

Report to CABINET

Public Health Investment Review Part A

Portfolio Holder:

Councillor Barbara Brownridge - Cabinet Member for Adults, Health and Wellbeing

Officer Contact: Rebecca Fletcher - Director of Public Health

Report Author: Rebecca Fletcher - Director of Public Health

18th November 2024

Reason for Decision

To provide an update on the Public Health Investment Review and present the resulting proposals for consideration.

Executive Summary

This report provides an update on the Public Health Investment Review (PHIR), and associated proposals for in-year and future changes to investment in council services from the Public Health (PH) budget. This includes those services where public health investment is used by other council areas to commission external providers.

Recommendations

- Cabinet is asked to note the work to date and to approve the outlined methodology and proposals for changes to the Public Health investment approach.
- Cabinet is asked to approve the proposed changes in the Public Health investments to council services.

Public Health Investment Review

1 Purpose

- 1.1 To provide an update on the Public Health Investment Review and present the resulting proposals for consideration.

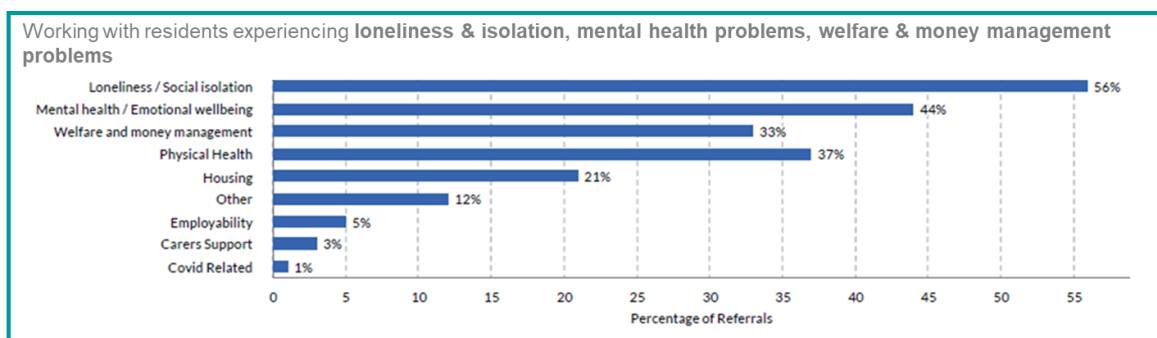
2 Background

- 2.1 When public health responsibilities transferred to local authorities in 2013, it was recognised that this created a valuable opportunity to have a positive impact on the wider determinants of health. In 2013/14, Oldham Council agreed several investments to service areas outside of Public Health (PH), and these investments have continued annually.
- 2.2 PH undertook a significant restructure in 2022 and disinvested in some externally commissioned public health services. Given the continued and emergent pressures on the PH budget, and the understanding that changes to OCS configuration and delivery have resulted in a variation to the original intended allocations, it was agreed by Management Board and the lead Cabinet member for Adult Social Care, Health and Wellbeing, that each investment made from the PH budget should be evaluated, particularly because, in consideration of Oldham's declining life, and healthy life, expectancy, all PH investments must both drive strategic priorities and deliver a high return.
- 2.3 The key aims of this evaluation process were to:
- Address the deficit in funding for the social prescribing service.
 - Ensure that PH investment complies with external grant conditions and contributes to defined public health outcomes.
- 2.4 Social prescribing: The ambition to deliver community-led prevention approaches to address increasing need and demand is well embedded in Oldham's health and care strategies. The provision of a Social Prescribing service is aligned to objectives set out in the Oldham Prevention Framework; to ensure people have the support they need to tackle problems when they occur and live as well as possible; and to ensure that individuals and communities have the capacity to develop and implement their own solutions to improve their own health, wellbeing and resilience.
- 2.5 Social Prescribing forms part of the response to the challenges set out in the Oldham Integrated Care Partnership Delivery Plan (2024-25) and is a key contributor to the

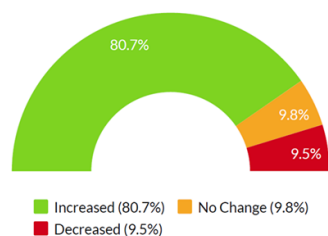
Adult Social Care Target Operating Model. The outcomes achieved through a strong Social Prescribing offer, which address the health and wellbeing of residents in its broadest sense, are critical to reducing demands and costs in the system such as Adult Social Care, Children's Services, Primary and Secondary Health services and Housing.

- 2.6 The social prescribing service in Oldham connects residents with the local community activity and support offer to improve their physical and mental wellbeing. The service will support people and communities to take control of their own health, become more resilient and improve their life chances. Social prescribing is a means of enabling professionals within the health and social care system to refer people to a range of local activities, support, and services within the community, instead of offering only prescribed medical or care solutions. The service also has a key role in capacity building within the community, enabling voluntary and community groups and organisations to deliver activities and support which promotes the health and wellbeing of residents.
- 2.7 Oldham Social Prescribing is currently delivered by a consortium of Oldham VCFSE organisations; Action Together CIO, Age UK, TOG Mind and Positive Steps. In the 2023/24 financial year, Oldham's social prescribing service received more than 3,000 referrals which resulted in 31,500 contacts with clients or on behalf of clients. The graphic below shows the key performance data from the service for the financial year 2023/24. A new contract has been let to Action Together CIO as the lead organisation.

Social Prescribing Data Summary 2023/24



80% of clients see an improvement in their overall wellbeing following intervention (using Short Warwick Edinburgh Mental Wellbeing Scale – SWEMWBS)



- **3,051** referrals
- **583** active cases
- **1,755** connections with support and activities
- **31,500** contacts with clients or other professionals on their behalf

- **1 in 6 referrals is from Adult Social Care**
- SP Link Worker based in Adult Referral Contact Centre (ARCC) working together to move cases from waiting list into Social Prescribing (c. 90-100 / quarter)
- Also supporting residents referred to ARCC to take-up wider community offer, deflecting from services

3 Method

3.1 The PH team developed and completed a process to understand the current use of PH investment and assess its eligibility against PH grant conditions. The process included the following key steps:

- 1) PH representatives met with Heads of Service for each area and completed a Stage 1 Pro Forma detailing how the funds were currently being spent, alongside the activity and outcomes resulting from the spend.
- 2) The PH team reviewed all Stage 1 proformas with reference to a structured matrix created to support assessment of funded service activity against PH grant conditions. Identified activities were classified as 'not eligible' (Red), 'potentially eligible' (Amber), or 'fully eligible' (Green), as per guidance from the Department of Health and Social Care^{1,2} and the Association of Directors of Public Health³.
- 3) Where PH funded activity was identified as amber opportunities to better ensure alignment with eligible functions, current PH priorities, and local needs were considered. Opportunities to streamline funding, reduce duplication with other PH funded services and ensure value for money were also noted.
- 4) The DPH formally communicated the outcome of the assessment to all service area directors. Where PH funded activity was considered not eligible (red),

dialogue commenced between the DPH and relevant service area directors to ensure understanding of the impact of any potential changes, given the current budget challenges. Where investment in a particular OCS did not meet PH funding external grant conditions, but investment in another OCS did, redirection was explored.

4 Proposal

- 4.1 The proposed change to the PH investment approach is multifaceted, and it is proposed that it will be implemented in the short, medium, and long term. An overview is below, and service-level summaries are provided in tables 1, and 2.

5 Immediate changes

- 5.1 Several immediate changes are proposed to address the deficit in funding for the social prescribing service and mitigate the risk that future Public Health Grant uplift is insufficient to address the deficit sustainably.
- 5.2 Where investments are assessed as fully eligible (green), or potentially eligible (amber) and eligible activity or realignment opportunities have already been identified, the PH team will work with representatives of the relevant OCS to formalise the arrangement. This will be through development of a logic model, agreed KPIs and completion of a Service Level Agreement (SLA) between Public Health and the relevant OCS. A recent internal audit of the Council's Commissioning of Public Health services funded from the Public Health Grant, which reviewed whether the grant is used only for eligible expenditure for the purposes of fulfilling public health functions, recommended that a dashboard is developed for internally managed services; this will include KPI's for those service areas in receipt of the public health grant and should be agreed in the project brief prior to delivering the service.

6 Medium term changes

- 6.1 In the medium term, with recognition of ongoing or upcoming service redesign, potentially eligible (amber) PH investment will be realigned within the OCS to specific activities that contribute positively to PH outcomes. For some OCS, budget reductions have been proposed to ensure investment is proportionate to return, with consideration of strategic priorities. SLAs will be completed, and delivery will be monitored against agreed key performance indicators.
- 6.2 Where investments to OCS are identified as not eligible (red), and where disinvestment is not practically possible in the short term, an appropriate pathway to budget reduction or realignment of investment will be agreed in the medium to long-term. The

implications of any future disinvestment will be addressed as and when any changes are proposed.

7 Long term approach

- 7.1 There will need to be a phased disinvestment in those budget areas where re-alignment has not been possible or desirable.
- 7.2 An ongoing process of monitoring and review will be implemented to ensure that public health investment complies with grant conditions and contributes to defined public health outcomes. For each investment, the following will be developed and implemented by March 2025:
- A logic model articulating the impact of the service on public health outcomes,
 - A Service Level Agreement between the service lead, and public health, setting out the expectations for the investment and the expected outcomes,
 - An agreed set of performance measures and thresholds for intervention.
- 7.3 An annual review will be held for all public health investments. This will review the public health need for the service, the impact, and the performance measures for the year. Following the review, recommendations will be made regarding any change to investments.

8 Next steps

- 8.1 Where services receive public health investments, service leads will be asked to work with public health to develop a logic model comprising the identified need, the inputs associated with the investment, the outputs to be monitored within the SLA (to be entered into), and the associated PH outcomes the input is expected to contribute towards.
- 8.2 Where reductions in investment have been identified, a plan for how this will be delivered will be put in place and implemented between Public Health and the OCS, in consultation with finance leads. Options
- 8.3 Option 1 – do not accept the proposed changes to how public health funding is invested in other council services, which are not commissioned by public health.
- 8.4 Option 2 – Recommended - to approve the outlined methodology and proposal for changes to the Public Health investment approach. Also to approve the proposed

changes in the Public Health investments to non-public health commissioned council services.

Investment Areas Reviewed

Education, Skills & Early Years
SEND Practitioners: 0-5 Years
Family Hubs
Place & Economic Growth
Children’s Centres (Corporate Landlord)
Parks
Environmental Services
Public Protection: Trading Standards
Public Protection: Environmental Health (Pest Control)
Public Protection: Botox
Warm Homes
Communities
Community Safety
Youth Services
District Teams
Heritage, Libraries & Arts
Community Sport & Physical Activity
Move More Team
Oldham Community Leisure Contract
Children & Young People Services
Targeted Youth Service: Information Advice and Guidance, Young Carers, and Missing from Home
Youth Justice Service
Early Intervention & Prevention Service
Adults Services
Prevention Approach in the ARCC
Corporate Services
Welfare Rights Service

9 Preferred Option

- 9.1 Option 2 - Cabinet is asked to note the work to date and to approve the outlined methodology and the proposal for changes to the Public Health investment approach. Cabinet is also asked to approve the proposed changes in the Public Health investments to non-public health council services.

10 Consultation

- 10.1 Public Health Investment Review has been presented to Management Board, and Cabinet Member portfolio.

11 Financial Implications

11.1 The preferred option as detailed in paragraph 9.1 is:

- 1) To approve the outlined methodology and proposed changes to the 'Public Health Investment Approach' in conjunction with the key steps highlighted in paragraph 3.
- 2) To approve the proposed changes in the Public Health investment into Other Council Services (OCS).

11.2 The purpose of the Public Health Investment Review (PHIR) is to ensure that Public Health investment complies with grant conditions and contributes to defined public health outcomes.

11.3 The PHIR has identified Public Health money that it wishes to repurpose. A proportion will be reallocated, a proportion will be used to address the deficit in funding of the social prescribing contract and the remainder will be used to release general funds from the Public Health Service base budget.

(Matthew Kearns – Finance Manager)

12 Legal Implications

12.1 Ordinarily, the use of the PH budget would only have legal implications if the proposals raised a question of vires. 13.2 However, where disinvestment is being considered, it is essential to consider if the proposals would result in the Council failing to meet a mandatory obligation to provide a service, whether any consultation would need to be undertaken with service users and other stakeholders before a service is decommissioned, what contractual implications (if any) there will be, whether any external grant funding terms and conditions will be affected, and, where disinvestment may result in the service area needing to meet the disinvestment amount, which budget will be used to bridge the gap.

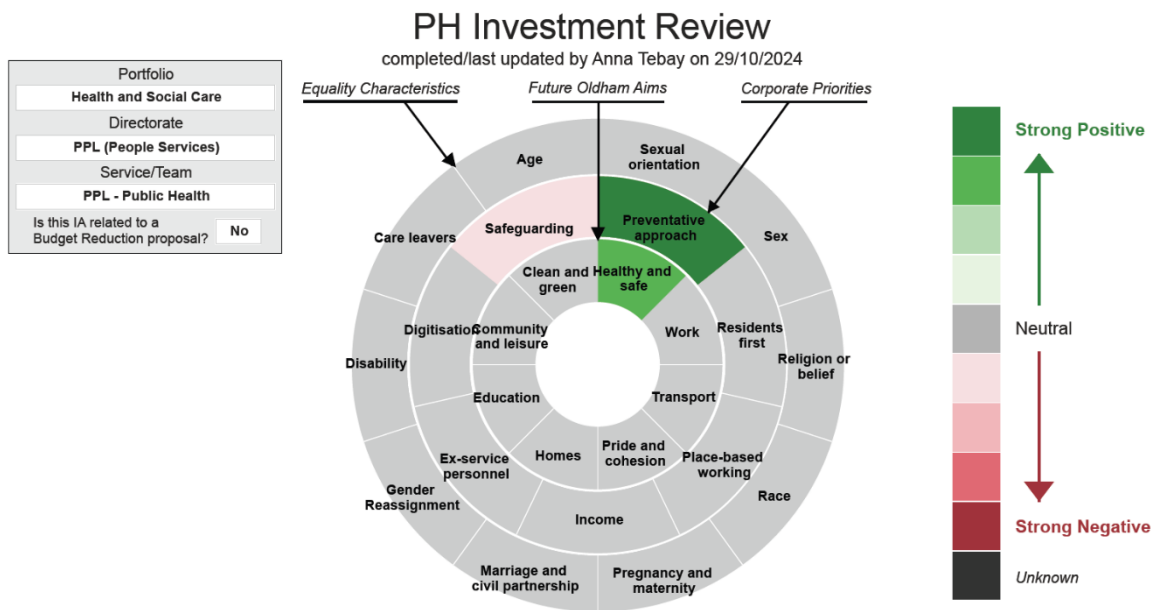
12.2 If any of the above mentioned are not considered, or if an impact is not found to be moot or is not resolved, there could be legal implications. For example, if a service funded by in whole or in part by PH is to be disinvested prior to the expiry of a contract, and the contract cannot be satisfactorily modified, the Council would remain liable for all fees due under the contract.

12.3 The report author has included a table within the report to address the impacts of each proposed action.

Sarah Orrell – Commercial & Procurement Solicitor

13 Equality Impact, including implications for Children and Young People

13.1 Yes



14 Key Decision

14.1 Yes

15 Key Decision Reference

15.1 HSC-06-24

16 Background Papers

16.1 None

17 Appendices

17.1 Appendix 1 – Eligibility for Local Authority Public Health Spend

Appendix 1

Appendix 1: Eligibility for Local Authority Public Health Spend

Not eligible	<p>Routine council service that fulfils a statutory duty Or Routine council service that fulfils a non-statutory duty</p>
Potentially eligible	<p>Routine council service that fulfils a non-statutory duty where the investment is intended to contribute additional and eligible public health activity, which can be evidenced</p>
Fully eligible	<p>The main and primary purpose of the investment is improvement of public health outcomes, and the activity aligns with one or more eligible functions:</p> <p>Prescribed functions</p> <ol style="list-style-type: none"> 1) Sexual health services - STI testing and treatment 2) Sexual health services - contraception 3) NHS Health Check programme 4) Local authority role in health protection 5) Public health advice to NHS Commissioners 6) National Child Measurement programme 7) Prescribed children's 0 to 5 services <p>Non-prescribed functions</p> <ol style="list-style-type: none"> 8) Sexual health services - advice, prevention and promotion 9) Obesity - adults 10) Obesity - children 11) Physical activity - adults 12) Physical activity - children 13) Treatment for drug misuse in adults 14) Treatment for alcohol misuse in adults 15) Preventing and reducing harm from drug misuse in adults 16) Preventing and reducing harm from alcohol misuse in adults 17) Specialist drugs and alcohol misuse services for children and young people 18) Stop smoking services and interventions 19) Wider tobacco control 20) Children 5 to 19 public health programmes 21) Other Children's 0 to 5 services non-prescribed 22) Health at work 23) Public mental health 24) Miscellaneous, can include, but is not exclusive to: <ul style="list-style-type: none"> • nutrition initiatives • accidents prevention • general prevention • community safety, violence prevention and social exclusion

	<ul style="list-style-type: none">• dental public health• infectious disease surveillance and control• environmental hazards protection• seasonal death reduction initiatives• birth defect preventions <p>25) Test, track and trace and outbreak planning</p> <p>26) Other public health spend relating to COVID-19</p>
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References

1. <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2023-to-2024/public-health-ring-fenced-grant-2023-to-2024-local-authority-circular#annex-c-categories>
2. <https://www.data.gov.uk/dataset/01171494-e40b-463f-9967-56d158412321/statutory-duties-placed-on-local-government>
3. <https://www.adph.org.uk/wp-content/uploads/2023/05/Use-of-PH-Grant-May-2023.pdf>