

## **Adults and Health Committee**

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<b>Date of Meeting:</b>	18 July 2022
<b>Report Title:</b>	Update on Public Health Grant
<b>Report of:</b>	Matt Tyrer, Director of Public Health
<b>Report Reference No:</b>	AH/09/2022-23
<b>Ward(s) Affected:</b>	All

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### **1. Purpose of Report**

- 1.1. This report summarises the allocation of the public health ring fenced grant to key areas of spend over the last 3 years.

### **2. Executive Summary**

- 2.1 In the Annual Report of the Director of Public Health 2020/21 provided information to the committee on the allocation of the public health grant to our commissioned services in the year 2020/21.
- 2.2 This report describes the proportional allocation of the public health ring fenced grant over the last 3 years up to 2021/22.
- 2.3 The majority of the grant is spent on commissioned services in line with our statutory responsibilities.
- 2.4 The top 3 areas of spend in the last 3 years have been:
1. Children 0-19 (36%)
  2. Substance Misuse (18%)
  3. Sexual Health (16%)
- 2.5 When included as part of the total funding available for public health the temporary funding available for test and trace accounted for 14% of the total public health spend.

### **3. Recommendations**

- 3.1. The committee is asked to note the report.

### **4. Reasons for Recommendations**

- 4.1. At the current time we are reviewing current expenditure in response to emerging need post Covid-19. Current use of the grant has provided stability to services through the worst of the pandemic, but activity has changed dramatically along with wider changes in the needs of our residents.

### **5. Other Options Considered**

- 5.1. Not Applicable

### **6. Background**

- 6.1. This paper supplements the financial information included within the Annual Report of the Director of Public Health 2020/21.
- 6.2. The public health grant to local authorities is paid annually to local authorities for the purpose of improving health in local populations. It is ring fenced for this purpose and the wording has been altered this year to include public health challenges arising from Covid-19
- 6.3. The grant determinations are undertaken under section 31 of the Local Government Act 2003 and conditions of its use are determined by the Secretary of State for Health and Social Care.
- 6.4. There are statutory requirements for the use of the public health grant. These include responsibility for commissioning key programmes and services including comprehensive sexual health services, NHS health checks, the national child measurement programme and substance misuse services. Additionally, the grant must be used in fulfilling the statutory role of local authorities and directors of public health of protecting and improving the health and wellbeing of their residents.
- 6.5. The use of the grant must be assured by the Department for Health and Social Care with added assurance from the Chief Executive that the grant has been used appropriately.
- 6.6. The grant allocation to Cheshire East Council for 2021/22 is £16,928,979. This includes a core grant of £16,869,818 and an additional allocation for HIV pre-exposure prophylaxis (PrEP) of £59,161.
- 6.7. Table 1 provides the proportional allocation of the public health grant (excluding test and trace temporary funding) to key service areas. This table covers the last 3 financial years (2019/20, 2020/21 and 2021/22). When the temporary test and trace funding is included, it accounts for 14% of our expenditure.
- 6.8. The greatest expenditure is on services for children aged 5 to 19, substance misuse services and sexual health services.

- 6.9.** We expect that the funding proportions will remain similar through this financial year, however we are reviewing current funding for our commissioned services. This is in response to the changing needs of our population and changes in the activity seen in our services as a result of the Covid-19 pandemic.
- 6.10.** Our future expenditure will be guided by the recommendations of the Joint Strategic Needs Assessment (JSNA). The JSNA programme has now resumed and in the next year will be targeting key areas that have been most impacted by the pandemic and will allow us to take an evidence-based approach to both the use of the public health grant and provide wider recommendations to make the greatest difference across the Cheshire East Place.

<b>Table 1: Proportion of public health grant allocated to service area for previous 3 financial years</b>		
<b>Public Health Service</b>	<b>Percentage</b>	<b>£ Thousand</b>
Sexual health services	16%	7,549
NHS health check	1%	616
Health protection	2%	745
Child measurement programme	0%	90
Public health advice	2%	1,071
Weight & activity	3%	1,572
Substance misuse	18%	8,339
Smoking	1%	469
Children 0–19	36%	17,033
Health at work	0%	91
Public mental health	8%	3,579
Other public health services	13%	5,931
<b>Total</b>	<b>100%</b>	<b>47,085</b>

## **7. Implications**

### **7.1. Legal**

- 7.1.1. S31 of the Local Government Act 2003 gives power to a Minister of the Crown to pay a grant to a local authority towards expenditure to be incurred by it. Any such grant may be subject to conditions as to the use of the grant and provision as to circumstances in which the whole or part of the grant must be repaid. Local authority circular Public health grants to local authorities :2021 to 2022 sets out the allocations and conditions for using the grant.

**7.1.2.** The majority of the public health grant expenditure is on statutory services that we are required to provide.

**7.2. Finance**

**7.2.1.** This paper describes the allocation of the public health grant. This has been supported by officers from the finance team and assured by the Department of Health and Social Care.

**7.3. Policy**

**7.3.1.** The use of the public health grant aligns to the priorities of the Health and Wellbeing Strategy and the 5 Year Place Plan

**7.4. Equality**

**7.4.1.** The public health grant is used to support improvements in equity through allocation of resources in response to higher need.

**7.5. Human Resources**

**7.5.1.** The public health workforce is funded from the public health grant.

**7.6. Risk Management**

**7.6.1.** Inappropriate use of the public health grant can result in legal challenge or a lack of availability of resources to respond to unexpected health protection challenges.

**7.7. Rural Communities**

**7.7.1.** We use the public health grant to support services that minimise inequalities in rural communities.

**7.8. Children and Young People/Cared for Children**

**7.8.1.** The public health grant expenditure is highest for children and young people as it is vital that every child has the best start in life.

**7.9. Public Health**

**7.9.1.** There are no additional public health implications beyond the contents of the report.

**7.10. Climate Change**

**7.10.1** The public health team are providing officers to support the work of the council in reducing carbon, improving air quality, and promoting active transport.

<b>Access to Information</b>	
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Background Papers:	Annual Report of the Director of Public Health