CITY OF YORK COUNCIL

Health & Adult Social Care Policy & Scrutiny Committee **21 July 2015**

Report from the Acting Director of Public Health

Report into use of the Public Health Grant 2013 to 2015

Summary

1. This report gives a brief background to legal conditions relating to use of the Public Health Grant, and the actual expenditure of the Grant since transition of Public Health into the Council when the Council took on Public Health responsibilities.

Background

2. In 2013 many responsibilities for Public Health were transferred from the NHS to local authorities with implementation of the Health and Social Care Act 2012. A proportion of the money which had previously been spent by Primary Care Trusts was given to (top tier and unitary) local authorities, in the form of the Public Health Grant.

3. A local government circular in January 2013 set the amounts of funding and detailed how the Public Health Grant should be used: "The public health grant is being provided to give local authorities the funding needed to discharge their new public health responsibilities. It is vital that these funds are used to:

   - improve significantly the health and wellbeing of local populations
   - carry out health protection 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[1].

4. And added: In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities."

5. End-of year reporting

   Each authority was instructed to prepare a return setting out how the grant had been spent using the existing Revenue Outturn (RO) form on which Finance Departments report on their spend to central government (Department of Communities and Local Government, and shared with Public Health England). A list of the lines of expenditure into which the spend is categorised on the next page.

6. Local authority Chief Executives are required to return a statement confirming that the grant has been used in line with the conditions.

7. York's allocation of the Public Health Grant is very low, due to historical under investment on prevention in York and North Yorkshire; we receive £30 per head. The allocation recommended by the national Advisory Committee on Resource Allocation for York is £42 per head.

8. Members may be aware that in June 2015 the Chancellor announced that the Public Health Grant to local authorities in England would be cut by £200 million in year. We have yet to be informed of how this cut will be distributed. We hope that it will be clawed back from the local authorities which did not spend the full Public Health Grant allocation in the previous year, rather than local authorities such as York which did spend it all.

Categories for reporting local authority public health spend

9. ***Prescribed functions:***

   1) Sexual health services - STI testing and treatment
   2) Sexual health services – Contraception
   3) NHS Health Check programme

---

[1] RING-FENCED PUBLIC HEALTH GRANT Local Authority Circular LAC(DH)(2013)1, Gateway Reference 18552

4) Local authority role in health protection
5) Public health advice
6) National Child Measurement Programme

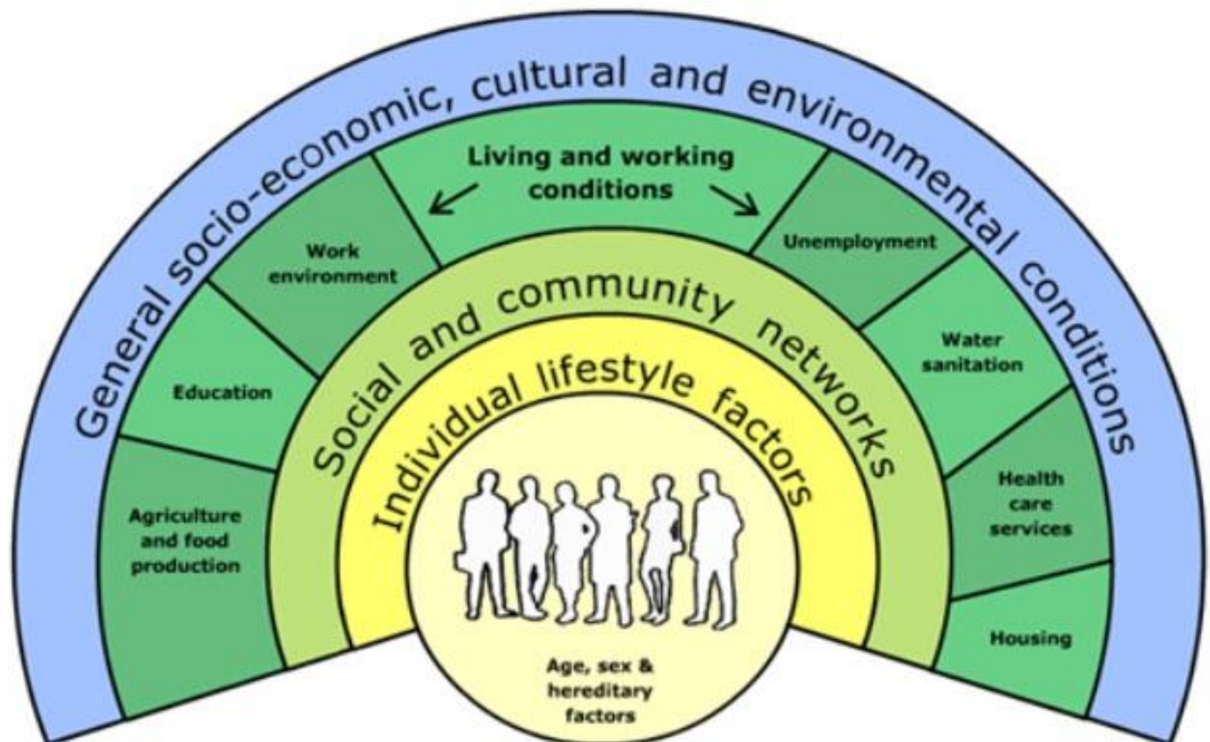
Non-prescribed functions:

7) Sexual health services - Advice, prevention and promotion
8) Obesity – adults
9) Obesity - children
10) Physical activity – adults
11) Physical activity - children
12) Drug misuse - adults
13) Alcohol misuse - adults
14) Substance misuse (drugs and alcohol) - youth services
15) Stop smoking services and interventions
16) Wider tobacco control
17) Children 5-19 public health programmes
18) Miscellaneous, which includes:

- Non-mandatory elements of the NHS Health Check programme
- Nutrition initiatives
- Health at work
- Programmes to prevent accidents
- Public mental health
- General prevention activities
- Community safety, violence prevention & social exclusion
- Dental public health
- Fluoridation
- Local authority role in surveillance and control of infectious disease
- Information and intelligence
- Any public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Population level interventions to prevent birth defects (supporting role)

Wider determinants

10. Clearly many of the non-prescribed functions are very wide and somewhat vague, and there is a judgement call to the extent that work on the wider determinants of health could be considered an appropriate use of Public Health Grant which was transferred from the NHS. The diagram below, originally produced by Dahlgren and Whitehead has been used for many years in Public Health to summarise the wider determinants – starting on the outside with general socio-economic, cultural and environmental conditions, which probably covers every conceivable thing on which the Council might spend money.



11. The City of York Council Public Health expenditure for 13/14, 14/15 and budget for 15/16 are attached in Annexes 1, 2 and 3. The Director of Public Health will initiate the discussion and be able to explain and answer Members questions.

12. To quote a recent Local Government Association report: “The health regulator Monitor published a report, Closing the NHS funding gap, which said investment in public health along with greater innovation in clinical care was the key to helping keep the NHS sustainable in the long-term. But with money so tight surely this is just wishful thinking? Not so, according to the Association of Directors of Public Health. The organisation has argued that the ring-fenced public health budget should not been seen as the totality of the money available for prevention. Instead, as everything from social care and transport to housing and leisure can have an impact the entire local government spend should be seen as a public health resource”[2].

Consultation

13. No consultation has been undertaken on this scoping report**.**

Options

14. Members may wish to consider whether this report gives sufficient information for them to scrutinise or they wish for further investigation to be undertaken.

    a. Option 1 – consider the contents of this report sufficient for their deliberation

    b. Option 2 – undertake/ commission an in-depth scrutiny of expenditure on Public Health Grant, with benchmarking against other local authorities

    c. Option 3 - undertake/commission a review of expenditure by wider partners (including the NHS) on Public Health, prevention (of ill health) and health improvement (as opposed to treatment of conditions and provision of care)

Analysis

15. The advantage of Option 1 is that it requires no further work by Members or Officers; it could be decided to take this option now and reconsider when planning next year’s programme.

---

[2] Money well spent? Assessing the cost effectiveness and return on investment of public health interventions. Local Government Association 2013

Option 2 will require Member and Officer time and resource and the Committee will need to consider the opportunity cost of choosing to do this over other potential reviews. However the advantage is that it could help inform resource allocation, or indicate which areas need budget protection if the Health and Wellbeing of the population is to be maximised within the available resource envelope of the Public Health Grant. Option 3 has the advantage of drawing in the wider partners who should be investing in Public Health and seeing to what extent that is happening. The disadvantage is that it will rely on the cooperation of the organisations and will present methodological challenges in drawing the line between prevention and treatment fall, when in theory many consultations with GPs and other healthcare professionals will involve an element of both.

Council Plan

16. The Council's Plan 2011-15 predates transition of Public Health responsibilities to the local authority, and therefore the work describes does not fit particularly well into the priorities, as protecting vulnerable people is too narrow, unless one considers us all vulnerable to developing poor health through negative wider determinants. The Heath and Wellbeing Strategy guides use of the Public Health Grant.

Implications

17. **Financial** This report is scrutinising financial information.

- **Human Resources (HR)** There are no HR implications.
- **Equalities** – A more in-depth investigation could involve a Health Equity Audit to explore the extent to which people with protected characteristics are being served by the current resource allocation.
- **Legal** – There are no legal implications of this report.
- **Crime and Disorder** – Spend on crime and disorder is one of the considerations in this report.
- **Information Technology (IT)** There are no IT implications.
- **Property –** There are no property implications**.**
- **Other**

Risk Management

18. There are no known risks associated with this report.

Recommendations

19. Members are asked to consider:

Option 1 – consider the contents of this report sufficient for their deliberation, and do no further scrutiny of the Public Health Grant.

Recommendation: The DPH does not recommend this option.

Reason: It would miss the opportunity to provide information which could influence future CYC decisions.

Option 2 – undertake/ commission an in-depth scrutiny of expenditure on Public Health Grant, with benchmarking against other local authorities.

Recommendation: The DPH recommends this option.

Reason: It is feasible and would provide very useful information to inform resource allocation decisions.

Option 3 - undertake/commission a review of expenditure by wider partners (including the NHS) on Public Health, prevention (of ill health) and health improvement (as opposed to treatment of conditions and provision of care).

Recommendation: The DPH does not recommend this option.

Reason: Although it would provide the health and social care economy with rich information, it will be a methodological challenge, and will require considerable effort to get partner buy-in and cooperation of staff at lower management level to understand the motivation and provide data. It is an admirable aspiration, but is complex and the information resulting may not affect resource allocation decisions across the organisations due to other imperatives.

Contact Details

Author: Julie Hotchkiss	**Chief Officer Responsible for the report:** **Julie Hotchkiss**			
Acting Director of Public Health Communities and Neighbourhoods	Acting Director of Public Health **Communities and Neighbourhoods**			
01904 555761	**Report Approved**	X	**Date**	16/07/15

Wards Affected: **All** X

For further information please contact the author of the report

Annexes

Annex 1 - Public Health Service 13/14 Actual Expenditure
Annex 2 - Public Health Service 14/15 Actual Expenditure
Annex 3 - Public Health Budget 15/16