria for FNP. Incredible Years is recognised by NICE as an important programme to support ADD and ADHD.
BP7	BP7/9 MH 8	Young People Assets Mapping	This funding will support KIASS to carry out work on resilience and asset mapping. Both are fundamental to wellbeing and gaining a greater understanding will help to ensure young people are supported to stay well.

Universal Services

Business plan priority	Ref	Name of proposal	Brief Description
BP2	BP2/2	School nursing	Uplift in school nursing to address inequality between East and West Kent. Supporting universal services in schools is a priority area.
BP6	BP6/13	Health trainer for Roma community	Additional health trainer support for the Roma Community where needed, areas identified include Thanet.
BP6	BP6/6	Health trainers for people with learning disabilities	Specialist Health Trainers to promote healthy lifestyles and improve access to care for people with LD
BP 1	Agreed by CB	Health trainers uplift	To address inequality of provision across the County.