

# North Somerset Council

## REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

**DATE OF MEETING: 28<sup>TH</sup> FEBRUARY 2019**

**SUBJECT OF REPORT: REPORT FROM ASSISTANT EXECUTIVE MEMBER FOR PUBLIC HEALTH**

**TOWN OR PARISH: N/A**

**OFFICER/MEMBER PRESENTING: CLLR JILL ILES; DR ANDREW BURNETT**

**KEY DECISION: NO**

### **RECOMMENDATIONS**

Members are asked to note this report.

#### **1. SUMMARY OF REPORT**

This is a report on key activities concerning North Somerset Council's public health responsibilities covering the director for public health role; the public health budget; service developments; seasonal flu immunisation; 0-19 years services; and cervical cancer screening.

#### **2. POLICY**

Upper tier local authorities have had a statutory responsibility to improve the health of their populations and to reduce health inequalities since 2013. The Council's corporate plan includes a priority outcome of improving our population's health including supporting families to give their children the best start in life.

#### **3. DETAILS**

##### **3.1 Director for Public Health**

Following a period with no one in this post, the council appointed an interim director for public health in mid-March 2018. Plans are now at an advanced stage to recruit a substantive director.

The remit of the role has also been expanded with the merger of the public health; regulatory services (encompassing trading standards, food and safety, and environmental health and licensing); health trainers; sports and active lifestyles; and drug and alcohol misuse services teams. There is a synergy between these various areas of council responsibility which it will now be possible to develop further. In addition, joint-working with public health colleagues in Bristol and in South Gloucestershire (the West of England Public Health Partnership) is enabling a more efficient use of a relatively scarce public health resource to provide statutory 'health care public health' support the CCG. Our interim director for public health has also been providing support to the CCG's Healthy Weston initiative.

### **3.2 Public health budget**

HOSP members will know that the issue over the use of the Public Health Grant has been fully resolved with Public Health England confirming that the grant has been used in accordance with statutory grant conditions.

Internal review of the use of the grant, in part to provide assurance to Public Health England, included a zero-based budgeting and prioritisation assessment. In a series of workshops a wide range of officers from across the council determined what they considered to be the most appropriate criteria, and their relative weighting, to assess the various services that are partly or wholly-funded from the Public Health Grant. Assessment against these weighted criteria led to a prioritised ranking of services. Service leads then provided short business cases for continued funding for higher-scoring services, and more detailed reviews for the lower-scoring ones.

Based on the outcomes of this process, 're-aligned' Public Health Grant funds have been withdrawn from a number of lower priority-scoring services and used to support higher priority-scoring services. This enabled the shifting of other council funding from the higher priority-scoring services to the lower-scoring ones on a pound-for-pound basis, that is, there was no net effect on services. This will provide further assurance that the grant is being used in the most appropriate way. Finally, as a way of ensuring appropriate evaluation of the use of the grant, public health officers are in discussion with internal audit colleagues to develop a simple way to assess best value. A summary of the sums of money redistributed can be found in Appendix 1.

This overall process also enabled greater mutual understanding of different services commissioned and provided by the council to both protect and improve people's well-being across a wide range of population groups.

### **3.3 Public health budget savings**

Our public health budget has seen consecutive annual reductions (some £1.5m over the last three years) as part of government policy to reduce the Public Health Grant. The government will, again, be clawing-back approximately 2.5% of North Somerset Council's £9.5m share of the Public Health Grant in 2019/20. We thus need to find savings of £250k plus an additional £26k for salary inflation. Since the government's decision to make on-going reductions to the Public Health Grant was based on many councils holding substantial ring-fenced public health funding reserves it was considered prudent to manage some of the 2019/20 grant cut by using part of the remaining public health budget reserve.

We also propose to make efficiencies in some externally provided services and this, together with a proposed staffing restructure, is expected to achieve further savings to be invested in higher-priority health improvement areas such as health checks, smoking cessation services, and parenting peer support. Development of these health improvement services is important because:

- all three scored highly in the prioritisation process;
- health checks (one of the services that councils are mandatorily required to support) are a key way of identifying unrecognised risks to people's well-being and doing something about them: one of the most significant being high blood pressure, itself the commonest cause of stroke which, in turn, is one of the commonest reasons that people require residential care;
- we are receiving an increasing number of requests from the NHS to help people to quit smoking, that is, people who are of their own volition seeking help to quit, and we thus need to increase our capacity. (Quitting smoking remains the most significant way for

people to reduce their risks of a plethora of avoidable disease and disabilities, and to improve the clinical effectiveness of the treatment of most conditions, which otherwise would increase their likelihood of requiring care services); and

- the proposed new population approach to enhance parent-child interaction from conception to when children are aged 5 years is intended to improve three important outcomes: attachment and parental sensitivity; social, emotional and behavioural development; and language and communication skills. The proposed programme will include: (i) peer support (volunteers delivering face-to-face and online support to parents, based on our very successful local breastfeeding peer support model); (ii) implementation of a multiagency universal framework and training programme to ensure consistency of information across the system; and (iii) provision of a rolling programme of targeted parenting groups delivered by professionals that support our most vulnerable families.

### **3.4 Seasonal influenza**

There has previously been some discussion by HOSP members on flu immunisation and its value in protecting vulnerable people (because of age and/or the presence of certain medical problems), and protecting front-line personnel (and thus, in turn, their vulnerable clients). Preventing flu through immunisation is important because (i) it reduces the occurrence of a debilitating illness, and (ii) it reduces the risk of developing a potentially fatal chest infection because of reduced immunity caused by flu.

Importantly, there is now a large body of evidence showing that flu immunisation can also reduce the risk of the occurrence of, and death from, heart attack; with emerging evidence that it can also protect against both stroke and heart failure in the year following immunisation, although the mechanisms of this valuable additional protection are not yet clear.

I am pleased to report that the latest figures (at the time of writing) show that, to 31 October 2018, North Somerset flu vaccine uptake in people aged 65 years and over was 50.7% (the highest in the South West); in people aged under 65 years in risk groups it was 32.6% (the second highest in the region); in pregnant women, 33.8% (in the upper-half of the rates for the South West); and 29% of eligible school children had been immunised in the first three weeks of their programme. Coverage rates are expected to be much higher by the end of January 2019.

By the end of November, 77% of front-line staff in North Somerset Community Partnership and 75% at Weston Area Health Trust had been immunised. And North Somerset Council has offered immunisation to its front-line staff: by the end of November, 190 of our staff had been immunised compared with 163 over the whole flu season in 2017/18 and 76 in 2016/17.

We have also run training for the care home sector concerning infection prevention and control, including flu immunisation.

### **3.5 0-19 years services**

Officers are currently developing and evaluating options for the development of health visiting and school nursing services in the light of the CCG's intention to reprocure adult community services from a single provider. It is important that we mitigate any possible destabilisation of these services consequent upon the outcome of the CCG's re-procurement. A report on this was presented to Full Council earlier in January this year. Options being considered include (i) novation of the current contract to the successful bidder for the CCG adult community services contract; (ii) transfer of these services in-

house for direct service delivery; (iii) transfer to an alternative delivery model (such as a local authority trading company); and (iv) a North Somerset-only competitive procurement. Officers are also exploring how this contract might be changed to one that focuses on 'hard' outcome rather than process measures.

### **3.6 Cervical cancer screening**

Nationally, the proportion of women eligible for this screening who have a documented result (i.e. the 'coverage') is at a 20-year low being 71.4% against a target of 80%. In North Somerset, coverage has been consistently higher than both the South West and the national averages, and has stayed much the same at an average of 76.5% over the last four years whilst it has been dropping elsewhere. However, in order to detect a condition that is eminently treatable in the majority of cases if caught early enough, we still need to do more. The responsibility for commissioning cervical screening services lies with NHS England and, alongside national campaigns, our public health team has run local awareness campaigns over the last two years in a variety of places to help promote this important health protection service.

### **3.7 Other public health services**

Other public health services, including health visiting and school nursing; sexual health services, including genito-urinary medicine, i.e. the treatment of sexually-transmitted infections (excluding HIV treatment); smoking cessation; healthy weight management; active lifestyle and health trainer services; mental health promotion; breast feeding promotion; the healthy schools programme; referrals to the National Diabetes Prevention Programme; and training in the Making Every Contact Count (MECC) initiative continue and are meeting performance trajectories. (MECC is a national initiative that is intended, through training and support, to enable front-line personnel to raise health improvement/health protection issues with clients/patients to promote action to prevent avoidable ill-health and disability and to increase independence.)

## **4. CONSULTATION**

N/A – this is a report of activities over the last year

## **5. FINANCIAL IMPLICATIONS**

Financial implications for the 2019/20 budget have been presented to members as part of the council's medium term financial plan.

### **Costs**

N/A – this is a report of activities over the last year

### **Funding**

N/A – this is a report of activities over the last year

## **6. LEGAL POWERS AND IMPLICATIONS**

The Health and Social Care Act (2012) set out several duties for local authorities concerning improving population health. The government launched a consultation on local authority public health prescribed activity which ran from January to April 2018. At this stage no revised guidance or policy has been issued following the consultation. This may accompany announcements on the future funding settlement for public health functions in local government.

## **7. RISK MANAGEMENT**

N/A – this is a report of activities over the last year

## **8. EQUALITY IMPLICATIONS**

N/A – this is a report of activities over the last year

## **9. CORPORATE IMPLICATIONS**

N/A – this is a report of activities over the last year

## **10. OPTIONS CONSIDERED**

N/A – this is a report of activities over the last year

## **AUTHOR**

Cllr Jill Iles

## **BACKGROUND PAPERS**

None

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### **APPENDIX 1: Summary of the sums of money shifted between services in receipt of realigned Public Health Grant funding.**

#### **Services from which Public Health Grant funds have been removed following the prioritisation process**

1. *Workplace health and well-being (employee assistance programme)*

Current public health funding (2018/19 figures) £25k of a total £35.5k

Under the assessment process, this service has low scores for outcomes, reducing health inequalities and strength of evidence of effectiveness. Aspects of it would seem to be standard occupational health/employer responsibilities.

2. *Improving homes in the private sector*

Current public health funding (2018/19 figures) £31.4k of a total £131k.

Under the assessment process, this service has low scores for outcomes, reducing health inequalities and health need. It is unclear how much of the improvement work that is funded should be the landlords' responsibility.

3. *Family Information Service*

Current public health funding (2018/19 figures) £7k of a total £35k.

Whilst there is a statutory duty for councils to provide certain information, this does not come under the 2012 Health & Social Care Act. This service scored low for reducing health inequalities.

4. *Carlton Centre: health protection and lifestyles*

Current public health funding (2018/19 figures) £32k.

Detailed service review not been received. However, the service was ranked 40/45 and had generally low scores.

5. *Warm Homes*

Current public health funding (2018/19 figures) £14k of a total £93.4k.

Under the assessment process, this service has low outcomes and health needs scores. It is unclear how much of the improvement work that is funded should be the landlords' responsibility.

6. *Lead practitioner, Healthy Child Programme, NEET Service*

Current public health funding (2018/19 figures) £46k of a total £213k.

There are opportunities to provide aspect of this service differently. There is a lack of robust evidence for the presumed results.

7. *Foster carers' safety equipment*

Current public health funding (2018/19 figures) £10.2k of a total £440k.

Under the assessment process, this service has low outcomes and health needs scores. Whilst not denying the important safety aspects, it is a low priority, relatively, for public health funding.

8. *Regulatory services - tobacco*

Current public health funding (2018/19 figures) £13k of a total £457k.

Total public health budget funding being removed: £178.6k.

**Services to which additional Public Health Grant funds have been added following the prioritisation process**

1. *Healthy Child Programme – Springboard*

This is a high impact service with scope to reduce children's services costs if it is targeted at children and families at the edge of care.

Realignment of existing realigned public health funds: £56.6k.

2. *Promotion of community safety, violence prevention, and response YOT service*

This is a high impact service that can reduce individuals' involvement with offending and/or substance misuse and thus increase the potential for well-being in such people.

Realignment of existing realigned public health funds: £40k.

3. *Domestic Abuse Service*

There is substantial under-reporting of domestic abuse so the need is likely to be much higher than data show. Also, there is no domestic abuse service provision in local NHS services where many victims are likely to present. This service gained high scores for outcomes, reducing health inequalities and need.

Realignment of existing realigned public health funds: £46k.

4. *Healthy Child Programme – Family Support Workers*

This is a pan-North Somerset service supporting some of the most vulnerable families to better enable effective child upbringing which is key to improving well-being.

Realignment of existing realigned public health funds: £36k.

Total public health budget funding being added: £178.6k.