

# Public Health Budget

Member Briefing

October 2013

# Description of Key Services

The purpose of public health in the local authority is, as part of a wider system, to

- improve the health of the population
- ensure that the health of the population is protected, and to
- support improvements in health and care services

# Responsibilities

- The Health and Social Care Act (2012) lays out specific responsibilities of the Local Authority with regard to public health and the Director of Public Health (DPH).
- Some responsibilities are mandatory either as a mandate of the Secretary of State for Health or as part of a universal system
- Other responsibilities are to be applied in relation to local need following assessment
- Prevention of ill health is important for the population and quality of life and will also drive future reductions in adult social care as well as NHS care.
- Public health is a vital part of the work of the Health and Wellbeing Board and the implementation of the Health and Wellbeing Strategy.

# Mandatory services

- Commissioning sexual health services (open access contraceptive services, treatment of sexually transmitted infection, HIV prevention and identification but not HIV treatment, Terminations of Pregnancy and GP contraceptive services).
- Health protection (duty on DPH to ensure plans in place to protect health of population) including community infection prevention and control and the local authority role in dealing with health protection incidents, outbreaks and emergencies.
- Public Health advice, analysis and support to NHS commissioners (CCG's)
- Implementing the National Child Measurement Programme
- Commissioning NHS health checks for 40-74 year olds
- Joint Strategic Needs Assessment
- Pharmaceutical Needs Assessment

# Other commissioning responsibilities

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) and from 2015/16 all public health services for children and young people 0-19 years.
- interventions to tackle obesity, such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- 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 (e.g. diabetes, chronic obstructive pulmonary disease)
- local initiatives on workplace health
- local initiatives to reduce excess deaths as a result of seasonal mortality
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

# Additional responsibilities

- Community acquired infection prevention and control
- Clinical Governance
- Oral health epidemiology and oral health promotion

# Overview of health need

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	124516	41.0	19.8	83.0		0.0
	2 Proportion of children in poverty ‡	22445	33.1	21.9	50.9		6.4
	3 Statutory homelessness ‡	56	0.5	2.0	10.4		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1768	52.1	58.4	40.1		79.9
	5 Violent crime	7849	25.8	14.8	35.1		4.5
	6 Long term unemployment	2236	10.8	5.7	18.8		0.9
Children's and young people's health	7 Smoking in pregnancy ‡	669	12.9	13.7	32.7		3.1
	8 Breast feeding initiation ‡	3887	74.6	74.5	39.0		94.7
	9 Obese Children (Year 6) ‡	677	20.6	19.0	26.5		9.8
	10 Alcohol-specific hospital stays (under 18)	38	54.3	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	248	46.5	38.1	64.9		11.1
Adults' health and lifestyle	12 Adults smoking ‡	n/a	23.4	20.7	33.5		8.9
	13 Increasing and higher risk drinking	n/a	18.7	22.3	25.1		15.7
	14 Healthy eating adults	n/a	25.8	28.7	19.3		47.8
	15 Physically active adults ‡	n/a	8.5	11.2	5.7		18.2
	16 Obese adults ‡	n/a	23.4	24.2	30.7		13.9
	Disease and poor health	17 Incidence of malignant melanoma	21	8.1	13.6	26.8	
18 Hospital stays for self-harm ‡		1172	360.7	212.0	509.8		49.6
19 Hospital stays for alcohol related harm ‡		7112	2370	1895	3276		910
20 Drug misuse		2539	12.1	8.9	30.2		1.3
21 People diagnosed with diabetes ‡		19959	7.0	5.5	8.1		3.3
22 New cases of tuberculosis		205	67.3	15.3	124.4		0.0
23 Acute sexually transmitted infections		2203	718	775	2276		152
24 Hip fracture in 65s and over ‡		266	552	452	655		324
Life expectancy and causes of death	25 Excess winter deaths ‡	109	13.8	18.7	35.0		4.4
	26 Life expectancy – male	n/a	75.4	78.6	73.6		85.1
	27 Life expectancy – female	n/a	80.1	82.6	79.1		89.8
	28 Infant deaths ‡	33	6.4	4.6	9.3		1.2
	29 Smoking related deaths	400	247	211	372		125
	30 Early deaths: heart disease and stroke ‡	257	103.1	67.3	123.2		35.5
	31 Early deaths: cancer ‡	293	117.9	110.1	159.1		77.9
	32 Road injuries and deaths ‡	90	29.5	44.3	128.8		14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

# Progress

- **CVD mortality:** Premature mortality (under 75s) rate in Leicester is significantly worse than the England rate but has shown a steady improvement over the past 12 years from 164 deaths per 100,000 in 1997-9 to 91 in 2009-11.
- **Teenage pregnancy:** Leicester rates have reduced by 55% between 1998 (64.6 conceptions per 1,000 15-17 year old females) and 2011 (30 per 1,00) where nationally reduction has been 29% for same period. TP rate is now similar to the national average
- **Breast feeding:** Rates at 6-8 weeks in Leicester are better than the national rate and have shown an improvement from 53% in 2009/10 to 55% in 2012/13 cw England 44.7% to 47.2%
- **Childhood immunisations:** % of under 2 and under 5 year olds vaccinated in Leicester has also improved over the past few years and is higher than the national rate in DTP, MenC, MMR, Hib/MenC and PCV
- **Smoking prevalence:** Levels of smoking prevalence are falling nationally and the Leicester Lifestyle Survey suggests rates are falling locally too.
- **Alcohol-related hospital admissions:** Rates were worse than the national rate and saw an increase between 2002/3 and 2010/11 (to 2370 admissions per 100,000). In 2011/12 rates have improved to similar to the national rate ( 1992 per 100,000)

# Ring-fenced public health grant

- Announced January 2013
  - 2013/14 £19,995k
  - 2014/15 £21,994k
  - The ring-fence has been extended to 2015/16
  - Further years to be announced
  - Required to report spend by type of expenditure
  - Nationally published public health outcomes framework
- Formal accountability rests with the Chief Executive of the local authority, but DH expects day-to-day responsibility for the grant to be delegated to the Director of Public Health (DH Dec 2011).

# Other background

- Prior to 1<sup>st</sup> April 2013 the public health directorate of the PCT managed a portfolio of responsibilities different to those now covered by the ring-fenced grant.
- Some contracts managed by other PCT directorates and the PCT public health team managed other areas.
- Successful transition and work on-going.
- Since the transition was announced PCT management reductions forced redundancies in public health in 2011/12 and no developments have been funded recurrently.
- There have been no procurements for periods longer than one year.
- Non recurrent funding has been transferred to LCC at the end of the last three financial years.

# Commissioning arrangements for Public Health

- These are now entirely within the processes and procedures of the City Council.
- The transferred commissioned activity is subject to a programme of review and re-procurement which reflect mandatory requirements, City Council priorities and partnership priorities as set out in the Leicester Health and Wellbeing Strategy, Closing the Gap.
- Decisions on policy and direction of commissioning are taken by the Executive with advice and options developed by the Director of Public Health.
- Currently the Lead Member for Health and the Executive are in the process of considering a range of issues in relation to the future use of the ring-fenced budget and thus future commissioning priorities.

# Budget overview 2013/2014

<b>Public Health Service</b>	<b>2013/14</b>
	<b>£000</b>
Transferred Commissioned Services	16,342
Public Health Staff	1,331
LCC & CCG Infrastructure	374
JSNA, Needs Assessment & Evaluation	200
<b>Sub-Total</b>	<b>18,247</b>
New Responsibilities and developments	677
Joint Health and Wellbeing Strategy	450
Areas of Potential Savings	(45)
<b>Total Cost of Services for Public Health</b>	<b>19,329</b>
<b>Total DH Ring-Fenced Grant Funding</b>	<b>(19,995)</b>
<b>Transitional contingency</b>	<b>(666)</b>

# Summary

- Successful transition with some changes still to be worked through.
- Health of the population remains poor despite good progress on some short term indicators.
- Some new responsibilities require new funding.
- Some development needed in line with population need and to meet Health and Wellbeing Strategy agreed April 2013.
- Commissioning within the processes of the council.