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**Manchester City Council  
Report for Resolution**

**Report to:** Health and Wellbeing Board – 20 March 2013  
**Subject:** Public Health Budget  
**Report of:** Director of Public Health

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**Summary**

Public health functions and resources are transferring to the City Council on 1 April 2013. The Council's Executive has agreed that the programme of integration, public health and prevention will come under the governance of the Health and Wellbeing Board when it becomes a statutory committee on that date.

The resources transferring include a ring fenced public health budget allocation made by the Department of Health. The majority of this budget is already allocated to existing ongoing work, contracts for which are also transferring; reviewing this to ensure that the budget supports a strategic programme of integration, public health and prevention will be a task for the Board during 2013/14. However at this stage growth in the budget means that some resource is currently unallocated, and the Board is being asked to make a recommendation to the Executive on the spend of this unallocated resource.

This report summarises the public health budget, and sets out in more detail proposed spend on the part of the budget that is currently unallocated.

**Recommendations**

The Board is recommended to:

1. Note the report.
  2. Approve the proposals for spend of the unallocated public health budget.
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**Board Priority(s) Addressed:**

This report is relevant to all Board priorities.

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**Background documents (available for public inspection):**

Public Health Budget – report to Executive (13 February 2013) and Finance Scrutiny Committee (25 February 2013)

Public Health Transition – report to the Health and Wellbeing Scrutiny Committee (13 March 2013) and Executive (10 April 2013).

## Background

- 1.1 Public health functions and resources are transferring to the City Council on 1 April 2013. The Council's Executive has agreed that the programme of integration, public health and prevention will come under the governance of the Health and Wellbeing Board when it becomes a statutory committee on that date.
- 1.2 The resources transferring include a ring fenced public health budget allocation made by the Department of Health. The majority of this budget is already allocated to existing ongoing work, contracts for which are also transferring; reviewing this to ensure that the budget supports a strategic programme of integration, public health and prevention will be a task for the Board during 2013/14. However at this stage growth in the budget means that some resource is currently unallocated, and the Board is being asked to make a recommendation to the Executive on the spend of this unallocated resource.
- 1.3 This report summarises the public health budget, and sets out in more detail proposed spend on the part of the budget that is currently unallocated

## 2. Budget summary

- 2.1 The overall public health budget comprises three main strands: a ring-fenced public health grant from the Department of Health (DH); the existing Council budget associated with the former Joint Health Unit (JHU); and an existing Council budget held by the Drug and Alcohol Strategy Team (DAST). The DAST budget was previously funded by a City Council contribution and several ringfenced grants. These grants have been subsumed into the overall Public Health Grant and the amount in the table below represents the Council's mainstream contribution. Over the next two years these budget totals are as follows:

	2013/14	2014/15
DH ring fenced grant	40,105,200	44,115,700
MCC (public health)	905,815	905,815
MCC (DAST)	726,667	726,667
<b>Total</b>	<b>41,737,682</b>	<b>45,748,182</b>

- 2.2 The DH ring fenced grant is an increase in allocation over 2012/13. The reason for this increase is that the allocation formula, which is based on measures of need, gives Manchester a "target" allocation of approximately £51 million. The identified baseline of £36.5 million (which itself is significantly less than the actual current spend) is 25% below target. In order to move the city closer to its target spend, the allocation has given Manchester an increase of 10% over baseline for each of the next two years.
- 2.3 As stated, the public health grant is ringfenced. Its use should be informed by the priorities in the Joint Strategic Needs Assessment and Joint Health and Well Being Strategy agreed by the Health and Well Being Board. There is a requirement that it is used to discharge public health responsibilities to:

- a. improve significantly the health and wellbeing of local populations
- b. carry out health protection functions delegated from the Secretary of State
- c. reduce health inequalities across the life course, including within hard to reach groups
- d. ensure the provision of population healthcare advice.

2.4 It is also worth noting that there will be a new health premium from 2015/16 designed to reward communities for improving or reducing inequalities in selected health outcomes.

2.5 Clearly while this is new money coming to the Council, the vast majority of it is already allocated to existing public health contracts, which are also transferring to the Council on 1 April 2013. An overall budget summary for 2013/14 is therefore as follows (set out in more detail in Appendix 1):

Heading	2013 £000	Notes
Transferring public health expenditure	37,936	Comprises contracts subject to Transfer Order, existing Council contracts funded by NHS, and ongoing management costs.
In year efficiencies and savings reallocated	2,123	As set out in report to the Executive (13 February 2013). These savings proposals free up public health resources to be allocated to ongoing Council activity that supports public health and prevention.
New commitments	850	Comprising £500k to equipment services and £350k to advice services as set out in previous Executive reports.
Available for allocation	829	See section 3 below.
<b>Total</b>	<b>41,738</b>	

### 3. Unallocated resource

3.1 The growth in the public health allocation does leave £829k not already allocated. The Executive has asked that the Health and Wellbeing Board make recommendations on the spend of this resource. A summary of the proposed spend of this budget is set out in the table below, with further detail in the paragraphs that follow.

	£000
Enhanced Active Lifestyle Service offer to increase physical activity levels	264
TB services - nursing, new entrant screening, community engagement	110
Alcohol service support to integrated care and troubled families	120
Mental health and wellbeing support to integrated care and	183

troubled families	
Reallocation of growth to DAST budget (mitigating impact of savings proposals)	131
Reallocation of growth to NHS Health Checks (mitigating impact of savings proposals)	21

### 3.2 Enhanced Active Lifestyle Service offer

- a. **Board priorities addressed:** 2 (Educating, informing and involving the community in improving their own health and wellbeing)
- b. **Detail:** This resource would pilot a new way of engaging communities with the programmes on offer within local leisure facilities. Funding would be allocated to running new programmes of activity in the local pools and associated gym facilities. Existing Active Lifestyles Service and Serco/Sport and Leisure Trust resources would be aligned with these programmes to engage the local community further, enhancing community involvement in and sense of ownership of these programmes, with the aim of establishing a very different approach to community based physical activity work in future and rolling this approach out to other parts of the city.
- c. **Rationale:** It is intended to review the whole approach to healthy lifestyles services over 2013/14, with a view to recommissioning such services from 2014. This proposal provides an opportunity to pilot a new approach in advance of recommissioning.

### 3.3 TB services

- a. **Board priorities addressed:** 2 (Educating, informing and involving the community in improving their own health and wellbeing)
- b. **Detail:** Although Tuberculosis (TB) is on the rise, more can be done to tackle this relatively neglected problem. This budget would (a) increase the capacity of the specialist TB healthcare workers who help identify and treat TB cases, a vital part of preventing the disease from spreading; (b) fund the employment of an engagement worker with BME communities, to provide better information on TB and to help overcome the stigma sometimes associated with it; and (c) support more screening in both primary and secondary care for latent ('hidden' or 'silent') TB to prevent the later development of full ('active') TB disease.
- c. **Rationale:** TB is a substantial, and increasing, public health concern in Manchester, which has one of the very highest incidences of TB in the country. In 2011, Manchester had a TB case rate of 45 cases per 100,000 population, above the WHO threshold of 40 cases used to define an area of high TB incidence. Over 300 cases of TB were seen in our hospitals in 2011, mostly in BME groups, who are at much higher risk of contracting TB.

### 3.4 Alcohol service support to integrated care and troubled families

- a. **Board priorities addressed:** 4 (Providing the best treatment we can to people in the right place at the right time); 5 (Turning round the lives of troubled families)
- b. **Detail:** The resource would be used to build capacity in existing services within 2013/14 to provide targeted support for early access to treatment for individuals with complex needs including troubled families and dependent drinkers with physical health needs. It would also allow Public Health Manchester to conduct a comprehensive assessment of alcohol misuse need and to review the current alcohol treatment system, to inform future commissioning responses to alcohol misuse.
- c. **Rationale:** Alcohol services within the city are stretched, and capacity is not sufficient to respond to current demand. Current understanding of demand, and treatment responses, are based on needs and capacity work carried out in 2007 which requires updating. Comprehensive assessment of need, and review of current treatment, will support commissioning decisions for alcohol from 2014 onwards, with the aim of increasing access to treatment and successful outcomes.

### 3.5 Mental health and wellbeing support to integrated care and troubled families

- a. **Board priorities addressed:** 2 (Educating, informing and involving the community in improving their own health and wellbeing); 5 (Turning round the lives of troubled families); 6 (Improving people's mental health and wellbeing)
- b. **Detail:** The full detail behind this investment still needs to be worked up in partnership with MCC and CCG colleagues. However it will form a package of support for people's low level mental health and wellbeing needs particularly focused on work with troubled families and in support of integrated care. This should be seen as the start of an increasing programme of work in this area.
- c. **Rationale:** Low level mental health and wellbeing support has received very little investment over recent years despite considerable evidence on the extent of need, and a developing evidence base on the effectiveness of such services.

### 3.6 Reallocation of growth to DAST budget

- a. **Board priorities addressed:** 4 (Providing the best treatment we can to people in the right place at the right time)
- b. **Detail:** As part of the savings proposals originally made to the Executive, a total of £1 million savings from the Drug and Alcohol Strategy Team budget were proposed in 2013/14, on top of £1 million savings that were

realised in 2012/13. The DAST has been restructuring its budgets and formally consulting on savings proposals, and has identified ways of realising very significant savings in 13/14 through provider efficiencies. Further savings would however require hard service cuts. This proposed £131k investment would enable the DAST to set a balanced budget for 2013/14 that still realises a £1.6 million annual recurrent budget saving over the 2011/12 out-turn.

- c. **Rationale:** Drug and alcohol services in the city are stretched, and in particular further investment in alcohol services is needed to meet increasing demand. The unexpected growth in the public health budget enables previous savings proposals to be revisited in order to reduce the negative impact on services.

### 3.7 Reallocation of growth to NHS Health Checks

- a. **Board priorities addressed:** 2 (Educating, informing and involving the community in improving their own health and wellbeing)
- b. **Detail:** The initial savings proposals made to the Executive proposed a phased 10% saving on the budget that supports NHS Health Checks. This reallocation reverses the first year of those savings in the light of the unexpected growth in the public health budget.
- c. **Rationale:** Commissioning NHS Health Checks is a statutory public health function. A review of how these are carried out will be undertaken during 2013/14 and further proposals made for subsequent years; this continued investment would reduce the risk of destabilising the existing system in the current year.

## 4. Conclusion

- 4.1 The increasing national allocation of funding to public health in Manchester is welcome, as is the recognition that even after increasing budgets over the next two years the city's public health system will still be underfunded on the basis of health need. It is to be hoped that future spending rounds will maintain a pace of change that moves the city rapidly towards its target allocation.
- 4.2 It is intended that the whole programme of public health spend will be subject to a review during 2013/14. This will include a review of all contracts to ensure that expenditure is evaluated to ensure that it is evidence based, aligned to delivering the public health outcomes, supports the integration of health and social care and achieves the best possible efficiency and value for money through integration and reducing duplication with other areas of Council and NHS spend.

## APPENDIX 1

### FULL PUBLIC HEALTH BUDGET PROPOSALS

The tables below provide further detail of the planned spend of the public health budget in 2013/14. A number of areas of spend are on services that the Council is mandated to commission or provide; these are specifically identified.

Note that only a 2013/14 budget proposal is given below. It is intended that the whole programme of public health spend will be subject to a review during 2013/14. This will include a review of all contracts to ensure that expenditure is aligned to delivering the public health outcomes, supports the integration of health and social care and achieves the best possible efficiency and value for money through integration and reducing duplication with other areas of Council spend.

#### Starting Well

Service	2013/14 £	Notes
Early years early intervention programmes	899,000	Includes parenting programmes
Early years obesity projects	30,000	Particularly focused on training for early years providers
Community Budgets - Health Visiting	10,000	Small grants to enable health visitors to support families with behaviour change
Baby Steps	5,000	Supports education for teenage parents with Manchester College
<b>Total Starting Well</b>	<b>944,000</b>	

#### Developing Well

Service	2013/14 £	Notes
Child & Family Weight Management Service	56,000	Targeted weight management work with children and families
School Nursing Service	3,451,261	Provision of universal school nursing service
CMFT Teenage Pregnancy	43,153	Specialist midwife service
Healthy Schools	414,923	Support for developing health promoting policy and practice in schools
Child Accident Prevention programmes	128,748	Accident prevention education and home safety equipment scheme
<b>Total Developing Well</b>	<b>4,094,085</b>	

#### Living and Working Well: Lifestyle Services

Service	2013/14 £	Notes
Healthy Living Networks	481,521	Community focused health and wellbeing

(Zest + South Manchester)		programmes
Public Health Development Services	3,668,855	Main public health provider service, including stop smoking service, community food workers, mental health promotion, sexual health and HIV prevention, training and a range of other services
Physical Activity Referral Schemes	615,251	Support for high risk patients who need to increase their level of physical activity
Active Lifestyle Service	542,814	MCC service running community based activity programmes
Active Travel	75,000	Contribution to MCC Travel Change team plus cycle training
Tobacco Free Futures	50,000	Contribution to North West tobacco control programmes
Food Futures	70,000	Programme budget for Food Futures programme supporting improving diet and nutrition
Smoke Free Manchester	45,000	Programme budget for Smoke Free Manchester programme, mainly funds Smoke Free Homes worker
<b>Total Lifestyle Services</b>	<b>5,548,441</b>	

### Living and Working Well: Obesity

Service	2013/14 £	Notes
Community Nutrition Service (Dietetics)	1,112,896	Wide range of nutrition, dietetics and weight management support. Includes statutory funding for tube feeding.
Weight Management Service	330,000	Specialist weight management service for those who are severely obese
Vitamin D Scheme	18,000	Targeted programme for mothers and babies for Vitamin D supplements – link to Starting Well
<b>Total Obesity</b>	<b>1,460,896</b>	

### Living and Working Well: Sexual health services

Commissioning of sexual health services is a mandated local authority public health function.

Service	2013/14 £	Notes
Genito Urinary Medicine Services	2,917,470	Hospital based clinical sexual health services
Contraception and Sexual Health Services	2,841,837	NHS and community sector provision of contraceptive services

Brook Advisory Service	658,429	Sexual health advice for young people
Brook – Sunday Service	27,088	Sexual health advice for young people
HIV and Sexual Health Advice provided by the voluntary sector	730,815	Advice services provided by the Black Health Agency, Lesbian & Gay Foundation, George House Trust and Manchester Alliance on Street Health
Liverpool PCT HIV Database	8,979	HIV monitoring and surveillance
Pharmacy sexual health services	323,683	Sexual health advice, emergency hormonal contraception, chlamydia testing
R U Clear chlamydia screening programme	362,682	Main GM chlamydia screening programme
GP Sexual Health services	779,475	Sexual health services provided in primary care
Sexual Health Network	22,000	Manchester contribution to GM sexual health network, planning services on a GM basis
Teenage Pregnancy programmes	307,412	Range of initiatives to prevent unintended teenage conceptions and support teenage parents
<b>Total sexual health services</b>	<b>8,979,870</b>	

### Living and Working Well: Drugs and alcohol

(NB: Figures in the table below are subject to change following public consultation on savings to the drugs services)

Service	2013/14 £	Notes
DAST spend	10,580,031	Includes treatment, rehabilitation and prison work
Troubled families – alcohol	75,000	Support access to early intervention and treatment for troubled families cohort
Brian Hore Unit	482,000	Residential alcohol rehabilitation
Community Alcohol	792,444	Alcohol treatment services
Alcohol Brief Intervention	338,290	A&E based identification and intervention for problematic alcohol use.
<b>Total Drugs and Alcohol</b>	<b>12,267,765</b>	

### Living and Working Well: Other

Service	2013/14 £	Notes
Homeless Families	260,216	Support for homeless families within hospital settings
Troubled families – mental health support	58,000	Reallocated MCC spend.
Greater Manchester Coalition for Disabled People	33,888	Former NHS grant funding

Citizens Advice Bureau	69,000	Welfare advice including within primary care settings
Chinese Information Service	60,265	Health information and advice service for the Chinese population
Worklessness Project	47,956	Partnership project with City In The Community supporting young people into training
Domestic Violence	93,239	Programmes aimed at identifying and intervening in domestic violence
NHS Health Checks	619,000	Commissioning of mandated health checks (including heart disease risk factor screening)
Information and Advice Services	350,000	Supporting the development of a new model of provision of advice services
<b>Total Other</b>	<b>1,591,564</b>	

### Ageing Well

Service	2013/14 £	Notes
Falls Services	495,753	NHS based falls services
Falls Prevention exercise programme	45,349	Chair based exercise programme for older people at risk of falls
Falls prevention home safety services	150,000	Home safety
Older people's services – mental health	600,000	
Valuing Older People	90,000	Programme budget for the Valuing Older People
Dementia	111,344	Project supporting the physical health of older people with dementia
Equipment and adaptations	500,000	Support for equipment and adaptations particularly around falls prevention
<b>Total Ageing Well</b>	<b>1,992,446</b>	

### Other public health

Service	2013/14 £	Notes
Public Health Network	214,301	GM Network
Overheads payable as part of NHS Community Services Contracts	689,154	Will be split between NHS contracts when contract transition process is concluded
Emergency planning	40,000	Contribution to GM emergency planning system
<b>Total Health Protection</b>	<b>943,455</b>	

### Staffing and overheads

Service	2013/14 £	Notes
Public health management	2,548,207	Core costs including NHS public health, former Joint Health Unit and Drug and Alcohol Strategy Team
Community Infection Control Team	306,193	
MCC overheads	220,751	Commissioning Support Service plus non-pay
<b>Total Management and Overheads</b>	<b>3,085,683</b>	

### Investment proposals for consideration by Health and Wellbeing Board

Service	2013/14 £	Notes
Enhanced Active Lifestyle Service offer to increase physical activity levels	264,000	
TB services - nursing, new entrant screening, community engagement	110,000	
Alcohol service support to integrated care and troubled families	120,000	
Mental health and wellbeing support to integrated care and troubled families	183,482	
Reallocation of growth to DAST budget	130,995	
Reallocation of growth to NHS Health Checks	21,000	
<b>Total Investment Proposals</b>	<b>829,477</b>	

### Total

Service	2013/14 £'000	Notes
<b>Total</b>	<b>41,737,682</b>	