

Executive Member Decision Session

15/12/2021

Report of the Director of Public Health
Portfolio of the Executive Member for Health and Adult Social Care

Public Health Grant Allocation

Summary

1. The purpose of the report is to present the Executive Member with details of the Local Authority Public Health Grant Allocation to the council for 2021/22.
2. The report will provide an update against agreed budget savings and priorities for investment of non-committed Public Health Grant.

Recommendations

3. The Executive Member is asked to:
 - 1) Agree the update on delivery against agreed budget savings and priorities for investment of non-committed public health grant.
 - 2) Authorise the Director of Public Health, in consultation with the Executive Member and the Chief Finance Officer, to take all steps required to manage the public health reserve in accordance with the criteria for use of the public health grant

Reason: To ensure that the criteria for the Public Health Grant Allocation is met.

Background

4. Public health services are critical for preventing disease, reducing health inequalities and improving the health of residents. Public health services and functions transferred to the local authority under the terms of the 2012 Health and Social Care Act. Since 2012, local authorities have been responsible for most aspects of public health and receive a ring-

fenced public health grant from the Department of Health and Social Care to meet these duties.

5. Local authorities have several mandated services they must provide, and the remainder of the public health grant can be used flexibly for public health purposes. Any underspend of grant from one year must be carried forward in the ring-fenced public health reserve and applied to the budget in future years. In using these funds in future years, expenditure needs to comply with grant conditions. The government may consider reducing future grant amounts to local authorities that report expenditure which does not meet this criteria and which is considered a misuse of the grant.
6. There has been discussion at a national level regarding the potential removal of the ring-fence but this has not been acted upon and the ring-fence remains. This is anticipated to continue into 2022/23.
7. As per the November 2015 government spending review there has been, since 2015/16, a programme of reductions in the public health grant for City of York Council. The total confirmed cash reduction in grant allocation from the 2015/16 baseline up to and including 2019/20 was £1.845m. The public health team has delivered a programme of work to meet these savings and has been successful as spend to date has continued to land within the budgeted allocation.
8. In 2021/22 the ring-fenced public health grant received by City of York Council was £8.1m. The public health grant was uplifted specifically to pay for the roll-out of pre-exposure HIV prophylaxis (known as “PrEP”). A separate allocation of £58k was received specifically for adult weight management and a separate grant of £243k for additional drug treatment crime and harm reduction activity. In addition to the public health grant the council received one off new burdens funding of £334k to deliver the statutory duties as part of the Domestic Abuse Act 2021. This was transferred in-year from safer communities to the public health budget.
9. Despite the grant increase, the reduction in public health grant since 2015 inevitably presents challenges for delivery of the council’s core public health responsibilities, and for wider work to improve the health of residents. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available public health resources are focused on the key public health priorities identified in the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Council Plan.

10. The breakdown of Public Health spend in each year is shown in the table below

	£'000
Public Health Team	1,428
Sexual Health	1,778
Substance Misuse	1,772
Wellness Service	346
Healthy Child Service	2,530
Recharges	429
Total	8,283
PH Grant	-8,143
Net CYC Budget	140

11. The Public Health Grant is a ring-fenced grant and must be spent on defined Public Health activity. On occasions when the budget underspends the value is transferred into a Public Health Reserve which is carried forward into future years. The current Public Health reserve totalled £776k at 31st March 2021 and due to the team focussing on the ongoing Covid-19 outbreak there is forecast a further underspend of c £225k in 2021/22 that will carry forward into future years.

Priorities for Investment

12. The last 18 months or so has been an exceptional time for local authority public health services. The focus of public health work has by necessity been focused on leading the Covid Outbreak Management Response at the expense of some other activity. This, together with staff vacancies, has led to the development of a reserve in the ring-fenced public health budget. A proportion of this reserve is currently held against known risks and cost pressures within sexual health services, risk of over performance or quality and safety issues within commissioned public health services, health protection, contribution to air quality and prevention programmes in other council departments and risk mitigation against grant reduction. The remainder will be used to target health inequalities that have been exacerbated during the pandemic to support the city's recovery over the next three years.
13. There is compelling evidence that what happens at the start of life is vital to laying the foundations for good adult outcomes. The Healthy Child Service (0-19) in York provides a public health evidence based universal prevention and early intervention programme that is offered to all

families. It supports parents and promotes child development leading to improved child health outcomes and reduced inequalities while ensuring that families needing additional support are identified at the earliest opportunity. Additional investment into the Healthy Child Service is planned that will create additional public health nursing support to children in local authority care, strengthen the public health nursing resource in the Multi-agency Safeguarding Hub, create additional school nurse hours in the service and increase the capacity in the Child Health Development Worker team to support the childhood obesity agenda. Additional funding has also been put into the Healthy Start programme to improve access to vitamins, fruit and vegetables for low income families. We have also invested in a programme to tackle smoking during pregnancy, in partnership with maternity services, to improve outcomes for maternal and infant health.

14. Poor mental health represents a significant burden of disease in the city and increases the risk of developing physical diseases and premature death e.g. through suicide. We also know that the coronavirus pandemic has had a significant impact on the mental and emotional wellbeing of residents. We will be putting additional investment into the Time to Change programme in partnership with York Council of Voluntary Service (CVS) to tackle the stigma of mental health, build resilience and help with the early identification of mental health concerns so that residents can be sign posted to appropriate services for support.
15. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and social care needs, remains a public health challenge in York. These choices already have an impact on public health services and lead to considerable costs to the health and care system. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer. We have developed a new model for the delivery of NHS Health Checks, in partnership with primary care and GP practices in York that will improve access to and the quality of screening for 40 to 75 year olds for the early identification of risk factors for heart disease, stroke and diabetes. This has included developing a new care pathway for residents to be referred into our Health Trainer programme. We have also increased the capacity in the service to provide support to problem drinkers who do not meet the threshold for referral into specialist alcohol service provision with funding from the Better Care Fund.

16. Health protection continues to be a core statutory public health function. Even before the coronavirus pandemic, the public health team was under significant pressure trying to ensure that health protection core duties are being successfully met and delivering programmes to protect the local population from preventable health threats. Public health's delivery of health protection was subject to independent peer review in 2019 and this was followed by a Local Government Association (LGA) Peer Challenge exercise in March 2021. Both of these reports highlighted the lack of capacity in the public health workforce for health protection. In response to this feedback the health protection capacity in the team has been strengthened with an additional post.

Consultation

17. The priorities identified are based on the Joint Strategic Needs Assessment and the priorities contained in the Joint Health and Wellbeing Strategy and Council Plan which have been subject to consultation.

Options

18. There are no options.

Analysis

19. This section should present an appraisal of the advantages and disadvantages of each option.

Council Plan

20. The public health programmes described in the report contribute to the delivery of the Council Plan priorities for Good Health and Wellbeing and a Better Start for Children and Young People.

Implications

21. The report has considered the following implications:

- **Financial**

The report identifies that the Public Health reserve totalled £776k at 31st March 2021 and could increase further by c £225k in 2021/22.

The report identifies key areas for further Public Health investment in the coming years. The Public Health Reserve is non-recurring so it is

important that additional interventions delivered are one-off or time limited. The Finance team will be work with the Public Health team to ensure the reserve can be reduced in a sustainable manner and that additional expenditure doesn't create any longer term financial liabilities.

- **Human Resources (HR)**

There are no specific HR implications arising from the report.

- **One Planet Council / Equalities**

There are no specific equalities implications arising from the report.

- **Legal**

Section 12 of the Health and Social Care Act 2012 imposes a duty on local authorities to take such steps as it considers appropriate for improving the health of the people in its area and addressing behaviour that is detrimental to health. The provision of the services discussed within this report should therefore fall within this section.

- **Crime and Disorder**

There are no crime and disorder implications arising from the report.

- **Information Technology (IT)**

There are no IT implications arising from the report.

- **Property**

There are no property implications arising from the report

- **Other**

There are no implications arising from the report.

Risk Management

22. There are no known risks from this report.

Contact Details

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Chief Officer's name

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Report **Date** [29/11/2021]
Approved

Specialist Implications Officer(s) List information for all

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Wards Affected: [List wards or tick box to indicate all] **All**

For further information please contact the author of the report