

WIRRAL COUNCIL

**Cabinet Budget Meeting
Tuesday 10th December 2013**

SUBJECT:	<i>VOLUNTARY SECTOR SUPPORT FUND</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DIRECTOR OF PUBLIC HEALTH / HEAD OF POLICY & PERFORMANCE</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>COUNCILLOR CHRIS MEADEN</i>
KEY DECISION?	<i>YES</i>

1.0 EXECUTIVE SUMMARY

At its meeting on 10 October 2013 the Cabinet discussed the Public Health Outcomes paper. A request was made by Cabinet that the Director of Public Health explore the potential to identify and manage a Fund to support voluntary sector organisations who may be in crisis where appropriate. This paper provides a proposal to establish such a fund.

2.0 VOLUNTARY SECTOR SUPPORT FUND

- 2.1 A number of voluntary sector organisations have contacted Councillors with concerns about their futures. With a considerable reduction in funding in the public sector, there is a risk that some smaller voluntary sector organisations will find themselves in financial difficulty and may not be able to continue. This proposal seeks to address this immediate concern, although it should not be seen as a longer-term solution, as work is also ongoing to review how the Council supports this sector overall, and any future solutions should align to that vision.
- 2.2 It is proposed that this fund is administered through the Constituency Committees, with a sum of £25,000 set aside for each Committee to use against an agreed set of criteria. The constituency managers will support the process and ensure that it is transparent. Some requests will come from organisations that cross constituency committee boundaries, and it is suggested that in those events the constituency managers work together to find an agreed means of allocating the funding. It is proposed that an overall grant of £100,000 be created from the Public Health Outcomes Fund to support funding requests of £3,000 or less. All applications would need to state how the organisation's activity contributes towards achievement of indicators from Department of Health's Public Health Outcomes Framework (see Appendix One for overview of these indicators)..

3.0 PUBLIC HEALTH OUTCOME FRAMEWORK INDICATORS

3.1 Nationally, the budget for all Council Public Health functions is currently funded via a ring-fenced grant from the Department of Health. It is audited on a quarterly basis and each Council is required to provide assurance that all spend is on Public Health-related activity. Consequently, each proposal will have to state how their activity meets at least one of the following two high level outcome measures from the Department of Health's Public Health Outcomes Framework 2013-2016:

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

These outcome measures are supported by a number of public health indicators grouped into four domains:

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

3.2 Each application will state how their proposed activity would link into relevant indicators from the Public Health Outcome Framework.

3.3 Cabinet are requested to authorise this proposal to enable local voluntary organisations to apply for this funding and continue to benefit the local community.

4.0 RELEVANT RISKS

4.1 The voluntary organisations may not spend their grant as per their funding application. The budget spend will be monitored by the Constituency Managers as part of their responsibility.

5.0 OTHER OPTIONS CONSIDERED

5.1 The Public Health ring-fenced grant does require spend to be on public health-related activity. Therefore, it does constrain the options available. This approach provides assurances that spend contributes to indicators from the Department of Health's Public Health Outcomes Framework 2013-16.

6.0 CONSULTATION

6.1 Consultation on the investments will happen through the Constituency Committees, and where appropriate, advice sought from Voluntary & Community Action Wirral.

7.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

7.1 There are no outstanding previously approved actions.

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

8.1 The Voluntary Sector Support Fund is intended to support voluntary organisations and enable them to continue their work and benefitting the local community.

9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

9.1 This proposal has financial implications as outlined above.

10.0 LEGAL IMPLICATIONS

10.1 As mentioned before the Council are required to demonstrate spend from the Public Health ring-fenced grant is against public health-related activity. The constituency managers would be responsible for monitoring that the voluntary organisations spend their grant as per their funding application.

11.0 EQUALITIES IMPLICATIONS

11.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(a) Yes and impact review has been sent to the Equality and Diversity Co-ordinator.

<http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesion/equality-impact-assessments/eias-2010/public-health>

12.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

12.1 There are none arising directly from this report.

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 There are none arising directly from this report.

RECOMMENDATION/S

Cabinet are asked to:

13.2 Approve the proposal and enable the Voluntary Sector Support Fund to be offered to local voluntary organisations.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 This approach enables the ring-fenced Public Health grant of 2013-15 to be utilised to support initiatives that contribute to achieving Public Health Outcome Framework indicators and improving health and wellbeing of the

Wirral population. The funding to enable the continuation of small voluntary groups offers a positive outcome to communities and great value for money on return of investment.

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APPENDICES

Appendix 1: Overview of Public Health Outcome Framework Indicators

BACKGROUND PAPERS/REFERENCE MATERIAL

Healthy Lives, Healthy People: Update on Public Health Funding (Dept of Health, 2012)

BRIEFING NOTES HISTORY

Briefing Note	Date

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet	10th October 2013

Appendix One: Overview of Public Health Outcome Framework Indicators 2013-2016

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 <i>School readiness (placeholder)</i> 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 <i>People in prison who have a mental illness or a significant mental illness (Placeholder)</i> 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) †† (ii-ASCOF 1E) †††(iii-NHSOF 2.5) ††† (iii-ASCOF 1F) 1.9 Sickness absence rate 1.10 Killed and seriously injured casualties on England's roads 1.11 <i>Domestic abuse (Placeholder)</i> 1.12 Violent crime (including sexual violence) 1.13 Re-offending levels 1.14 The percentage of the population affected by noise 1.15 <i>Statutory homelessness</i> 1.16 Utilisation of outdoor space for exercise/health reasons 1.17 <i>Fuel poverty (Placeholder)</i> 1.18 <i>Social Isolation (Placeholder) † (ASCOF 1I)</i> 1.19 <i>Older people's perception of community safety (Placeholder) †† (ASCOF 4A)</i>	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 <i>Child Development at 2-2½ years (Placeholder)</i> 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 <i>Smoking prevalence – 15 year olds (Placeholder)</i> 2.10 <i>Self-harm (Placeholder)</i> 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 <i>Alcohol-related admissions to hospital (placeholder)</i> 2.19 Cancer diagnosed at Stage 1 and Stage 2 2.20 Cancer screening coverage 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	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 <i>Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies (Placeholder)</i>	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 <i>Health-related quality of life for older people (Placeholder)</i> 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

Source: Improving Outcomes and Supporting Transparency: Part 1B: Public Health Outcomes Framework; Department of Health; Nov 2012; p4