

### **BRISTOL CITY COUNCIL Health & Wellbeing Board 27 November 2014**

**REPORT TITLE:** Programme of Public Health Intervention Proposals

**Ward(s) affected by this report:** City wide

**Strategic Director:** Alison Comley, Strategic Director Neighbourhoods

**Report author:** Barbara Coleman, Service Manager Public Health

**Contact telephone no. & e-mail address:** 0117 9222935  
barbara.coleman@bristol.gov.uk

#### **Purpose of the report:**

This report sets out a proposal for a programme of Public Health interventions across the City.

#### **RECOMMENDATION for the Mayor's approval:**

To agree to expenditure on a programme of Public Health interventions to an aggregate value of £564,633.

#### **1 The Proposal:**

- i. From 1 April 2013 the public health function was transferred from the NHS to local government. This new Council duty was to improve the health of people in Bristol and the Council was given associated powers to help in meeting this obligation. The allocation for 2013-14 was £27 million. The public health grant for 2013-14 was underspent by £1.8 million due in part to ensuring that funding commitments post transition were fully accounted for, alongside a number of staff vacancies and subsequently underperformance in some service delivery areas.
- ii. A Public Health Statement of Assurance relating to 2013/14 was returned to Public Health England by Bristol City Council 30 September 2014 confirming that the grant was used to discharge public health functions. The rules around expenditure of the allocation indicate that we must have plans for expenditure on public health priorities or there may be a claw back of any underspends from the Department of Health in future years. This proposal to spend £564,633 is a tactical response to ensure that some of the underspend is spent on addressing immediate gaps in services, whilst a more strategic approach will be taken to consider the balance.
- iii. A programme of interventions is proposed by Public Health based upon a set of

principles as set out in section 2 of this report. These include consistency with the Health and Wellbeing Strategy and the Public Health Outcomes Framework.

- iv. The programme can be funded from non-recurrent funds available from 2013/14 and as such, the programme has been designed based upon non-recurrent activity within a specified timescale.

Section 2 of this report sets out the principles used to design the programme of interventions, section 3 sets out a summary of the programme and section 4 clarifies the funding available.

## **2 The Principles**

The principles that were used to design the programme of interventions were as follows:

1. Interventions must meet at least 2 of the objectives from the:
  - Health & Wellbeing Strategy
  - Public Health Outcomes Framework
2. Must be able to clearly show details focusing on:
  - Evidence Base
  - Impact on Health Inequalities
  - Equalities
  - Value for money
3. Investment is proportionate to the needs identified and to the benefit gained.
4. Project is well planned and achievable.
5. It must be deliverable within a specific timescale and have no expectation of continued funding from Public Health.

Public health professionals, working with partners, were asked to submit business cases for interventions which would address current gaps in provision and service pressures, which met the above criteria. Proposed interventions were assessed taking all of the above criteria into account using a scoring matrix which ranked the scores according to the strength of the application. The balanced scorecard was based on detailed work carried out in Cambridge and Sandwell using an approach which was developed by Daphne Austin (Public Health Adviser, Health & Social Care). This has been recognised, nationally as good practice when reviewing business cases for funding services.

A total of 49 proposals to the value of approximately £2 million were considered by a panel of senior specialist staff. From this, 26 interventions were recommended for approval to the value of £564,633, which can be funded from non-recurrent funds available from 2013/14.

A summary of the interventions proposed are set out in section 3 below.

## **3 Summary of Interventions**

- Children and young people's services £83,915 broken down as follows:

- Equipment for school nurse enuresis service £27,699
  - Contribution to school nurse re-procurement process £16,000
  - Extension of UNICEF Baby Friendly award £6,555
  - Sex and relationship support for young people with learning disabilities £33,661
- Drug and alcohol services £41,280 broken down as follows:
    - Pilot young people's drug and alcohol worker in A&E £15,000
    - Hidden harm service fund for activities £3,780
    - Alcohol brief interventions pilot in pharmacies £15,000
    - Campaign for parents around alcohol misuse £7,500
- Health Improvement North Neighbourhood £16,028 broken down as follows:
    - Support to Aspiration (Lockleaze) £9,990
    - Support to Boing (Lockleaze) £6,038
- Injury prevention services £75,954 broken down as follows:
    - Clear backlog in Home Safety Scheme (stair guards in homes in priority areas) £22,879
    - Expand Lifeskills Learning Difficulties Programme £12,352
    - Reduce falls in care homes - training £28,250
    - Reduce injuries in early years: home safety training £12,473
- Neighbourhoods £40,000 broken down as follows
    - Support to refugee Rights £40,000
- Stop Smoking Services £72,046 broken down as follows:
    - Smokefree Hospitals practitioner £36,023
    - Smokefree Families practitioner £36,023
- Violence Against Women and Girls £98,000 broken down as follows:
    - FGM school staff training programme £40,000
    - Extension of IRIS in primary care £43,000
    - Training for health professionals on the sexual violence survival pathway £15,000
- Weight Management services £38,160 broken down as follows:
    - Eating Well practical cooking sessions in care homes £18,160
    - Fans4life – men's weight management programme £20,000
- Other services £99,250 broken down as follows:
    - Women's commission health task group – health needs assessment of young women £17,250
    - Social prescribing development £32,000
    - Healthy Living Pharmacist pilot £35,500
    - Healthy neighbourhoods £14,500

The total value of the proposals recommended for approval is £564,633.

## 4 Funding

The programme of interventions can be funded from non-recurrent funds available from 2013/14 and as such the programme has been designed based upon non recurrent activity within a specified timescale.

Total non-recurrent funds available from 2013/14 are approximately £1.8m and this programme would reduce that amount to approximately £1.2m. Plans for the remaining balance are being developed and they will need to consider:

- Opportunities for best addressing health inequalities in the City with regard to the public health outcome framework and local strategies;
- Working with partners and other departments of the council to identify opportunities to use the funds creatively to make the greatest impact with the funding available;
- The pressures anticipated on public health recurrent commissioned activity owing to the grant not being uplifted in 2015/16.

### **Consultation and scrutiny input:**

This report will be considered and consulted on with the following people/ departments:-

#### **Internal**

- Legal
- Procurement
- Finance
- Assistant Mayor Neighbourhoods
- Neighbourhoods team
- Senior Leadership team

### **Further plans for consultation include**

There are no further plans for consultation as the expenditure is time limited for one year only.

### **Other options considered:**

Many of these proposals were priorities in the public health team's work programmes. Funding may have been allocated without following a formal process for prioritisation. Although this process has delayed the start date for all of the proposals, it was felt that this process was more open and transparent and enabled a better understanding of the range of work needed across the city.

## Risk management / assessment:

<b>FIGURE 1</b>							
<b>The risks associated with the implementation of the (subject) decision :</b>							
No.	RISK  Threat to achievement of the key objectives of the report	INHERENT RISK  (Before controls)		RISK CONTROL MEASURES  Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK  (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	Expectation that longer term funding is required for services will be available	High	Medium	All proposals have been agreed at a funding level for one year only. Proposers must have exit plans in place for pilot projects	High	Low	Strategic Director Neighbourhoods
2	Late start of projects will mean that money cannot be spent in this financial year	High	Medium	Grant funding arrangements where external providers are commissioned to deliver services	High	Low	Strategic Director Neighbourhoods

<b>FIGURE 2</b>							
<b>The risks associated with <u>not</u> implementing the (subject) decision:</b>							
No.	RISK  Threat to achievement of the key objectives of the report	INHERENT RISK  (Before controls)		RISK CONTROL MEASURES  Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK  (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	The authority will not achieve all of the public health outcomes. The DoH will claw back any underspend and future funding levels will be reduced.	High	Medium	Consider alternative expenditure arrangements Develop plan for funding strategic priorities for addressing key health inequalities.	High	Low	Strategic Director Neighbourhoods

## Public sector equality duties:

Equalities Impact Assessments will be carried out on projects which may have to cease.

## Eco impact assessment

Eco Impact assessments will be carried out on appropriate projects.

## Resource and legal implications:

### Finance

#### a. Financial (revenue) implications:

The programme of interventions can be funded from non-recurrent funds available from 2013/14 and as such the programme has been designed based upon non-recurrent activity within a specified timescale.

Total non-recurrent funds available from 2013/14 are approximately £1.8m and this programme would reduce that amount to approximately £1.2m. Plans for this remaining balance are being developed and they will need to consider:

Discharge of public health functions as referred to in the section 4 of the report; and  
The pressures anticipated on public health recurrent commissioned activity owing to the grant not being uplifted in 2015/16.

A Public Health Statement of Assurance relating to 2013/14 was returned to Public Health England by Bristol City Council 30 September 2014 confirming that the grant was used to discharge public health functions.

**Advice given by** Robin Poole  
**Date** 16th October 2014

**b. Financial (capital) implications:**

There are no implications for capital budgets as a result of this report.

**Comments from the Corporate Capital Programme Board:**

**Not applicable**

**c. Legal implications:**

Consideration should be given to the Public Contracts Regulations 2006 in so far as they are applicable. Given the nature of any contracts they are likely to be Part B Services and not subject to the full rigour of the Regulations. Any contract award should also follow the Council's own procurement rules and for some contract awards it is necessary to waive compliance with the Council's procurement rules where the contract value is above £15,000. This is achieved by including the recommendation in the report that compliance with the Council's own procurement rules are waived in so far as is necessary. For any extensions and variations to existing contracts it will also be necessary to ensure compliance with the Council's own procurement rules and this may require obtaining the written consent of an authorised Legal Officer where necessary.

**Advice given by** Penny Wilford  
**Date** 16 October 2014

**d. Land / property implications:**

**Not applicable**

**Advice given by** Insert name / job title  
**Date** Insert

**e. Human resources implications:**

**Not applicable**

**Advice given by** Insert name / job title  
**Date** Insert

**Appendices:**

Appendix 1 - Public Health Expenditure proposals 2014

Appendix 2 – Process for assessment

**Access to information (background papers):**

Programme area	Submitted By	Project	Amount	Total Programme Area	Internal/ External	Provider	New Contract Agreement	Extend existing contract	Grant
Children & Young people	A Chappell	School Nurse Enuresis Service - bed wetting alarms	27,699		Internal			X- to replace equipment - currently no budget	
Children & Young people	A Chappell	Bristol Community Child Health Re-Procurement	16,000		External	Clinical Commissioning Group	X		
Children & Young people	N Symes	Maintenance and extension of the UNICEF UK Baby Friendly Initiative standards- supporting transition to the new standards in Children's Centres	6,555		External	TBA	X		
Children & Young people	J Baugh	Sex and Relationships support for young people with learning disabilities	33,661	<b>83,915</b>	External	Brook		X - this funding is to continue the service for a further year	
Drugs & Alcohol	G Smyth	Pilot Young People's Drug and Alcohol worker in A&E	15,000		External	University Hospitals Bristol	X		



Drugs & Alcohol	G Smyth	Hidden Harm Service	3,780		Internal	DYPP		X - funding to include activities fund for existing service	
Drugs & Alcohol	K Porter	Pharmacy alcohol IBA pilot	15,000		External	Local pharmacies	X		
Drugs & Alcohol	G Smyth	Alcohol campaign for parents	7,500	<b>41,280</b>	Internal				
Health Improvement - North	A Wood	Improving the accessibility to Boing! or Increasing the capacity of Boing	9,990		External	Boing			X
Health Improvement - North	A Wood	Aspiration Lockleaze	6,038	<b>16,028</b>	External	Lockleaze Community Partnership			X
Injury Prevention	R Benington	Home Safety Scheme	22,879		External	Care & Repair		X - funding to clear backlog in existing service	
Injury Prevention	R Benington	Expanding Lifeskills Learning Difficulties Programme	12,352		External	Lifeskills		X - to expand existing service for LD service users	
Injury Prevention	R Benington	Reducing falls in care homes	28,250		External	TBA	X		
Injury Prevention	R Benington	Reducing injuries in the early years: home safety training	12,473	<b>75,954</b>	External	UWE / Child Accident Prevention Trust	X		

Neighbourhoods	D Robinson	Support to Bristol Refugee Rights	40,000	40,000	External	Refugee Rights		X - funding to enable service to continue whilst alternative sources found	
Other	J Beavington	Women's commission health task group: Listening To Young Women and Campaign to raise self-esteem of Young Women	17,250		External	TBA	X		
Other	L McDougall	Social prescribing development and support	32,000		Internal				
Other	B Coleman	Healthy Living Pharmacists	35,500		External	Local Pharmaceutical Committee	X		
Other	C Lowman	Healthy Neighbourhoods Award	14,500	99,250	Internal				
Stop smoking	L Stanley	Smokefree Hospitals Practitioner	36,023		External	University Hospitals Bristol / North Bristol Trust	X		
Stop smoking	L Stanley	Smokefree Families Practitioner	36,023	72,046	External	University Hospitals Bristol / North Bristol Trust	X		
Violence Against Women & Girls	K Cooke	FGM School staff training programme	40,000		Internal				

Violence Against Women & Girls	J Beavington	Extension of IRIS in Primary care	43,000		External	Clinical Commissioning Group		X - funding to extend existing service to more GP Practices	
Violence Against Women & Girls	J Beavington	Training for Health Professionals on the sexual Violence survivor pathway	15,000	98,000	External	TBA	X		
Weight Management	L Fox	Eating Well - Practical Cooking Sessions	18,160		External	Clinical Commissioning Group	X		
Weight Management	A Wood	Fans4Life – a men's weight management programme	20,000	38,160	External	Bristol City Football Club	X		
		<b>Total proposed expenditure</b>	<b>564,633</b>	<b>564,633</b>					

**Public Health New Investment  
Business Case 2014/15**

**NB: This template needs to be completed for any additional funds from the Public Health grant. This is for new projects or increasing the budget for existing projects or contracts (recurring funds).**

**Each proposal will be assessed against the criteria set out below. Failure to meet criteria will impact on proposals being accepted.**

Factor	Scale					Score
	Very low	Low	Mid scale	High	Top points	
1. From your experience what is the strength of evidence that the service produces an effect	<b>Under 3 points</b> if still experimental, case series or opinion	<b>10 points</b>	<b>20 points</b> if you have modest evidence that the service works	<b>30 points</b>	<b>40 points</b> if you definitely have experience that the service works	
2. Magnitude of benefit in health or life expectancy	<b>Under 3 points</b> if negligible or no improvement in health or life expectancy	<b>10 points</b>	<b>20 points</b> if there are moderate improvement in health or life expectancy	<b>30 points</b>	<b>40 points</b> if there are large improvement in health or life expectancy	
3. Number of people who will <b>benefit</b> directly	<b>Under 3 points</b> if one person	<b>10 points</b>	<b>20 points</b> if there are 10 – 49	<b>30 points</b> there are 50 – 499	<b>40 points</b> if there are > 500 people would benefit	
4. Total cost of the service / project	<b>Under 3 points</b> if the cost is more £1,000,000	<b>10 points</b> if the cost is between £,1000,000 & £500,000	<b>20 points</b> if the cost is between £500,000 – £250,000	<b>30 points</b> there the cost is between £250,000 – £50,000	<b>40 points</b> if the cost is less than £50,000	
5. Acceptability to target population	<b>Under 3 points</b> if population would find it highly unacceptable	<b>5 points</b> if population would find it somewhat unacceptable	<b>10 points</b> if population would have no view on acceptability	<b>15 points</b> if population would find it somewhat acceptable	<b>20 points</b> if population would find it highly acceptable	
6. National requirement or PHOF or Health and Wellbeing Strategy target	<b>Under 3 points</b> if not a requirement	<b>10 points</b> if it addresses one target or national requirement	<b>20 points</b> if it addresses two targets or national requirements	<b>30 points</b> if it addresses three targets or national requirements	<b>40 points</b> if it addresses 4 targets or national requirements	

Factor	Scale					Score
	Very low	Low	Mid scale	High	Top points	
7. Addressing health inequality or health inequity – i.e. where no service in place	<b>Under 3 points</b> if it doesn't address an inequality or inequity	<b>10 points</b>	<b>20 points</b> if it partially address's an inequality or inequity	<b>30 points</b>	<b>40 points</b> if it completely address's an inequality or inequity	
8. Wider benefits to Bristol	<b>Under 3 points</b> if None	<b>5 points</b> if some Benefit	<b>10 points</b> if moderate benefit	<b>15 points</b> if large Benefit	<b>20 points</b> if major Benefit	
9. Duplication of other services/agencies	<b>0 points</b> if very similar	<b>3 points</b>	<b>5 points</b>	<b>7 points</b>	<b>10 points</b> if none	
10. Only service/project or alternative	<b>Under 3 points</b> if many other options with best outcomes	<b>5 points</b> if other options with better outcomes	<b>10 points</b> if other options but equivalent outcomes	<b>15 points</b> if limited options with poorer outcomes	<b>20 points</b> if there are no other options at all	
<b>Total Score</b>						

***To be submitted by***

<b>Title:</b>	<b>Date:</b>
<b>Contact Details of Proposer</b>	
<b>Applicant:</b>	
<b>Manager approval</b>	

**Essential criteria for project / contract applications**

1. Meets at least 2 of the objectives from the:
  - Health & Well Being Strategy
  - PH Outcomes Framework
2. Must be able to clearly show details focusing on:
  - Evidence Base
  - Impact on Health Inequalities
  - Equalities
  - Value for money.
3. Investment is proportionate to the needs identified and to the benefit gained.
4. Project is well planned and achievable.
5. Project takes place in Bristol.
6. It must be deliverable within a specific timescale and have no expectation of continued funding from Public Health.

## The Proposal

### **Description of the Proposal:**

Brief description of the initiative (no more than 150 words)!

Include who will benefit from this project/services, numbers, population

### **Expected Start Date and Duration of Proposal:**

#### **1. From your experience what is the strength of evidence that the service produces an effect?**

Is this experimental or have definitely evidence this works?

#### **2. What is the magnitude of benefit in health or life expectancy?**

#### **3. What is the number of people who will benefit directly?**

#### **4. What is the total cost of the service / project?**

Provide breakdown of spend and include matched funding (if any)

#### **5. How acceptable is the proposal to the target population?**

#### **6. Is there a national requirement to undertake this work? Does this proposal contribute to PHOF or Health and Wellbeing Strategy priorities?**

Please describe how your proposal will contribute to elements of the above frameworks/priorities.

#### **7. Does the proposal address health inequality or health inequity i.e. where no service in place?**

#### **8. Will there be any wider benefits to Bristol?**

**9. Is there any duplication of other services/agencies?**

**10. Are there any alternatives to this proposal or is this the only option?**

If there are alternatives, please state them.