

Adults, Children and Education Scrutiny Commission (previously People Scrutiny Commission) Supplementary Information



Date: Monday, 19 November 2018

Time: 2.00 pm

Venue: City Hall College Green Bristol BS1 5TR

Distribution:

Councillors: Claire Hiscott (Chair), Jos Clark, Eleanor Combley, Jude English, Paul Goggin, Carole Johnson, Gill Kirk, Brenda Massey, Celia Phipps, Ruth Pickersgill and Steve Smith

Issued by: Louise deCordova, Scrutiny

City Hall, Bristol, BS1 5TR

Tel: 0117 35 26151

E-mail: scrutiny@bristol.gov.uk

Date: Friday, 9 November 2018



Supplementary Agenda

9. Public Health Grant

The Commission is asked to note the report.

(Pages 3 - 15)

Officer Presenting Report: Dr Susan Milner



Adults, Children and Education Scrutiny Commission

19th November 2018



Report of: Bristol City Council Public Health Service

Title: Allocation of Public Health Grant

Ward: N/A

Officer Presenting Report: Dr Susan Milner, Interim Director of Public Health

Contact Telephone Number: 0117 3574173

Recommendation:

Scrutiny Committee notes the report and is assured that the public health grant is being spent in line with the grant conditions.

The significant issues in the report are:

The public health grant is being reduced along with other funding for services which promote and protect health.

The public health grant provided to Bristol City Council is being spent in line with the conditions of the grant.



1. Summary

The amount of public health grant provided to Bristol City Council (BCC) has reduced year on year for several years and we expect a further reduction in 19/20. In addition there has been a significant reduction in the overall funding of BCC services that promote and protect the health of our population, e.g. early intervention for children and families, environmental health services, community development and third sector activities. Some of the public health grant has been redirected to protect these key services from being cut. To enable this to happen the specialist public health service will need to reduce its running costs and a service transformation and restructure is underway. In addition the cost of commissioned public health services will need to be reduced. Some services will need to be decommissioned and proposals will be put forward for public consultation in the New Year.

2. Context

Since the Health and Social Care Act (2012), which transferred specialist public health services from the NHS to local authorities, BCC is now the local leader in the public health system and is responsible for improving the health of the community, backed by a ring-fenced grant and a specialist public health team, led by the director of public health. BCC needs to embed these new public health functions into all their activities, tailoring local solutions to local problems, and using all the levers at their disposal to improve health and reduce inequalities.

Supporting local political leadership in improving health is the director of public health and their team. The director of public health is the statutory chief officer for health within BCC. It is their job to champion health across the whole of the authority's business, promoting healthier lifestyles and scrutinising and challenging the NHS and other partners to promote better health and ensure threats to health are addressed. More specifically, there are a number of functions and services that BCC has to provide or commission. They are divided into those described as 'mandatory' - , i.e. there is some national guidance that they are delivered and how they are delivered. Others are described as 'discretionary' and for local determination.

The mandatory services are:

- Ensuring appropriate access to sexual health services
- A duty to ensure there are plans in place to protect the health of the population
- Providing NHS commissioners with the public health advice they need ('the core offer')
- Ensuring the National Child Measurement Programme is delivered
- Ensuring the NHS Health Check Programme is delivered
- Ensuring the mandated elements of the health visiting service are delivered.

Discretionary services include:

Health improvement initiatives, e.g.

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (inc School nursing service)
- Interventions to tackle obesity e.g., community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services

- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long term conditions
- Local initiatives on workplace health

Health protection initiatives, e.g.

- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes, healthcare associated infection prevention and management
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Local initiatives that reduce public health impacts of environmental risks
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Addressing the wider determinants of health, e.g.

- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion

These are the elements of public health that have been specified in the new legislation as being now the responsibility of BCC. But, in reality, most of what local authorities do impacts, directly and indirectly, on the health of the community.

The role of local authorities in public health.

Local authorities were originally set up to promote and protect the health and wellbeing of their communities. They pioneered the development of public services to ensure clean water supplies, waste disposal, sewage treatment and disposal, regulated food production, supply and retail, provided safe housing and welfare to those in need. Local authorities still undertake these duties today in one form or another. Local authorities used to oversee hospital services and they employed medical officers of health and community health workers such as district nurses and health visitors to identify the health needs of the population and provide services to meet those needs. In 1974 these staff transferred over to the NHS and many people thought that was not a good idea. It has been difficult for public health priorities to be given the necessary attention and resources in an NHS that is dominated by treatment and care. Local authorities have been given back the local leadership role for public health and that makes sense as it is the local authority that controls the key socio-economic determinants of health such as education, housing, employment opportunities, the physical and cultural environment, transport and planning infrastructure. The pivotal role local authorities play in public health is captured in the diagram below.

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
 - tackle prejudice; and
 - promote understanding.
- 5b) N/A to this report which is an information only item

Appendices:

Exempt Appendix 1 Detailed allocation of the Public Health Grant

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

None

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted