

Report to: **Audit, Best Value and Community Services Scrutiny Committee**
Date: **17 March 2015**
By: **Acting Director of Public Health**
Title of report: **Use of the Public Health Grant Unallocated Reserve to Provide One-Off Funding**
Purpose of report: **To update the Scrutiny Committee on the process followed and progress to date.**

RECOMMENDATION: The Committee is recommended to consider and note the report

1. Ring-Fenced Public Grant

1.1 The Council receives a ring-fenced Public Health Grant to give the authority the funding needed to discharge their new public health responsibilities. Currently, the grant is ring-fenced until April 2016.

1.2 The grant is received with conditions as set out in Local Authority Circulars for the use of the Public Health Grant (LAC(DH)2013)1; (LAC(DH)2013)3; LAC(DH)20142). If there are any funds left over at the end of the financial year they can be carried over into the next financial year as part of a Public Health reserve. All the conditions that apply to the use of the grant continue to apply to any funds carried over.

1.3 Where there are large underspends the Department of Health reserves the right to reduce allocations in future years. Public Health England continues to closely monitor Public Health Grant funding.

1.4 Public Health Grant Funding for 2014/15 was £24.507m and for 2015/16 is £24.067m. In addition, to this the transfer of 0-5 children's public health commissioning (Health Visiting and Family Nurse Partnership) to Local Authorities for the six month period between 1 October 2015 and 31 March 2016 will add a further £3.5m.

2. Public Grant Unallocated Reserve

2.1 The medium term financial plan for Public Health indicates that at the end of 2014/15 there will be unallocated reserves of £5m, with the potential of a future £2m unallocated funding in 2015/16, giving an approximate total of £7m.

2.2 In considering the use of the unallocated reserve it is important to take account of the grant conditions and of the specific requirement that investment reflects the priorities set out in the Public Health Outcomes Framework (PHOF). The funding therefore can be used to support one-off projects aligned to PHOF indicators where East Sussex performance is significantly worse than England or where Districts or Boroughs performance is significantly worse than England. Given the scale of the underspend consideration can also be given to using the funding for the full three years of the Medium Term Financial Plan, where this fits with the PHOF, County Council priorities and where the time limited nature of the spend is fully understood.

2.3 The PHOF reflects a vision for Public Health which seeks to improve health and wellbeing by addressing the wider determinants of health, health improvement, health protection and public health. The PHOF is aligned with a broad range of outcomes within the NHS and Adult Social Care outcomes frameworks and with County Council priorities. This is particularly relevant in areas of prevention, demand management and with the requirement to build community resilience. Therefore, given the overall budget position, there is scope to deploy the grant to support new or ongoing commitments to health and wellbeing and prevention that the County Council may otherwise be unable to sustain.

3. Use of the Public Grant Unallocated Reserve

3.1 A proposal was agreed by Corporate Management Team which proposed that investment decisions were to be made within the broader context of the County Council's priorities and resource position. Therefore Chief Officers, through their Departmental Management Teams, would consider the use of the grant taking account of their own financial position, PHOF, County Council priorities and overall level of available reserve. The funding is time limited for up to three years could be deployed against existing services that would otherwise be cut or against new proposals.

3.2 Proposals were then drawn together from each department for consideration by the Acting Director of Public Health and for agreement by the Corporate Management Team.

3.3 An initial set of proposals are detailed in Appendix 1 and total £6,437,689. These proposals will be worked through and detailed implementation plans developed with partners.

4. Recommendations

4.1 The Committee is recommended to consider and note the report.

Cynthia Lyons
Acting Director of Public Health

Appendix 1: Public Health Unallocated Reserve Proposals

Proposals	Dept	2015/16 £	2016/17 £	2017/18 £
Phonics - To provide funded specialist training for schools and preschools on speech, language and communication training (PHOF indicators 1.02i & ii)	CSD	55,000	55,000	55,000
School Readiness - To maintain a team of 8 Early Communication Support Workers and 2 Senior Teachers who support the development of children's early speech, language and communication (PHOF indicators 1.02i & ii)	CSD	240,000	240,000	240,000
A pilot programme to help staff in schools understand the impact of trauma on brain development. Through training reduce levels of absence and exclusion. (PHOF indicators 1.03 & 4.10)	CSD	50,000	-	-
Hospital admissions due to unintentional and deliberate injuries (PHOF indicators 2.07i & ii)	CSD	120,000	-	-
Re-offending levels (PHOF indicators 1.13i & ii)	CSD	117,000	117,000	117,000
Pupil absence (PHOF indicator 1.03)	CSD	86,994	86,994	86,994
Capital Funding for speed management for 5 locations (PHOF indicator 1.10))	CET	125,000	-	-
HIV expanded testing - Eastbourne Pilot (PHOF indicator 3.04)	PH	160,889	160,889	160,889
Chlamydia (PHOF indicators 3.02i & ii)	PH	103,520	103,520	-
Carers isolation (PHOF indicators 1.18ii)	ASC	32,000	12,000	12,000
Implementation of community resilience programme (PHOF indicators multiple)	Across Depts	1,000,000	1,000,000	1,000,000
Community resilience programme support (PHOF indicators multiple)	Across Depts	200,000	200,000	200,000
Community resilience population health check surveys x 3 (PHOF indicators multiple)	Across Depts	300,000	-	-
Total Annual Cost		2,590,403	1,975,403	1,871,883
TOTAL overall COST				6,437,689