

## **Health and Wellbeing Board – 19 January 2015**

### **Public health transformation fund**

#### **1. Summary**

In 2014/15, the Public Health Department established a Transformation Fund of £1 million from the ring fenced grant to invest in services across the Council to help deliver improvements in the health and wellbeing of residents. The source of these funds is the ring-fenced Public Health grant from the Department of Health.

This approach aims to:

- Change the way the Public Health function works in Walsall, by extending its reach across a range of Council service areas to deliver wider public health benefits for residents
- Support the delivery of priority local health and wellbeing activities
- Prioritise investment into joint programmes of work and services that prevent health issues arising in the first place
- Improve value for money by continuously reviewing services to ensure they are making improvements to the health and wellbeing of Walsall residents
- Support the Council to lessen the impact of budget cuts.

It is proposed that an additional £1.2 million will be released in 2015/16 through disinvestment in some existing Public Health services and this will be reinvested through the Public Health Transformation Fund.

This paper outlines the approach taken to identifying and allocating transformation funding.

#### **2. Recommendations**

That Cabinet note the approach taken to identify and allocate transformation funding released through the process of disinvestment in some existing Public Health services.

#### **3. Report detail**

##### **3.1 Context**

Walsall Council receives a ring-fenced grant from the Department of Health (DH) via Public Health England (PHE) to enable the Council to discharge its statutory duty to achieve population level improvements in public health. In 2014/15, the Council received an allocation of £15.8 million, of which £1million is being used to commission activity across the Council through a Public Health Transformation Fund.

The Council is required to submit public health returns to the DH detailing spend against defined categories, which include the provision or commissioning of a number of mandated service areas. **Appendix 1** shows WMBC Public Health spend across these categories for 2013/14.

A final statement of assurance is returned to PHE and the DH that requires the signature of both the Chief Executive or Chief Financial Officer **and** the Director of Public Health. The Council must demonstrate robust systems of financial control relating the use of the Public Health grant with potential claw back if the grant conditions are not met.

The Public Health grant is provided to enable local authorities to discharge their responsibilities to:

- improve significantly the health and wellbeing of local populations
- carry out health protection and health improvement 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.

Local authorities have some flexibility to pool their public health grant with other resources where it is appropriate to do so. However the strength of the case and agreement to fund will be based upon the following conditions of the grant:

- eligible expenditure is that which meets council public health responsibilities
- the ability to demonstrate that these functions have a significant effect upon public health or on the exercise of the council's public health functions
- that use of the funding provides value for money
- that the need to reduce health inequalities has been duly regarded.

Local Authorities that are successful in achieving improvements in certain public health outcomes will be awarded a financial premium. The amount of this premium will be small in 2015/16 (of the order of £30K), but is likely to be higher in subsequent years.

## **4. Council Priorities**

### **4.1 Prioritisation of Public Health Investment**

The Public Health Department has developed a financial plan to ensure that the Public Health grant is used to maximise the achievement of population level health outcomes and deliver best value. In the development of the plan, Public Health programme areas and responsibilities have been scrutinised to:

- shift spend from expensive treatment services to population level preventative approaches
- determine scope for reprocurring or decommissioning services
- improve the targeting of services
- identify mechanisms for generating income.

## 4.2 Public Health Transformation Fund

In 2014/15, the Public Health Department established a Transformation Fund of £1 million to invest in services across the Council to help deliver improvements in the health and wellbeing of residents.

It is proposed that an additional £1.2 million will be released in 2015/16 through disinvestment in some existing Public Health services and this will be reinvested through the Public Health Transformation Fund.

In identifying potential savings options, the key principle is that ring-fenced monies released will be invested through a Public Health Transformation Fund in services that are currently commissioned or delivered by the Council. These new areas must deliver **equivalent or better** outcomes than were delivered through the original Public Health investment.

The Transformation Fund offers the opportunity to improve the health and wellbeing of Walsall residents and reduce reliance on expensive treatment-focussed services. There are key opportunities to use the Public Health grant to lever in wider public health benefits across the far larger spend of Walsall Council.

Proposals for transformation funding require an assessment of the evidence base, population need, potential to address inequalities and the contribution to public health outcomes as identified in the Public Health Outcomes Framework and quality of service delivery.

The investment is managed using an internal commissioning model with Service Level Agreements which include key performance indicators and quarterly performance monitoring. Services which are found to be consistently underperforming against key indicators will be considered for decommissioning and the investment made elsewhere.

### 4.2.1 Transformation fund spend in 2014/15

In 2013/14, the Director of Public Health engaged with Executive Directors across the Council to identify existing areas of council activity or spend which could be commissioned by Public Health to deliver even greater public health benefits and outcomes. In 2014/15, £1 million of Public Health funding was allocated recurrently from the ring-fenced grant for transformation funding.

**Table 1** shows where public health transformation funding was invested across council areas in 2014/15.

The Public Health Team is reviewing the investments made through the Transformation Fund in 2014/15 to ensure that these are delivering as anticipated.

**Table 1 Public Health Transformation Fund (£1 Million) recurrent investment across council areas (2014/15)**

Directorate		£(K)
Social care and Inclusion	<b>Domestic abuse:</b> Managing two contracts previously held by SCI with a view to future review and potential recommissioning	275.4
Children's	<b>Parenting:</b> Redesign and expansion of commissioning and delivery of parenting training	150
	<b>Substance Misuse:</b> Youth Justice Service substance misuse service. Will fall within scope of the Public Health reconfigured substance misuse treatment model	35
Neighbourhoods	<b>Sports Development:</b> Integration with other Public Health commissions to improve delivery of PH outcomes through increasing participation in physical activity and improved wellbeing.	100
	<b>Physical activity and wellbeing:</b> Community Allotments and Ranger Service - Integration with other Public Health commissions to improve delivery of PH outcomes through increasing participation in physical activity and improved wellbeing	314.5
	<b>Sustainable travel:</b> Delivery of A*STARs programme – a partnership programme established jointly by Public Health and the Road Safety and Sustainable Travel team Integration with other Public Health commissions to improve delivery of PH outcomes through increasing participation in physical activity and improved wellbeing	110.1
	<b>Marketing and engagement:</b> Creative Development Team	15
	<b>Total</b>	1,000

#### 4.2.2 Future investment in the Public Health Transformation Fund

Proposed investment in the Public Health Transformation Fund for 2015/16 and 2016/17 is shown in **Table 2**. This includes a proposed non-recurrent allocation of £250K in 2015/16 to support 'invest to save' programmes of work. The

proposed source of this funding is from the areas of potential disinvestment shown in **Appendix 2**.

**Table 2 Transformation Fund Investment (2014/15 –2015/16)**

	2014/15	2015/16
Recurrent Investment	£1M	£2.2M
Non-recurrent Investment to pump prime invest to save programmes of work	-	£0.25M
Total Investment in Transformation fund	£1M	£2.45M
%PH allocation	6.3%	13.9%

#### 4.2.3 Transformation fund proposals 2015/16

Transformation fund proposals were received from a number of service areas. A panel, chaired by the Portfolio Holder for Health and including finance representation has met to consider these proposals to ensure that investment is in line with JSNA and HWB Strategy recommendations and consistent with PHE guidance on use of the Public Health grant. **Table 3** lists the proposals approved by the panel. Further detail on these is shown at **Appendix 3**.

**Table 3 2015/16 Investments approved by the Public Health Transformation Panel**

Title	Service Area	£(K)
Teenage Pregnancy	IYPSS	120
Early Intervention/Children's Centres	Early Intervention and Family Support	350
Air Quality and Respiratory Health	Pollution Control	98
Healthy Takeaway Awards, Workplace Health and Safety, Tobacco Control	Environmental Health	284
Sports development	Sports and Leisure Services	45
Health and work	Regeneration, Employment and Skills	21
Community allotments/rangers	Green Spaces	50
Drugs and alcohol rehabilitation support	Social Care and Inclusion	74
Mental health support services	Social Care and Inclusion	96
Older People's advocacy	Social Care and Inclusion	68
<b>TOTAL</b>		<b>1,200</b>

## 5. Consultation

Proposed areas for disinvestment in existing Public Health services and potential areas for reinvestment through the Public Health Transformation Fund have been consulted on as part of Walsall Council consultations on budgets.

## Background papers

### Appendices

- 1 Categories for reporting local authority Public Health spend and WMBC 2013/14 outturn
- 2 Public Health Savings Options (areas for potential disinvestment)
- 3 Proposals for Investment through the Public Health Transformation Fund

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## Appendix 1

Categories for reporting local authority Public Health spend and WMBC 2013/14 outturn  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/269464/local\\_authority\\_circular\\_dh\\_2013\\_3\\_a.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269464/local_authority_circular_dh_2013_3_a.pdf)

Public Health England Reporting Category	2013/14 outturn (£K)
Sexual health services - STI testing and treatment (prescribed functions)	1,739
Sexual health services - Contraception (prescribed functions)	1,224
Sexual health services - Advice, prevention and promotion (non-prescribed functions)	173
NHS health check programme (prescribed functions)	176
Health protection - Local authority role in health protection (prescribed functions)	450
National child measurement programme (prescribed functions)	60
Public health advice (prescribed functions)	651
Obesity - adults	758
Obesity - children	732
Physical activity - adults	7
Physical activity - children	4
Substance misuse - Drug misuse - adults	2,752
Substance misuse - Alcohol misuse - adults	637
Substance misuse - (drugs and alcohol) - youth services	307
Smoking and tobacco - Stop smoking services and interventions	682
Smoking and tobacco - Wider tobacco control	4
Children 5–19 public health programmes	1,260
Miscellaneous public health services*	1,640
<b>TOTAL</b>	<b>13,256</b>

\*Miscellaneous category includes:

- Non-mandatory elements of the NHS Health Check programme
- Nutrition initiatives
- Health at work **(160K)**
- Programmes to prevent accidents **(342K)**
- Public mental health **(333K)**
- General prevention activities **(462K)**
- Community safety, violence prevention & social exclusion **(42K)**
- Dental public health **(10K)**
- Fluoridation **(84K)**
- Local authority role in surveillance and control of infectious disease
- Information & Intelligence **(206K)**
- Any public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Population level interventions to reduce and prevent birth defects (supporting role)
- Wider determinants

**Public Health Savings Options (areas for potential disinvestment)**

<b>Ref: PH1</b>	<b>Remodelling of sexual health services</b>	
<p>These services provide contraception for Walsall residents and prevention, testing and treatment of sexually transmitted infections (STIs).</p> <p>These will be re modelled to provide a more joined up service. There will be a reduction in prevention services, less Chlamydia screening and other outreach activity.</p>		
2015/16 (£53,000)	2016/17 (£70,000)	<b>Total (£123,000)</b>

<b>Ref: PH2</b>	<b>Remodelling drugs and alcohol services</b>	
<p>The drug and alcohol services are in the process of being remodelled. This new model of working, through a single lead agency, should reduce some of the impact of the cuts to the service budget. However, it is possible that the waiting times to enter the service may increase, impacting upon individuals, families and communities.</p>		
2015/16 (£390,141)	2016/17 (£70,000)	<b>Total (£460,141)</b>

<b>Ref: PH3</b>	<b>Targeting infant feeding (0-5 years) to vulnerable groups</b>	
<p>These services promote breastfeeding and lifestyle support to reduce maternal obesity. Reductions in the funding will potentially impact on infant illness, childhood obesity and deaths in infancy. The face to face service will be less available to women across the whole of Walsall and prioritised in those areas of greatest need where breastfeeding is lowest and in groups who are less likely to breastfeed.</p>		
2015/16 (£45,000)	2016/17 (n/a)	<b>Total (£45,000)</b>

<b>Ref: PH4</b>	<b>Remodelling the school nursing led Healthy Child Programme (5-19 years) service</b>	
<p>This is a public health nursing service offering a universal and targeted service to children of school age and their parents. The reduction in funding will impact upon prevention work including support for children, parents, school staff and governors. This could lead to increased longer term costs e.g. teenage pregnancy increasing and emotional health and wellbeing decreasing and less support for care leavers and for children at key transition times.</p>		
2015/16 (£100,000)	2016/17 (n/a)	<b>Total (£100,000)</b>

<b>Ref: PH5</b>	<b>Remodelling of adult healthy weight / physical activity services</b>	
<p>These services help Walsall residents develop healthier lifestyles. There are almost 272,200 people living in Walsall of which 70% are estimated to be overweight or obese. Remodelling the service will result in a lower level of specialist support services being available.</p>		
2015/16 (£155,000)	2016/17 (£45,000)	<b>Total (£200,000)</b>

<b>Ref: PH6</b>	<b>Targeting Health Trainers service to the most needy</b>	
<p>Health Trainers services help people to develop healthier behaviour and lifestyles in their own communities. The reduction in funding will limit this help so that only those with the highest risk of getting long term illnesses are included. This means that fewer people and communities will be able to improve their health. We will also aim to pay less for these services, where possible.</p>		
2015/16 (£62,000)	2016/17 (£20,000)	<b>Total (£82,000)</b>



<b>Ref: PH7</b>	<b>Services to support working age population healthy lifestyles</b>	
<p>These services aim to improve the health of the working age population. The funding for these services will be reduced. This will have an impact upon the level of health related support that is provided to residents to sustain them in employment. This may impact on their overall health and ability to maintain/ find employment increasing the reliance on benefit payments.</p>		
2015/16 (£30,000)	2016/17 (£10,000)	<b>Total (£40,000)</b>

<b>Ref: PH8</b>	<b>Hospital infection control</b>	
<p>Public Health has provided extra money for a number of years to support the infection prevention service within Walsall Healthcare NHS Trust. However, the Trust already receives monies for this as part of the Trust's core funding. Withdrawing the Public Health funding may impact upon the hospital's ability to respond to infections caught in hospital. This would be monitored closely and reviewed as necessary.</p>		
2015/16 (£134,000)	2016/17 (n/a)	<b>Total (£134,000)</b>

<b>Ref: PH9</b>	<b>Community mental health advice and guidance</b>	
<p>These services aim to improve the emotional wellbeing of the population. There will be less capacity to offer training to the general public that explains how individuals can take steps to improve their own emotional wellbeing, less community development work around general mental health and a reduction in face to face support for individuals needing low level support or counselling. The focus on supporting vulnerable groups will continue.</p>		
2015/16 (£133,000)	2016/17( n/a)	<b>Total (£133,000)</b>

<b>Ref: PH10</b>	<b>Employees and overheads</b>	
<p>Reduce staffing and spend on departmental overheads.</p>		
2015/16 (£90,000)	2016/17 (£ 30,000)	<b>Total (£120,000)</b>

## Proposals for Investment through the Public Health Transformation Fund

### **Ref: TF1 | Teenage Pregnancy £120,000**

We will train additional staff and target schools that have identified young people who are at risk of pregnancy, targeting some of the priority neighbourhoods and schools in Walsall. Expand the joint working with the Transitional Leaving Care team to target young people in the care system to increase their aspirations and support their transition into adulthood to improve their long term prospects.

### **Ref: TF2 | Air Quality and Respiratory Health £98,000**

We will expand joint working between the Public Health, Pollution Control and Regeneration Departments. Walsall has areas of poor air quality, particularly around the motorways and trunk roads. This programme of work will enable us to introduce a programme of monitoring PM<sub>2.5</sub> particles. These are produced by cars and Lorries and may be harmful for people who have asthma and Chronic Obstructive Pulmonary Disease (COPD). The information collected will help us work across the region to influence the way our transport networks are planned.

### **Ref: TF3 | Environmental Health £284,000**

We will expand joint working between Public Health, Environmental Health and Planning on a number of schemes to improve residents' health including: Rolling out a Healthy Takeaway Award programme to support owners of restaurants to make changes such as reducing the salt, fat and calorie contents of their menus. Using the expertise of the Council's Health and Safety team to improve the effectiveness of Healthy Workplace Programme already commissioned by Public Health. Extend existing work on tobacco and alcohol control to reduce the availability of illicit goods and tackle illegal sales to under 18s and extend joint working between the departments around infection disease control.

### **Ref: TF4 | Sports development £45,000**

We will expand joint working between Public Health and Sports and Leisure Development to assist Walsall residents to become more active to improve their health and wellbeing. This investment will improve the provision of and co-ordination of community physical activity programmes.

### **Ref: TF5 | Health and work £21,000**

We will expand joint working between Public Health and the Employment and Skills Team. This investment will support local residents to improve their skills, qualifications and to access employment. It should reduce the number of referrals from residents to services such as mental health, substance misuse and specialist health screening services.

### **Ref: TF6 | Early Intervention/Children's Centres £350,000**

We will deliver public health brief interventions in relation to breastfeeding, healthy weight, smoking cessation, alcohol and drug misuse and sexual health. To deliver targeted support relating to play in the home and behaviour sessions for families with

children under the age of 5 years. Contribute to reducing infant mortality, childhood obesity, smoking cessation, substance misuse and increase breastfeeding.

**Ref: TF7 | Community Allotments/Rangers £50,000**

We will expand the joint working to encourage and promote healthy eating through nutrition and wellbeing education, tackling obesity and working with Walsall residents. Supporting a range of interventions and activities in all of Walsall's 17 Strategic parks, open spaces and countryside sites in partnership with friends groups and other partners delivering health outcomes in an outdoor environment.  
Ensuring community involvement by improving access to users of communities, friends groups, local residents groups and other partners.

**Ref: TF8 | Drug and Alcohol Residential Rehabilitation £74,000**

The transformation investment will enable the development of individual care pathways to prepare and support these patients both into and out of drug and alcohol residential placements to improve their opportunity to recover from drug and alcohol dependency.

**Ref: TF9 | Mental Health Support Services and Older People's Advocacy £164,000**

We will expand joint working between Public Health and Social Care to offer resources to prevent the escalation of mental health issues and support the recovery for services users following their discharge from psychiatric units, rehabilitation units or residential placement, to support and promote independent living and enablement to prevent the frequency of re-admittance to residential care services.