

Report to: **Audit, Best Value and Community Services Scrutiny Committee**

Date: **15 September 2015**

By: **Acting Director of Public Health**

Title of report: **Update on the Public Health Grant Unallocated Reserve One-Off Funded Proposals**

Purpose of report: **To update the Audit, Best Value and Community Services Scrutiny Committee on progress to date.**

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**RECOMMENDATIONS: The Committee is recommended to:**

- 1. Consider and note the report; and**
  - 2. Consider how the Committee wishes to monitor use of this reserve and implementation of the proposals**
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**1. Public Health Grant and Unallocated Reserve**

1.1 The Public Health 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)2014)2. It is stipulated that funds can be carried over into the next financial year as part of a Public Health reserve but all the conditions that apply to the use of the grant continue to apply to any funds carried over.

1.2 The opening 2015/16 unallocated Public Health Reserve stood at £10.352m. The reserve is to be used to implement the recommendations of the 2014/15 Director of Public Health Annual Report, Growing Community Resilience in East Sussex, and to support a step change in delivering improved public health outcomes in the Public Health Outcomes Framework where East Sussex performance is significantly worse when compared to England. The Department of Health (DoH) have issued consultation for an in-year reduction in grant funding nationally of £200m, which for East Sussex equates to £1.709m. The proposed reduction in funding for 2015/16 can be managed within the Public Health Medium Term Financial Plan, without impact on the projects detailed within this report. Paragraph 3.1 below has further details about the proposed budget reduction.

1.3 Corporate Management Team agreed a funding proposal which enabled the reserve to be used to support time-limited funding submissions within the broader context of the County Council's priorities and the Public Health Outcomes Framework. Chief Officers, through their Departmental Management Teams, considered the use of the grant taking account of their own financial position, the Public Health Outcomes Framework, County Council priorities and overall level of available reserve.

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

1.5 Members received an overview of these projects at the Audit, Best Value and Community Services Scrutiny Committee meeting on 17 March 2015. Since then these proposals have been worked through and plans developed with partners.

## **2. Public Grant Unallocated Reserve Funded Proposals and Performance Management Process**

2.1 An updated overview of the proposals funded is detailed in Appendix 1. These total £6,466,789.

2.2 Six monthly reporting requirements are in place. The performance management monitoring form is detailed in Appendix 2.

2.3 As the projects are funded from Public Health Reserves, costs will be incurred within relevant department cost centres during the course of the financial year. As part of the year end closure of accounts, total approved in-year projects costs will be covered by a transfer from Public Health Reserves.

## **3. Public Health Grant Savings**

3.1 As part of the wider Government action on deficit reduction, the 2015/16 Public Health grant to local authorities will be reduced by £200m nationally. The DoH launched a consultation, which closed on 28 August 2015, on the proposed reduction methodology. The grant allocation for East Sussex being £24.067m, plus £3.5m for the commissioning of 0-5 years children's Public Health services, totals £27.567m. The DoH's preferred option is a standard, flat rate of 6.2% cut applied to all local authorities, which equates to £1.709m for East Sussex. It is possible however that a methodology that differentiates between local authorities in different circumstances applying varied percentages will be agreed. We have also been informed by Public Health England that the in-year savings will be recurrent, however, there is no further detail on this at present.

3.2 Whilst it is expected that the impact of the in-year saving requirement will not impact on the delivery of the current proposals, any recurrent savings required may impact. This issue will need to be addressed through Reconciling Policy Performance and Resources for 2016/17 onwards.

## **4. Recommendations**

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

Cynthia Lyons  
Acting Director of Public Health

Local Members: All  
Background Documents: None

## Appendix 1: Public Health Unallocated Reserve Proposals

Ref	Title	PHOF	2015/16	2016/17	2017/18	Total	Description of proposal
ASC1	<b>Reducing social isolation through technology</b>	1.18ii	£32,000	£12,000	£12,000	£56,000	To reduce social isolation of carers through development of peer to peer befriending via Social Media and I.T. communication technology as well as telephone. Project to include: (i) Research models elsewhere, consider range of technology options, explore options for linking to existing services e.g. Silverline, (ii) Trial models, develop evidence base and audit trail for demonstrating tangible sustainable support and (iii) Ongoing coordination of agreed model(s).
CET1	<b>Speed limits</b>	1.10	£125,000	£0	£0	£125,000	To identify approximately 5 locations with a history of injury crashes where a lower speed limit may help to make the road safer and introduce the lower speed limit where appropriate.
CSD1	<b>Speech, language and comms training for preschools</b>	1.02i & ii	£55,000	£55,000	£55,000	£165,000	Phonics - To provide funded specialist training for schools and preschools on speech, language and communication training
CSD2	<b>School Readiness</b>	1.02i & ii	£237,700	£238,900	£242,500	£719,100	To maintain a team of 8 Early Communication Support Workers and 2 Senior Teachers who support the development of young children's early speech, language and communication in line with the East Sussex Early Years Speech, Language and Communication Pathway. Offering some agreed group sessions in Children's Centres and, where communication delay is identified, offering early help to children's language development in order to decrease the need for referral to formal therapy services.
CSD3	<b>Impact of trauma on brain development</b>	1.03 & 4.10	£50,000	£0	£0	£50,000	A pilot programme to help staff in schools understand the impact of trauma on brain development.
CSD4	<b>Young people and self harm</b>	2.07i&ii	£120,000	£0	£0	£120,000	Hospital admissions due to unintentional and deliberate injuries
CSD5	<b>Re-offending levels</b>	1.3i & iii	£117,000	£117,000	£117,000	£351,000	(i) Functional Family Therapy - roll out of nationally evaluated evidence based model to reduce numbers of young people who enter the criminal justice system and who reoffend. (ii) Training to the YOT Staff team in screening for issues with speech and communication. (iii) identify and deliver effective interventions to address domestic abuse in young people.

Ref	Title	PHOF	2015/16	2016/17	2017/18	Total	Description of proposal
CSD6	<b>Pupil absence</b>	1.03	£86,994	£86,994	£86,994	£260,982	Pupil absence - Funding for 3.0 fte Education Support, Behaviour and Attendance Practitioner posts to target children from vulnerable groups who have protracted poor attendance, where other interventions are not realising improvements
PH1	<b>HIV testing in Eastbourne</b>	3.04	£160,889	£160,889	£160,889	£482,667	It is recommended that ESCC introduce HIV testing into Eastbourne in order to test the feasibility of introducing expanded testing in Lewes and Hastings. Objectives (i) To introduce expanded HIV testing into Eastbourne District, with a view to further expansion in Hasting and Lewes in the future (Eastbourne has exceeded the 2/1,000 prevalence for the longest); (ii) To pilot the feasibility of introducing expanded HIV testing for all new GP practice registrations who are 16 years old and over and register in Eastbourne practices; (iii) To pilot the feasibility of introducing expanded testing for all Eastbourne residents over 15 years who are admitted as a general medical admission to ESHT.
PH2	<b>Chlamydia screening</b>	3.02i & ii	£163,520	£73,520	£0	£237,040	The Chlamydia screening target is a Public Health Outcomes Framework target that has not been achieved in East Sussex for the past several years and where performance is significantly lower than that of England. The project will focus specifically on those areas (Rother and Wealden) and groups where achievement is poorest (men). The project proposes a number of interventions to increase Chlamydia screening in order to meet positivity targets: (i) The use of home testing kits to reach sexually active young men and women who are not accessing sexual health services, (ii) A time limited engagement post to work with GP practices and pharmacies in Wealden, (iii) Social marketing work to raise awareness of the importance of chlamydia testing amongst young people, particularly young men.
PH3	<b>Community resilience population health check survey</b>	Multiple	£300,000	£0	£0	£300,000	To commission a social capital population postal survey of adults resident in East Sussex. The survey will help to undertake a state of the community health check (incorporating mental wellbeing) and include an update on the relevant 2008/09 Place Survey data used to calculate some of the Wellbeing And Resilience Measures (WARM) indicators used in the Annual Report of the Director of Public Health for 2014/15 Growing Community Resilience in East Sussex. The survey will be repeated during 2017/18 and again in 2019/20. The results of the survey will also support the implementation and monitoring of the East Sussex Better Together community resilience programme.

Ref	Title	PHOF	2015/16	2016/17	2017/18	Total	Description of proposal
PH5	<b>Implementation of community resilience programme</b>	Multiple	1,000,000	1,000,000	1,000,000	3,000,000	Developing and taking forward a community resilience programme in East Sussex. Developing, growing and harnessing community level support systematically and at scale and formally connecting this with locality structures as part of a systems approach under East Sussex Better Together to provide an additional tier of support to people of all ages and at all levels of need.
PH4	<b>Community resilience programme support</b>	Multiple	200,000	200,000	200,000	600,000	Programme support to implement community resilience programme.
	<b>Total Cost</b>		2,648,103	1,944,303	1,874,383	6,466,789	

Key to Public Health Outcomes Indicators identified above

PHOF INDICATOR	PHOF INDICATOR DESCRIPTION
1.02i	School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception
1.02ii	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check
1.03	Pupil absence
1.10	Killed and seriously injured (KSI) casualties on England's roads
1.13i	Re-offending levels - percentage of offenders who re-offend
1.13ii	Re-offending levels - average number of re-offences per offender
1.18ii	Social Isolation: % of adult social care users who have as much social contact as they would like
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
207ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)
3.02i	Chlamydia detection rate (15-24 year olds) - Females
3.02ii	Chlamydia detection rate (15-24 year olds) - Males
3.04	People presenting with HIV at a late stage of infection
4.10	Suicide rate

All Public Health Outcome Indicators can be accessed via the following link <http://www.eastsussexjsna.org.uk/overviews/PHOF>

## Appendix 2: Six Monthly Performance Management Proforma

Insert Title of Proposal

The Public Health Grant Funding is as follows:

Proposal	2015/16	2016/17	2017/18	Total

Public Health Outcomes Framework Indicator (s)	
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Description of proposal
Please complete

Expenditure profile for the proposal
Please complete

Outcomes to be achieved by the proposal
Please complete

How it will be evaluated
Please complete

Six Monthly Reporting Requirements

(Evidence the progress made towards achieving the outcomes updating and submitting this form every 6 months for the duration of the funding)

September 2015

Please complete

March 2016

Please complete

September 2016

Please complete if funding also covers 16/17

March 2017

Please complete if funding also covers 16/17

September 2017

Please complete if funding covers 17/18

March 2018

Please complete if funding covers 17/18