

## **PUBLIC HEALTH OUTCOMES FUND 2013-14 & 2014-15**

**The Public Health Outcomes Fund is designed to support initiatives that will make a positive impact on the health and wellbeing of the Wirral population. It should be linked to the achievement of outcomes within the Public Health Outcomes Framework 2013-2016 and will fund activity for the two financial years 2013-14 and 2014-15.**

### **FUNDING CRITERIA**

The proposal must enhance the health and well-being of the Wirral population by meeting at least one of the following two high level outcomes:

- Increased healthy life expectancy
- Reduced differences in the life expectancy and healthy life expectancy between communities

To support these outcomes there are a number of public health indicators grouped into four domains (more information can be found in Annex A):

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

Funding can be for a whole range of public health related initiatives, for example, goods or services that initiate sustainable benefits, support for relevant training interventions etc. Once the proposal has been agreed the costs will be charged against budgets held within Public Health and not transferred to other areas. This will enable Public Health to closely monitor the budget spend and will support Public Health's ability to demonstrate to auditors how their ring-fenced grant is being spent in 2013-14 and 2014-15 financial years.

### **WHO CAN APPLY**

Applications will only be considered from individuals from Wirral Council whose applications are sponsored / supported by a Director from Wirral Council.

### **FUNDING CONDITIONS**

There is a requirement that individuals understand that the funding is only for activity based in 2013-14 and 2014-2015 financial years and there is no obligation for funding to be provided for subsequent years i.e. activity should be non-recurrent.

Invoices relating to the funding need to be processed by 31<sup>st</sup> March 2014 and 31<sup>st</sup> March 2015 as per breakdown within the application, otherwise the invoices will not be reimbursed.

## Appendix 2:

Applicants should ensure that any purchases of good or services are in line with Wirral Borough Council procurement policy.

### **HOW TO APPLY**

If you have read this guide and believe you have a proposal that meets our funding criteria then you should liaise with a Director from Wirral Council. You will need to brief them on your proposal and if they are supportive they will be the nominated sponsor.

Complete the application form below clearly stating the outcomes of the proposal and the name of sponsoring director. Individuals are asked to provide clear and concise information, particularly for stating the proposed cost and spend items. Please attach any other relevant documentation with your completed application and send to Tricia Cavanagh via email on [triciacavanagh@wirral.gov.uk](mailto:triciacavanagh@wirral.gov.uk)

### **PERFORMANCE MANAGEMENT / BUSINESS INTELLIGENCE SUPPORT**

The proposals should be evidence based and generate measurable Public Health outcome(s) that can be performance managed. Please contact Bev Murray [666 5198 and [beverleymurray@wirral.gov.uk](mailto:beverleymurray@wirral.gov.uk)] for more support or advice around business intelligence and performance requirements.

### **TIMESCALES**

Individuals are asked to complete the application by 5pm on Friday 12<sup>th</sup> July 2013. The applications will then be considered shortly after by a panel comprising of the following individuals:- Graham Burgess, Chief Executive, Wirral Council; Councillor Chris Meaden, Portfolio Holder for Health and Wellbeing, Fiona Johnstone, Director of Public Health / Head of Policy & Performance. Supporting the panel will be Chandra Dodgson, Senior Public Health Commissioning Accountant and Kevin Carbery, Business Manager from the Policy, Performance and Public Health directorate.

### **WHAT HAPPENS NEXT?**

Tricia Cavanagh, Public Health Advisor will acknowledge receipt of your application and inform you when the decision panel will convene. Shortly after the decision making panel have met you will receive written correspondence stating whether your application has been successful or not. Individuals must not proceed with activity that will incur any costs until you have received written confirmation from within Public Health that your application has been successful.

Appendix 2:

## APPLICATION FORM FOR PUBLIC HEALTH OUTCOMES FUND 2013-14 & 2014-15

The Public Health Outcomes Fund is designed to support initiatives that will make a positive impact on the health and wellbeing of the Wirral population. It should be linked to the achievement of Public Health outcomes and be one-off non-recurring activity that will be implemented within the financial years 2013-14 and 2014-2015.

1. Name of Proposal

2. Description of Proposal – outline all the key elements/ aspects/ evidence base

3. State the Public Health Outcome Framework indicators that this proposal contribute towards together with the rationale [Refer to Annex A of this paper and Part 2 of Technical Specification for more information via hyperlink]  
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

PH Outcome Indicator	PH Outcome description	Rationale
e.g. 1.17	Fuel Poverty	Fuel poverty is linked to low home temperature. Children living in cold homes are twice as likely to suffer from chest problems, asthma and bronchitis. Number of excess deaths in Wirral is estimated to be 189 per annum.

[Please also state other targets, priorities that link to this proposal]

4a. What are the outcomes of this proposal?

4b. How will these outcomes be measured?

## Appendix 2:

4c. How will you evaluate?

**5. Overview of proposed budget spending plan** e.g. resources, training, activity costs, etc.

[illegible]

**6. Proposed Next Steps to deliver proposal** – including the key tasks and timescales (with dates) for the development and implementation of this proposal. State who would lead on progressing this, highlighting any capacity issues.

I confirm that:

- I have read and understood the criteria for application and realise that the funding is non-recurring and needs to be spent by end of March 2015

<b>NAME OF LEAD</b> (from Wirral Council):			
<b>POST:</b>		<b>TEL:</b>	
<b>EMAIL:</b>		<b>DATE</b>	

Please provide the name of the Director from Wirral Council who you have liaised with prior to submitting your application and who supports your proposal.

<b>NAME OF SPONSOR</b> (Director from Wirral Council supporting the proposal)		<b>POST</b>	
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Please send completed application form by 5pm on Friday 12<sup>th</sup> July 2013 via email to: Tricia Cavanagh, Public Health Advisor [triciacavanagh@wirral.gov.uk](mailto:triciacavanagh@wirral.gov.uk) [0151 666 5191 ext 5191]

Tricia will acknowledge receipt of your application.

**IMPORTANT:** Do not proceed with activity that will incur any costs until you have received written confirmation from within Public Health that your application has been successful.

## Appendix 2:

### Annex A – Public Health Outcomes Framework 2013-16 at a glance

VISION			
To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest.			
Outcome measures			
Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life			
Outcome 2) Reduced differences in life expectancy and health life expectancy between communities (through greater improvements in more disadvantaged communities)			
1. Improving the wider determinants of health	2. Health Improvement	3. Health Protection	4. Healthcare public health and preventing premature mortality
Objective	Objective	Objective	Objective
Improvements against wider factors which affect health and wellbeing and health inequalities	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	The population's health is protected from major incidents and other threats, whilst reducing health inequalities	Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
Indicators	Indicators	Indicators	Indicators
1.1 Children in poverty 1.2 School readiness (placeholder) 1.3 Pupil absence 1.4 First time entrants to the youth justice system 1.5 16-18 year olds not in education, employment or training 1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation † (ASCOF 1G and 1H) 1.7 People in prison who have a mental illness or a significant mental illness (Placeholder) 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(i-NHSOF 2.2) †† (iii-ASCOF 1E) ** (iii-NHSOF 2.5) †† (iiii-ASCOF 1F) 1.9 Sickness absence rate 1.10 Killed and seriously injured casualties on England's roads 1.11 Domestic abuse (Placeholder) 1.12 Violent crime (including sexual violence) 1.13 Re-offending levels 1.14 The percentage of the population affected by noise 1.15 Statutory homelessness 1.16 Utilisation of outdoor space for exercise/health reasons 1.17 Fuel poverty (Placeholder) 1.18 Social Isolation (Placeholder) † (ASCOF 1I) 1.19 Older people's perception of community	2.1 Low birth weight of term babies 2.2 Breastfeeding 2.3 Smoking status at time of delivery 2.4 Under 18 conceptions 2.5 Child Development at 2-2½ years (Placeholder) 2.6 Excess weight in 4-5 and 10-11 year olds 2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s 2.8 Emotional wellbeing of looked after children 2.9 Smoking prevalence – 15 year olds (Placeholder) 2.10 Self-harm (Placeholder) 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.14 Smoking prevalence – adults (over 18s) 2.15 Successful completion of drug treatment 2.16 People entering prison with substance dependence issues who are previously not known to community treatment 2.17 Recorded diabetes 2.18 Alcohol-related admissions to hospital (placeholder) 2.19 Cancer diagnosed at Stage 1 and Stage 2 2.20 Cancer screening coverage	3.1 Fraction of mortality attributable to particulate air pollution. 3.2 Chlamydia diagnoses (15-24 year olds) 3.3 Population vaccination coverage 3.4 People presenting with HIV at a late stage of infection 3.5 Treatment completion for Tuberculosis (TB) 3.6 Public sector organisations with a board approved sustainable development management plan 3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies (Placeholder)	4.1 Infant mortality * (NHSOF 1.6i) 4.2 Tooth decay in children aged 5 4.3 Mortality rate from causes considered preventable ** (NHSOF 1a) 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart diseases and stroke) * (NHSOF 1.1) 4.5 Under 75 mortality rate from cancer * (NHSOF 1.4i) 4.6 Under 75 mortality rate from liver disease * (NHSOF 1.3) 4.7 Under 75 mortality rate from respiratory diseases * (NHSOF 1.2) 4.8 Mortality rate from infectious and parasitic diseases 4.9 Excess under 75 mortality rate in adults with serious mental illness * (NHSOF 1.5) 4.10 Suicide rate 4.11 Emergency readmissions within 30 days of discharge from hospital * (NHSOF 3b) 4.12 Preventable sight loss 4.13 Health-related quality of life for older people (Placeholder) 4.14 Hip fractures in people aged 65 and over 4.15 Excess winter deaths 4.16 Estimated diagnosis rate for people with dementia * (NHSOF 2.6i)

#### Alignment across the Health and Care System

\* Indicator shared with the NHS Outcomes Framework  
 \*\* Complementary to indicators in the NHS Outcomes Framework  
 † Indicator shared with Adult Social Care Outcomes Framework  
 †† Complementary to indicators in the Adult Social Care Outcomes Framework  
*Indicators in italics are placeholders, pending development or identification*

Appendix 2:

safety (Placeholder) †† (ASCOF 4A)	2.21 Access to non-cancer screening programmes 2.22 Take up of the NHS Health Check Programme – by those eligible 2.23 Self-reported wellbeing 2.24 Injuries due to falls in people aged 65 and over		
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**Source:** Improving Outcomes and Supporting Transparency: Part 1B: Public Health Outcomes Framework; Department of Health; Nov 2012; p4