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Dear Member

**COUNCIL - THURSDAY, 28 FEBRUARY 2013**

I am now able to enclose, for consideration at the Thursday, 28 February 2013 meeting of the Council, the following reports that were unavailable when the agenda was printed.

<b>Agenda No</b>	<b>Item</b>	<b>Page</b>
10.	<b>Council Tax for 2013/2014</b>	(Pages 292 - 297)
11.	<b>Transfer of Public Health Functions to Torbay Council</b>	(Pages 298 - 308)

Yours sincerely

Amanda Coote  
Clerk

# Agenda Item 10



**Meeting: Council**

**Date: 28<sup>th</sup> February 2013**

**Wards Affected: All Wards in Torbay**

**Report Title: Council Tax 2013/14**

**Executive Lead Contact Details: Gordon Oliver, Mayor and Executive Lead for Finance and Audit, 01803 207001, [mayor@torbay.gov.uk](mailto:mayor@torbay.gov.uk)**

**Supporting Officer Contact Details: Paul Looby, Executive Head of Finance, 01803 207283, [paul.looby@torbay.gov.uk](mailto:paul.looby@torbay.gov.uk)**

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## 1. Purpose

- 1.1 The purpose of this report is to enable the Council to calculate and set the Council Tax for 2013/14.

## 2. Proposed Decisions

### **That the Council is recommended to note:**

- 2.1 That on 6th December 2012 the Council calculated the Council Tax Base for 2013/14:-
- a) For the whole Council area as 41,586.58, [Item T in the formula in Section 31B of the Local Government Finance Act 1992, as amended (the "Act")]; and
  - b) For dwellings in the Brixham Town Council area as 5,597.39 to which a Parish precept relates.
- 2.2 That the Police and Crime Commissioner for Devon and Cornwall and the Devon and Somerset Fire and Rescue Authority have issued precepts to the Council in accordance with Section 40 of the Local Government Finance Act 1992 for each category of dwellings in the Council's area as indicated in the table in paragraph 2.5 below.

### **That the Council is recommended to approve:**

- 2.3 The Council Tax requirement for the Council's own purposes for 2013/14 (excluding Brixham Town Council) of £52,447,747.
- 2.4 That the following amounts be calculated for the year 2013/14 in accordance with Chapter Three of the Act:

a) £291,512,044 being the aggregate of the amounts which the Council estimates for the items set out in Section 31A(2) of the Act taking into account the precept issued to it by Brixham Town Council.

b) £238,909,000 being the aggregate of the amounts which the Council estimates for the items set out in Section 31A(3) of the Act.

c) £52,603,044 being the amount by which the aggregate at 2.4(a) above exceeds the aggregate at 2.4(b) above, calculated by the Council in accordance with Section 31A(4) of the Act as its Council Tax Requirement for the year (item R in the formula in Section 31B of the Act).

d) £1264.90 being the amount at 2.4(c) above (Item R), all divided by Item T (2.1(a) above), calculated by the Council, in accordance with Section 31B of the Act, as the basic amount of its Council Tax for the year (including Parish precepts).

e) £155,297 being the aggregate amount of all special items (Brixham Town Council) referred to in Section 34(1) of the Act

f) £1,261.17 being the amount at 2.4(d) above less the result given by dividing the amount at 2.4(e) above by Item T (2.1(a) above), calculated by the Council, in accordance with Section 34(2) of the Act, as the basic amount of its Council Tax for the year for dwellings in those parts of its area to which no Parish precept relates.

2.5 That the Council, in accordance with Chapter Three of the Local Government Finance Act 1992, hereby sets the aggregate amounts shown in the tables below as the amounts of Council Tax for 2013/14 for each part of its area and for each of the categories of dwellings.

	Valuation Band							
	A	B	C	D	E	F	G	H
Ratio of each band to Band D	6/9	7/9	8/9	9/9	11/9	13/9	15/9	18/9
	£	£	£	£	£	£	£	£
Torbay Council	840.78	980.91	1,121.04	<u>1,261.17</u>	1,541.43	1,821.69	2,101.95	2,522.34
Police and Crime Commissioner	108.61	126.72	144.82	162.92	199.12	235.33	271.53	325.84
Devon and Somerset Fire and Rescue Authority	50.26	58.64	67.01	75.39	92.14	108.90	125.65	150.78
Aggregate of Council Tax Requirements excluding Brixham Town Council	999.65	1,166.27	1,332.87	1,499.48	1,832.69	2,165.92	2,499.13	2,998.96

Brixham Town Council	18.49	21.57	24.66	27.74	33.91	40.07	46.23	55.48
Aggregate of Council Tax Requirements including Brixham Town Council	1,018.14	1,187.84	1,357.53	<u>1,527.22</u>	1,866.60	2,205.99	2,545.36	3,054.44

2.6 That the Council's basic amount of Council Tax for 2013/14 is not excessive in accordance with principles approved under Section 52ZB Local Government Finance Act 1992. (see paragraph 5.3)

### 3. Action Needed

3.1 The Council has a statutory obligation to set a Council Tax Requirement and a Council Tax for the Torbay area, including the demands of the precepting bodies, for 2013/14 before 11<sup>th</sup> March in the preceding financial year. By approving proposed decisions the Council will meet that requirement.

### 4. Summary

4.1 Members should note that due to the complexity of setting the council tax level in accordance with statute it is not possible to simplify this report.

4.2 The Council is required, in accordance with the Local Government Finance Act 1992, as amended by the Localism Act 2011, to set an amount of Council Tax for each of the eight Valuation Bands for the coming financial year before 11<sup>th</sup> March. This is a matter of calculation only but in accordance with Section 67 of the Act has to be set by the Council.

4.3 There have been a number of legislative changes that have impacted on the Council's and precepting bodies' precepts in 2013/14. The primary change in legislation is the Local Government Finance Act 2012 and its associated "regulations" and "consequential amendments". These changes include the introduction of a Council Tax Support Scheme to replace Council Tax Benefit and the part localisation of NNDR income to Councils under the business rate retention scheme. In addition the precept for the costs of the police service is now from the Police and Crime Commissioner for Devon and Cornwall.

4.4 The introduction of the Council Tax Support scheme impacts on the Council's Taxbase and subsequently the value of the precepts made. This results in the value of the precepts in 2012/13 and 2013/14 not being comparable, although the final Band D calculation is directly comparable. The introduction of the business rates retention scheme allows the Council to include a proportion of estimated NNDR income as part of its income.

4.5 The Council determined the statutory Tax Base at its meeting on 6<sup>th</sup> December 2012 as 41,586.58 for the year 2013/14. The Tax Base for Brixham Town Council was also calculated as 5,597.39. When the "Council Tax Requirements" of the Police and Crime Commissioner for Devon and Cornwall, the Devon and Somerset Fire and

Rescue Authority and Torbay Council (including Brixham Town Council) are determined, it remains only to make the statutory “basic tax” calculations in accordance with the Local Government Finance Act 1992, as amended by the Localism Act 2011, and “set” the tax for the eight Valuation Bands A to H ranging from 6/9ths to 18/9ths of the basic amount – “Band D”.

4.6 The precept levels of other precepting bodies have been received. These are detailed below:

4.7 Brixham Town Council

Brixham Town Council met on 17th January 2013 and set their precept at £155,297. The total 2013/14 budget for Brixham Town Council was set at £192,450 resulting in a precept of £155,297 and a contribution from Torbay Council of £37,153 to reflect the impact of the Council Tax Support Scheme. This results in a Band D Council Tax for 2013/14 of £27.74, (£28.97 12/13), a decrease of 4%.

4.8 Police and Crime Commissioner (PCC) for Devon & Cornwall

The Police and Crime Panel and the Police and Crime Commissioner for Devon and Cornwall met on 8<sup>th</sup> February 2013 and set a precept at £6,775,286, adjusted by a Collection Fund contribution of £230,000 to result in an amount due from the Council as billing authority of £7,005,286. This results in a Band D Council Tax for 2013/14 of £162.92, (£159.73 12/13), an increase of 2.0%.

4.9 Devon and Somerset Fire and Rescue Authority

Devon and Somerset Fire and Rescue Authority met on 18th February 2013 and set their precept at £3,135,212, adjusted by a Collection Fund contribution of £107,000 to result in an amount due from the Council as billing authority of £3,242,212. This results in a Band D Council Tax for 2013/14 of £75.39, (£73.92 12/13), an increase of 1.99%.

4.10 If the formal Council Tax Resolutions within 2.5 above are approved, the total basic amount “Band D” of Council Tax will be as follows:

	2012/13 £	2013/14 £	2013/14 % Change
Torbay Council	1,261.17	1,261.17	0%
Police and Crime Commissioner	159.73	162.92	2%
Devon and Somerset Fire and Rescue Authority	73.92	75.39	1.99%
<b>Sub-Total</b>	<b>1,494.82</b>	<b>1,499.48</b>	<b>0.3%</b>
Brixham Town Council (only payable by Brixham residents)	28.97	27.74	(4.2%)
<b>Total</b>	<b>1,523.79</b>	<b>1,527.22</b>	<b>0.2%</b>

## Supporting Information

### 5. Position

- 5.1 The Mayor presented the 2013/14 revenue budget proposal to Council on 6<sup>th</sup> February which was adjourned to the 13<sup>th</sup> February. The Council approved the budget on the 13<sup>th</sup> February and set a net budget for 2013/14 for the Torbay element at £126.766 million. This is net expenditure before the Council's general income and funding, which includes a 49% share of business rates retention, NNDR top up grant, revenue support grant, other general grants and any collection fund surplus.
- 5.2 This results in a Council Tax requirement for the Torbay Council element of £52.448 million. Including the Brixham Town Council precept the Council Tax requirement is £52.603 million.
- 5.3 Expenditure at that level for Torbay Council will result in a Band D Council Tax for 2013/14 of £1,261.17, a 0% increase.
- 5.4 Under section 52ZB of the Local Government Finance Act 1992 ("the 1992 Act") each billing authority and precepting authority must determine whether its relevant basic amount of council tax for a financial year ("the year under consideration") is excessive. If an authority's relevant basic amount of council tax is excessive a referendum must be held in relation to that amount.
- 5.5 The question whether an authority's relevant basic amount of council tax for a financial year ("the year under consideration") is excessive must be decided in accordance with a set of principles determined by the Secretary of State for the year.
- 5.6 For 2013/14 the DCLG have notified the Council of the following:-  
*'The Secretary of State announced to the House of Commons on 19 December the council tax referendum principles he proposes to set. He has proposed that a two per cent referendum principle will apply for all principal local authorities, PCCs and Fire and Rescue Authorities. This means that if an authority or PCC wishes to raise their relevant basic amount of council tax in 2013-14 by more than two per cent, they will have to arrange for a referendum to give the local electorate the opportunity to approve or veto the increase. The result of a referendum will be binding.'*
- There are some exceptions to this principle but they do not apply to Torbay Council.
- 5.7 For Torbay Council if the formal Council Tax Resolutions within 2.5 above are approved the change in the "relevant basic amount" (i.e. the Band D Council tax) is 0%.
- 5.8 Central Government has again changed the grant funding streams for Councils in 2013/14 including moving grants from the Council's net budget requirement to the Formula Grant which impacts on any year on year comparison.
- 5.9 The gross expenditure and income figures included at 2.4 (a) and 2.4 (b) are based on the budget digest information presented to Council in February, adjusted for any inter service allocations and for Academy schools funding recoupment.

6. **Possibilities and Options**

6.1 Statutory requirement, there are no alternative options.

7. **Preferred Solution/Option**

7.1 Statutory requirement, there are no alternative options.

8. **Consultation**

8.1 There has been extensive consultation on the budget proposals with all Members and through the Overview and Scrutiny Board meetings held in January 2013 and consultation with stakeholders and residents through a series of Community Partnership meetings and Council staff.

9. **Risks**

9.1 The Council must set the Council Tax before 11<sup>th</sup> March each year. The Collection of Council Tax income is essential to ensure the services provided by the Council and the other precepting bodies are adequately funded.

9.2 If the Council fails to set a Council Tax before 11<sup>th</sup> March, it will be in breach of its statutory obligation and subject to legal challenge.

# Agenda Item 11



**Meeting:** Council

**Date:** 28 February, 2013

**Wards Affected:** Torbay wide

**Report Title:** Transfer of Public Health responsibilities to Torbay Council

**Executive Lead Contact Details:** Cllr Alison Hernandez, Involved and Healthy Communities, phone: 07771804673 email: alison.hernandez@torbay.gov.uk

**Supporting Officer Contact Details:** Debbie Stark, Director of Public Health, phone: 01803 321158, email: debbie.stark@nhs.net

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## 1. Purpose and Introduction

- 1.1 The Council assumes new responsibilities for Public Health from April 2013. This paper summarises the transfer arrangements from the NHS and records the staff, contracts and assets that the Council needs to formally accept.

## 2. Proposed Decision

- 2.1 The Council and the Mayor accept and acknowledge the responsibilities, staff, assets and liabilities transferring from April 2013 and notes, in accordance with national guidance, that:
- (a) The Director of Public Health (DPH) is a statutory chief officer with direct accountability to the Chief Operating Officer and access to members.
  - (b) The DPH will be responsible for the statutory duties of the Council with regards to public health.
  - (c) Expenditure commitments for staff and contracts transferring to the Council, as set out in appendices to this report.
  - (d) The DPH for Plymouth is the lead DPH for health protection in LRF area.
- 2.2 The Council and the Mayor delegate (in respect of the functions listed that are their respective responsibilities) to the Chief Operating Officer in consultation with the Mayor and group leaders the following matters:-
- (a) Agreement on the Clinical governance to be provided to the Council by the Clinical Commissioning Group.
  - (b) The establishment of a Council Health Protection Forum.
  - (c) The finalisation and agreement of the Core Offer to the Clinical Commissioning Group.
  - (d) Any additional authorisation or agreement that may be needed prior to the next scheduled ordinary council meeting of the Council in respect of the public health transition



2.3 The Council authorises the Monitoring Officer to make any necessary amendments to the Constitution following the transfer of Public Health responsibilities to the Local Authority.

### 3. Reason for Decision

3.1 This paper records the formal acceptance of duties, assets and liabilities in relation to the new Public Health responsibilities.

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## Supporting Information

### 4. Position

4.1 There have been a number of papers produced on the transfer. The most recent were published in October 2012. These list the new responsibilities identified by the Department of Health and the role of the DPH.

#### 4.2 *Health improvement*

4.2.1 The key new duty for local authorities will be to take appropriate steps to improve the health of their population. This new duty complements much of existing core business, and its strategic responsibility for stewardship of place.

4.2.2 It will normally be appropriate for a Cabinet Member to take the lead among elected members for this area and give it the appropriate political leadership at the local level.

4.2.3 The DPH will support local political leaders in their ambitions to improve local health with the Joint Strategic Needs Analysis (JSNA), Health & Well Being (H&WB) strategies, day-to-day management over the ring-fenced public health budget, fostering joint commissioning and informing wider strategies, e.g. around adult social care, children's services, transport, housing and leisure.

4.2.4 When commissioning clinical services such as sexual health and drug and alcohol services directors of public health will need to ensure that providers have appropriate clinical governance arrangements in place that are equivalent to NHS standards. These are being agreed through an arrangement with the Clinical Commissioning Group (CCG).

#### 4.3 *Health protection*

4.3.1 The Secretary of State will have the core duty to protect the health of the population in the new system but LAs have a critical role at the local level in ensuring that all the relevant organisations locally are putting plans in place to protect the population against the range of threats and hazards.

4.3.2 Most health protection incidents are contained locally. The DPH, with Public Health England (PHE), should lead the initial response to public health incidents at the local level, in close collaboration with the NHS lead. This may include, for example, charring

an outbreak control committee, or chairing a look back exercise in response to a sudden untoward incident

- 4.3.3 There will need to be a lead DPH for the area of the Local Resilience Forum (LRF). Across the Devon and Cornwall LRF this is currently the DPH from Plymouth.
- 4.3.4 Each local authority should set up a Health Protection Forum. This will be agreed with the Devon, Cornwall and Somerset PHE Centre Director when they are appointed.
- 4.4 *Healthcare public health*
- 4.4.1 The DPH will have the responsibility and funding for providing a core offer of public health advice to the NHS locally. NHS Commissioners will need to ensure that local authorities and health and wellbeing boards have access to the information they will need to advise them.
- 4.4.2 This arrangement provides an excellent opportunity for local authorities to build and maintain close links with clinical commissioners, complementing health and wellbeing boards.
- 4.4.3 The national estimate of the proportion of the Local Authority Public Health specialist time to be used to support the clinical commissioners has been as much as 40%. Local arrangements are being agreed across the three Devon top tier authorities with the two clinical commissioning groups. There will be a shared core offer which is likely to represent around 25% of the Councils' specialist capacity. Details are currently being finalised.
- 4.5 *Role of DPH*
- 4.5.1 The DPH will be a statutory chief officer of the local authority. They will be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services.
- 4.5.2 They will know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health. They will provide the public with expert, objective advice on health matters, be able to promote action across the life course, working together with LA colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues.
- 4.5.3 The DPH should have direct accountability to the CEX and direct access to members.
- 4.5.4 They will work through the LRF to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.
- 4.5.5 They will work with local criminal justice partners and police and crime commissioners to promote safer communities.
- 4.5.6 They will work with wider civil society to engage local partners in fostering improved health and wellbeing.

- 4.5.7 They will be an active member of the health and wellbeing board, advising on and contributing to the development of JSNAs and the H&WB strategy and commission appropriate services accordingly.
- 4.5.8 They will take responsibility for the management of their authority's public health services, with professional responsibility and accountability for their effectiveness, availability and value for money.
- 4.5.9 They will play a full part in their authority's action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board.
- 4.5.10 They will contribute to and influence the work of NHS commissioners, ensuring a whole system approach across the public sector.
- 4.5.11 The statutory duties of DsPH include:
- all of their local authority's duties to take steps to improve public health
  - any of the Secretary of State's public health protection or health improvement functions that are delegated to local authorities (this still needs some clarification)
  - their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
  - such other public health functions as the Secretary of State specifies
  - DsPH will be responsible for their local authority's public health response as a responsible authority under the Licensing Act
  - writing the PH Annual Report (local authority has to publish)
- 4.5.12 There is a joint appointment process with the Secretary of State and statutory provisions on performance and dismissal. For continuing competence, all DsPH should undertake Faculty of Public Health on-going continuing professional development (CPD) and maintain a portfolio that demonstrates competence with all aspects as accepted by UK Public Health Register.
- 4.5.13 Each authority must, acting jointly with the Secretary of State, appoint an individual to have responsibility for its new public health functions, known as the DPH. That individual could be shared with another local authority where that makes sense (for example, where the senior management team is shared across more than one authority).
- 4.5.14 Local Authorities appointing a DPH should design a job description that includes specialist public health leadership and an appropriate span of responsibility for improving and protecting health, advising on health services and ensuring that the impact on health is considered in the development and implementation of all policies. They should make every effort to agree the job description with the Faculty of Public Health and the Public Health England regional director, ensuring in particular that it covers all the necessary areas of professional and technical competence. They will be advised by PHE and the Faculty on recruitment and selection. More work is needed, particularly on the need for Responsible Officers in relation to the employment of medical staff.
- 4.5.15 Local Authorities can determine the pay of public health staff, subject to protected rights and union consultation. The key consideration will be the ability to recruit and

retain specialist staff in public health roles. Local Authorities will need to understand and respond to the relevant market.

4.5.16 A summary of the Public Health outcomes is attached at Appendix 1.

4.5.17 A summary of the commissioning staff and assets transferring to the Council is attached at Appendix 3.

#### 4.6 *Public Health Funding*

4.6.1 The funding position for 2013 and 2014 has been announced as:

- 2013/13 £7.150m
- 2014/15 £7.351m

4.6.2 These sums cover the commitments listed at Appendix 2.

4.6.3 The primary purpose of the grant is to ensure that it is spent on the new Public Health responsibilities being transferred to Local Authorities. It should be only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations and reducing health inequalities.

4.6.4 Unspent funds can be carried over at year end into a Public Health reserve for spending in the next financial year although the Department of Health will reserve the right to reduce future allocations if there are repeated large underspends.

4.6.5 Reporting on spend will be quarterly and at year end.

4.6.6 There are risks associated with this funding:

- Whilst sums have been announced for next two years to cover existing commitments, Torbay is currently considered over its formula calculation. Future funding may be reduced to this level which would be a shortfall of approximately £1.6m.
- Grant may not be sufficient to cover the final expectations around mandated services, e.g. funding for outbreaks of infectious disease is still to be finalised with Public Health England.
- Sexual Health services need to be provided as open access to anyone who comes to use them. Public Health England has a task and finish group working with LGA on how to cross charge at an agreed tariff.
- The NHS Commissioning Board has elements of the previous budget held by Torbay PCT for Public Health to include Health Visiting until 2015. They therefore hold the funding for key elements of the Public Health workforce that the Council needs to direct locally.

4.6.7 The mitigating actions against these risks are:

- The Torbay DPH is the lead DPH nationally for the LGA/Association of DsPH Finance group and therefore able to influence the development of national policy on the funding grant.

- The funding for 2013/14 includes reserves for both sexual health and infectious disease. These can be carried forward if not required.
- The DPH has agreed that the NHS Commissioning Board will be co-commissioner and the Council will be the lead commissioner for front line Public Health services purchased from Torbay and Southern Devon Care Trust, including Health Visiting.

## **5. Possibilities and Options**

- 5.1 The submission of this report to the Council has been recommended by the NHS Commissioning Board. The Council is deemed by statute to take responsibility for public health duties as part of public sector reforms. Elements of the service will be shared with other local authorities to provide resilience and delivery will be via the provider trust. These arrangements will be under review and further options will be considered as required post April 13.

## **6. Equal Opportunities**

- 6.1 Public health provides services which are fundamental to addressing health inequalities as outlined in the JSNA. Individual services changes as equality impact assessments will take place through the budget process or through in year services changes as required.

## **7 Consultation**

- 7.1 Consultation through national processes of NHS reform and local consultation with staff and trade unions.

## **8 Risks**

- 8.1 The submission of this report to the Council has been recommended by the NHS Commissioning Board.
- The risk of the council agreeing to responsibilities it cannot financially support is migrated through the 2 year ring fenced budget as outlined.
- The risk of the council delivering on targets against the public health outcomes framework will be migrated through performance monitoring systems in the council and close working with the CCG and the Health and Well Being Board to ensure alignment of performance and strong local delivery.

## **Appendices**

**Appendix 1 – Public Health Outcomes Framework**

**Appendix 2 – Budget for 2013/14**

**Appendix 3 – Staff and assets transferring**

# The Public Health Outcomes Framework

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## Overview

The Public Health Outcomes Framework set out a vision for public health, desired outcomes and the indicators that will help us understand how public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but how well they live at each stage at all stages of life.

In total there are 123 indicators in total, aggregated into 66 overall targets. For a more comprehensive overview of the indicators, the current performance status for Torbay and the indicator construction and definitions please see <http://www.phoutcomes.info/>.

## Summary of PHOF indicators

The two overarching targets are:

0.1 Increased healthy life expectancy

0.2 Reduced differences in life expectancy and healthy life expectancy between communities

The four domains underneath these are:

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

## Improving the wider determinants of health

This domain focuses on measuring improvements against wider factors that affect health and well being, and health inequalities. There has been included a range of indicators that reflect factors that can have a significant impact on our health and well-being. These indicators are in line with those recommended by Sir Michael Marmot in his report Fair Society, Healthy Lives in 2010, and focus on the 'causes of the causes' of health inequalities. Wherever possible, the indicators follow the formulation published by the Marmot Review team and the London Health Observatory. Local Authorities with their partners, including the police and criminal justice system, schools, employers, the business and voluntary sector, will all have a significant role to play in improving performance against these indicators.

## Health improvement

This domain is geared towards enabling people to live healthy lifestyles, make healthy choices and reduce health inequalities. Improvements in these indicators will, in the main, be led locally through health improvement programmes commissioned by local authorities.

## Health protection

This set of indicators allow the local authority to ensure that the population's health is protected from major incidents and other threats, while reducing health inequalities. Whilst Public Health England will have a core role to play in delivering improvements in these indicators, this will be in

support of the NHS' and local authorities' responsibility in health protection locally. Public health contributions would be made locally led by local authorities, supported by Public Health England, to preventing early death as a result of health improvement actions – such as those reflected in indicators in preceding domains.

### Healthcare public health and preventing premature mortality

This domain sets out the measures for ensuring that reducing numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

### Public Health Outcomes Framework Priorities

From the full indicator set of 123 outcomes, the following indicators are those that have been designated as a priority by the Public Health Team in Torbay. This allocation as a priority could be based on a number of factors including: the scale of issue if the target is not achieved (both from a health and/or a reputational angle), the current performance, the perceived impact of failing the indicator, and the feasibility for improvement.

Indicator	Reasoning for including on priority list
0.1 Increased healthy life expectancy	This is the overarching indicator that public Health will be measured against.
0.2 Reduced differences in life expectancy and healthy life expectancy between communities	This is the overarching indicator that public Health will be measured against.
2.23i Self-reported well-being	Worse than national average performance.
4.3 Mortality rate from causes considered preventable	Worse than national average performance.
4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6i)	This data is not yet available but there is the potential for this to be significant given the demographics in Torbay.
3.3 Population vaccination coverage (HPV vac coverage and Flu vac coverage)	Worse than national average performance.
3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)	This data is not yet available but there is the potential for this to be significant if plans are not robust and in place.
2.4 Under 18 conceptions	Worse than national average performance.
3.2 Chlamydia diagnoses (15-24 year olds)	Whilst performance has been good, it is an area of significant importance in the Sexual health agenda.
3.4 People presenting with HIV at a late stage of infection	This data is not significantly different from the national average but there is the potential for this to have comprehensive consequences if not well managed.
2.2i Breastfeeding (at initiation and 6-8 weeks)	Worse than national average performance.
2.3 Smoking status at time of delivery	Worse than national average performance.
4.1 Infant mortality* (NHSOF 1.6i)	This data is not yet available but there is the potential for this to be a significant issue if this is high.
2.15 Successful completion of drug treatment	This data is not significantly different from the national average but there is the potential for

	significant funding reductions if performance is not maintained.
2.18 Alcohol-related admissions to hospital (Placeholder)	This data is not yet available but historical performance for related indicators suggest Torbay are likely to be higher than average.
4.6 Under 75 mortality rate from liver disease (NHSOF1.3)	Worse than national average performance.
2.14 Smoking prevalence - adults (over 18s)	This data is not significantly different from the national average but historically has been.
2.9 Smoking prevalence – 15 year olds (Placeholder)	This data is not yet available but has potentially significant consequences for longer terms aims of public health.
1.12ii Violent crime (including sexual violence)	Worse than national average performance.
1.13i Re-offending levels	This data is either slight above or significant above the national average performance.
2.6i and 2.6ii Excess weight in 4-5 and 10-11 year olds	This data is not significantly different from the national average but the 4-5 year old group has been increasing and is a significant indicator for a positive healthy start to life.
2.22i and 2.22i Take up of the NHS Health Check programme - by those eligible	Elements of this indicator are worse than national average performance.
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	This data is not currently available, but historically has been worse than the national average performance.
1.1 Children in poverty	Worse than national average performance.



**Budget for 2013/14**

<b>Budget Areas</b>	<b>£,000's</b>
Alcohol	569
Drugs	2159
Sexual Health	1806
Health Checks	150
Leadership	1290
Lifestyles	660
Smoking	141
School Nurses	376
<b>Total</b>	<b>7151</b>

# Agenda Item 11

## Appendix 4

### *Staff transferring to Council establishment*

<b>Title</b>
Director of Public Health
Associate Director Public Health Programmes
Public Health consultant (Policy and Strategy) (0.8FTE)
Office manager/PA to DPH
Treatment Effectiveness Manager/Programme Lead
Programme Evaluation/Programme Lead
Programme Lead/Health Protection
Health Protection Nurse
Administration assistant
Epidemiologist

In addition to the above transferring from the NHS to the Council, the team includes:

- A Programme Lead, who is already employed by the Council
- A Children's Health lead, who is purchased from the CCG 1 day a week
- An administrator for the South West Sexual Health Board on a one year contract, paid for from a regional budget
- An administration vacancy (0.6 FTE) which will be held vacant
- A programme lead vacancy which will be held vacant until after transfer

*Assets transferring to Council for the above staff:*

- Computers, desks, mobiles