

# Health and Wellbeing Board

15 May 2024

## Delivering the Warwickshire Public Health Offer

### Recommendations

That the Health and Wellbeing Board

- 1) Notes and comments on the new structure of the Public Health service within Warwickshire County Council, and
- 2) Notes and comments on the range of activity Public Health is undertaking in 2024/25 and the commitments made to deliver duties and responsibilities.

## 1. Executive summary

### 1.1 Purpose of Report

1.1.1 This report sets out for Warwickshire Health and Wellbeing Board (HWBB):

- a) The new structure of the Public Health service and its host directorate within Warwickshire County Council, the Social Care and Health Directorate;
- b) The business of the Public Health service, with a clear description of its prescribed and non-prescribed functions;
- c) Public Health spend in Warwickshire; and,
- d) Key priorities, opportunities and challenges facing Public Health activities in 2024/25

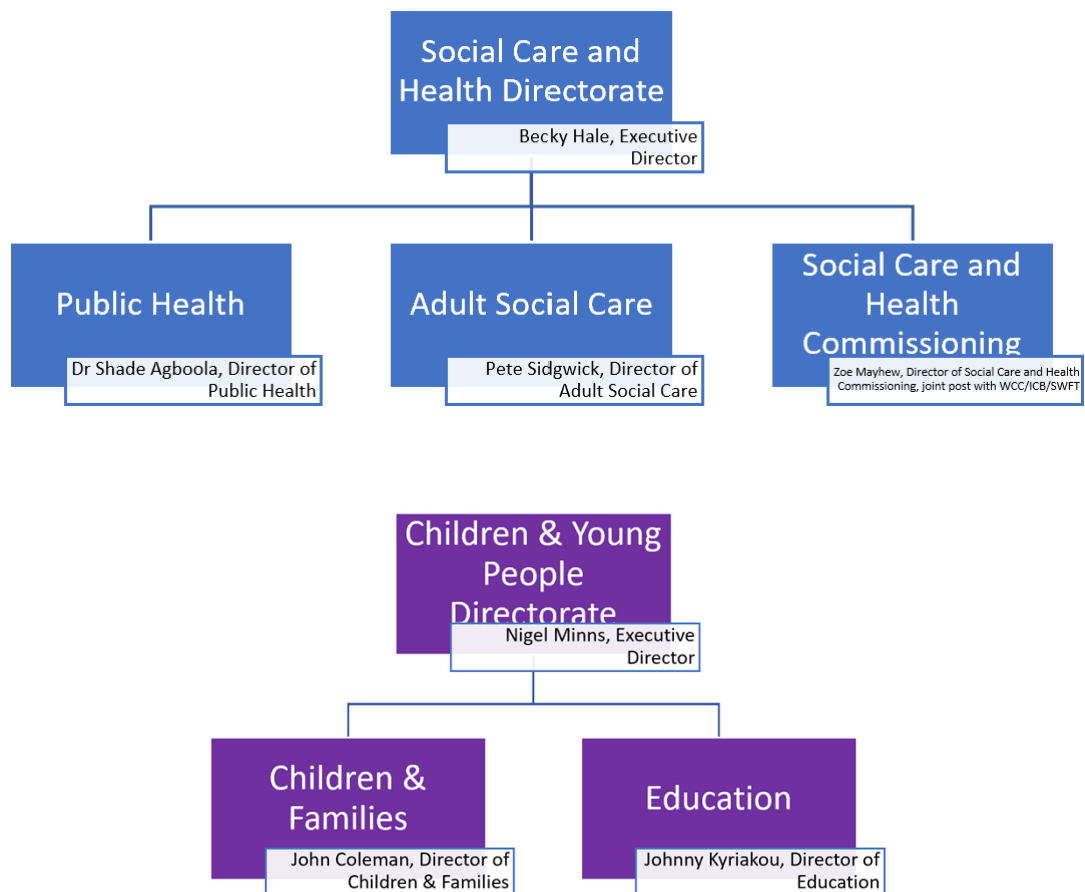
1.1.2 By providing this information, the report aims to illuminate the opportunities and challenges noted by Public Health within the Coventry and Warwickshire Integrated Care System (ICS) and generate a debate about how the profile and impact of prevention activity can be raised across system partners as a long-term strategy to improve population health, wellbeing, and outcomes.

## 1.2 Background

1.2.1 2024 marks the eleventh year since Public Health transferred into local government from the NHS (Primary Care Trusts). This was a significant transfer of powers which enabled greater opportunities for influencing prevention within the 'wider determinants of health' (the estimated 80% of health outcomes which are determined by non-health inputs such as education, housing, and built environment). Public Health is predominantly funded by the Department of Health and Social Care through an annual grant arrangement, using a formula and set of conditions set in 2013/14.

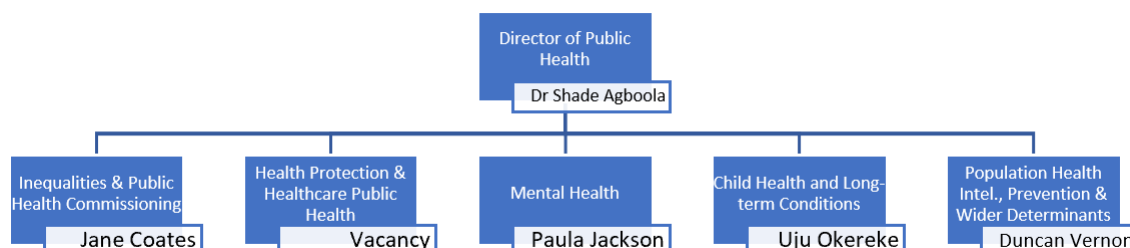
## 1.3 New Directorates

1.3.1 In January 2024 the People Directorate in Warwickshire County Council (the Council) was split into two for a trial period of two years. The two new Directorates are Social Care and Health and Children and Young People. Public Health is part of the Social Care and Health Directorate as shown below.



## 1.4 Public Health Service Portfolio Areas

1.4.1 A restructure of some Directorate functions took place simultaneously, which placed the Public Health budget and commissioning function back into the Public Health service. The high-level structure is below:



1.4.2 The portfolio areas have evolved over time so that the service is able to plan for, and respond to, areas of priority for Warwickshire's population. The 'business as usual' activity encompasses the following range of themes.

Economic & social inequality	Workplace wellbeing and employment	Strategic partnerships and place-based work
Commissioning	Migrant health	Health protection
Individual Funding Requests and advice to NHS commissioners	Healthcare public health	Mental health
Suicide prevention, surveillance and self-harm	Drug and alcohol	Child Death Overview Panel
Child physical and mental health	Maternity and neonatal	Long-term conditions
Healthy lifestyles, smoking cessation, weight management	Prevention	Joint Strategic Needs Assessments
Population Health Management	Wider Determinants of Health	Domestic abuse & violence against women and girls
Sexual health	Oral health	Safe accommodation

## 1.5 Public Health Spending

1.5.1 Public Health is funded by the Department of Health and Social Care through an annual grant arrangement, using a formula and set of conditions established in 2013/14. In 2024/25 the Warwickshire Public Health grant allocation is £25.6m. Over recent years around £2m per year is being spent on the directly-employed Public Health workforce in Warwickshire, encompassing consultants, technical specialists, commissioners, and running costs. The remainder of the budget is spent on services.

1.5.2 The grant is ring-fenced and must be spent on a core set of ‘prescribed’ activities, although the apportionment of budget to services is locally determined. (The spend is benchmarked nationally to enable the Office for Health Improvement and Disparities – OHID - to identify notable variations, which must be explained).

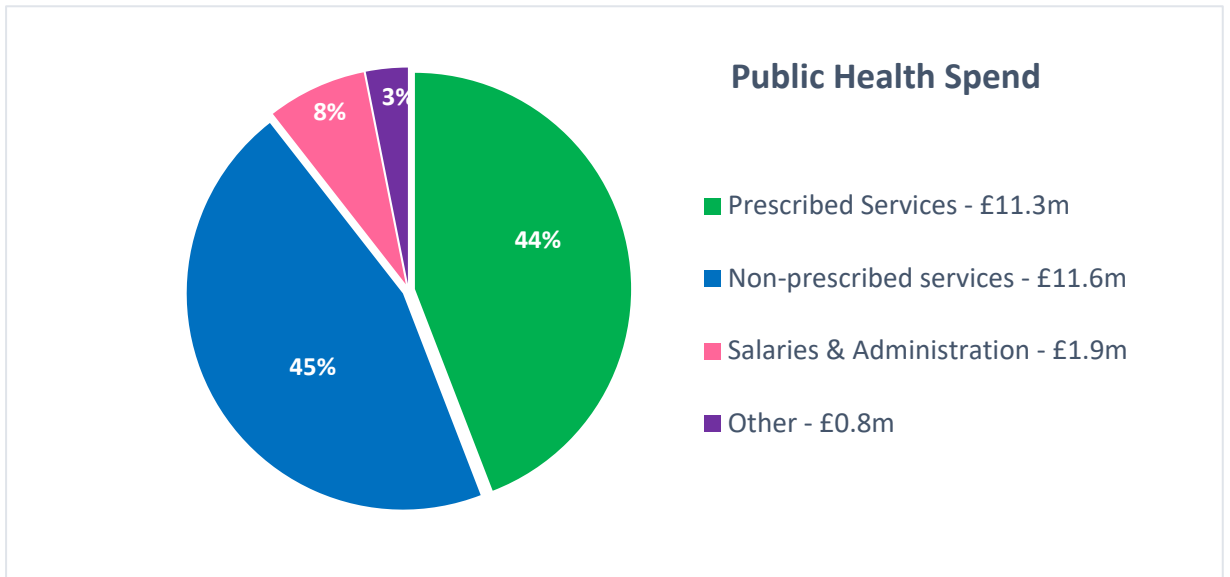
<b>Prescribed functions of the Public Health Grant</b>	
Sexual health services - sexually transmitted infections testing and treatment	Public health advice to NHS commissioners
Sexual health services - contraception	National child measurement programme
NHS Health Check programme	Prescribed children’s 0 to 5 services
Local authority role in health protection	

1.5.3 There is a further range of ‘non-prescribed’ functions of the Public Health Grant, covering areas where Public Health might reasonably fund activity. These functions are summarised below.

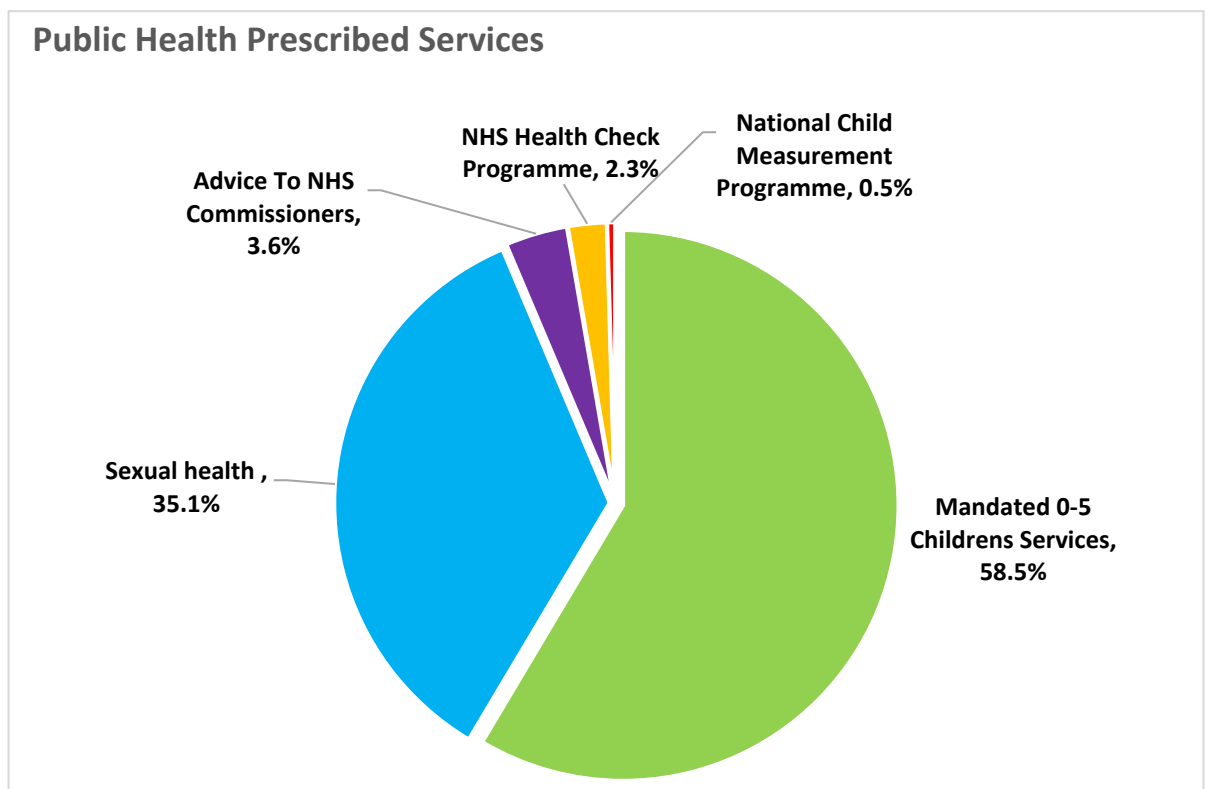
<b>Non-prescribed functions</b>	
Sexual health services – advice, prevention, promotion	Drug and alcohol treatment, prevention, harm reduction
Physical activity	Child drug and alcohol misuse
Obesity	Stop smoking
5-19 public health	Wider tobacco control
Mental health	Test, track, trace, outbreak management
Covid-19	Miscellaneous

1.5.4 Public Health funds or contributes to all the prescribed functions in 1.5.1. In terms of non-prescribed functions, the Public Health budget funds or contributes to: drug and alcohol; mental health and wellbeing; physical health; adult weight management; smoking cessation; dietetics; HIV online testing; Warm & Well; domestic/sexual abuse counselling and support, safe accommodation, Multi-agency Risk Assessment Coordination (MARAC), and Independent Sexual Violence Advisers (ISVA); real-time suicide surveillance; homelessness nursing; Home Environment Assessment and Response (HEART).

1.5.5 The pie chart below shows a high-level distribution of Public Health Grant spend in 2024/25 (excluding overheads).

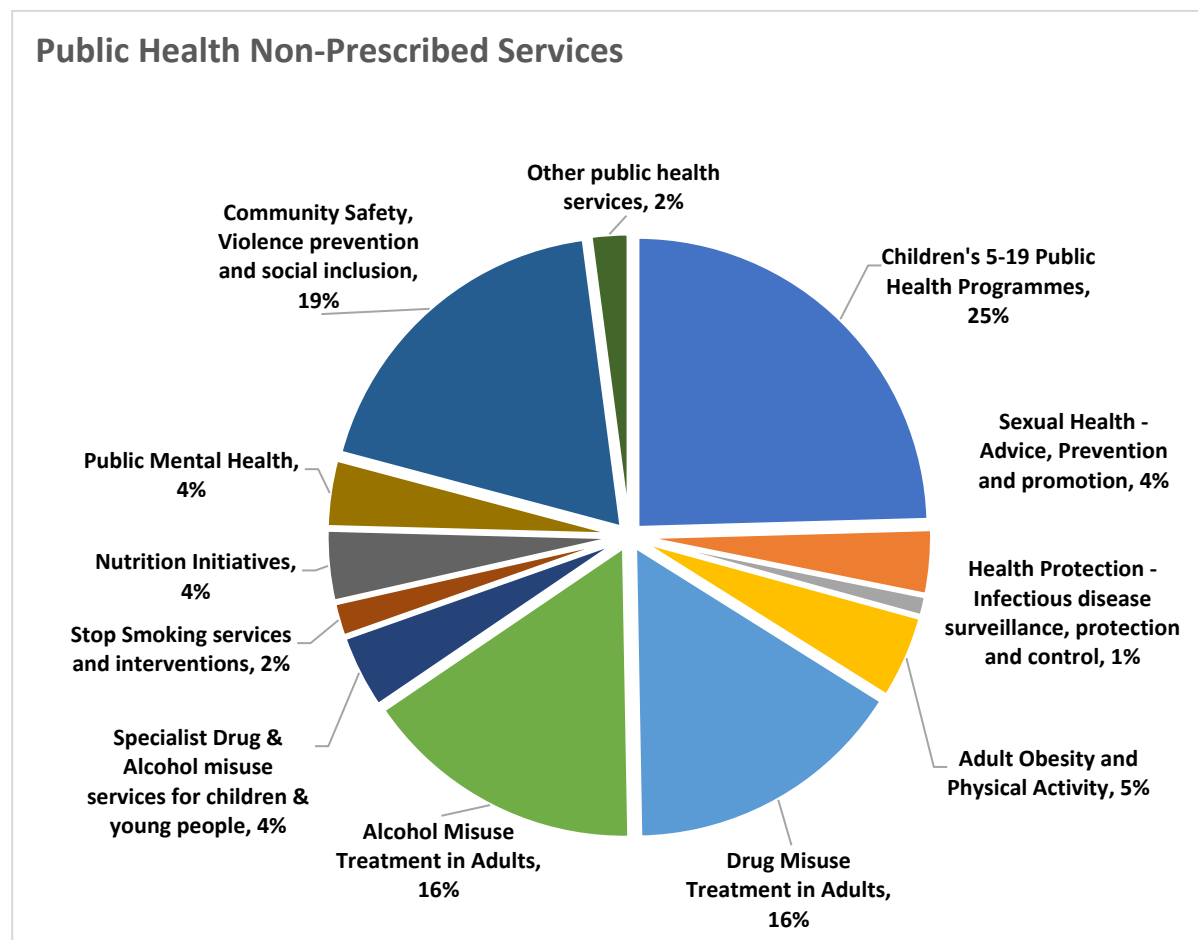


1.5.5 The pie chart below shows the distribution of the Public Health Grant money spent on prescribed and non-prescribed services:



1.5.6 Public Health is not always the sole funder of these prescribed and non-prescribed activities, with contributions coming from sources such as other grants under section 31 (see 1.5.7), the Integrated Care Board (ICB), the Office of the Police and Crime Commissioner, District & Borough Councils, and the Office for Health Improvement and Disparities (OHID).

1.5.7 The table below sets out time-limited section 31 grants and areas of work that have been aligned to Warwickshire Public Health, and are being delivered by Public Health staff, but are not prescribed functions of Public Health. They are time-limited duties of the local authority.



Period of budget allocation	Purpose	Approx. annual £
2021 to 2025	Local Authority Domestic Abuse Safe Accommodation Duty	£1.05m
2022 to 2025	Supplementary Substance Misuse Treatment & Recovery	£0.5m to £0.9m
2024 to 2029	Smokefree Generation 5-year programme	£0.8m

1.5.8 While the formula for calculating the Public Health Grant has stayed the same, the conditions of the grant have changed over time.

<b>Year of change</b>	<b>Theme</b>	<b>Comment</b>
2015/16	Transfer in of 0-5 health visiting	Now included in the PH grant as a permanent duty
2023/24	Fluoridation payments to water companies	Duty taken away from local authorities and centralised
2024/25	Agenda for Change – NHS pay award for contracted services	Updated 2024/25 Public Health Grant allocations now include funding for additional recurrent impact of the 2023/24 consolidated NHS Agenda for Change pay award, this was previously settled from Integrated Care Board funding allocations

## 1.6 Service Priorities For 2024/25.

1.6.1 Public Health sets priorities each year in the context not only of its role within the Council, but also the Coventry & Warwickshire Integrated Care System (ICS). The Public Health service's priorities for 2024/25 are:

### 1.6.2 Warwickshire Health & Wellbeing Board

Supporting the delivery of the Health and Wellbeing Board (HWBB) and the HWBB Strategy Delivery Plan 2024-25 by:

- Playing an active role within the HWBB Place Partnerships, to promote the delivery of the Strategy at Place
- Supporting the Children and Young People Partnership to deliver on the JSNA recommendations
- Delivering the JSNA programme to inform decision making and commissioning intentions at County and Place

### 1.6.3 Warwickshire County Council

- Deliver targeted and place-based public health activity to support a reduction in health inequalities, with a focus on:
  - delivering on the Smokefree Generation ambitions locally to reduce smoking prevalence;
  - supporting the tackling of childhood obesity through the National Child Measurement programme; and
  - delivering improvements in drug and alcohol support services.
- Deliver agreed additional safe accommodation for victim survivors of domestic abuse
- Continue to be an active partner in the Coventry and Warwickshire's Integrated Care System particularly:

- deliver those agreed and funded actions in the Coventry and Warwickshire Integrated Health and Care Plan for which the Council is responsible or contributes to;
- develop and implement the Warwickshire Care Collaborative in collaboration with partners; and
- deliver those agreed and funded actions in the three Health Place Partnerships plans for which the Council is responsible or contributes to.

#### 1.6.4 Public Health Commissioning

- Progressing and confirming a sustainable future position for health visiting services
- Reviewing activity and performance against all demand-led budget lines, such as NHS health checks, drug and alcohol treatment, and sexual health
- Drug and alcohol recommissioning, for 2025
- Refreshing the Safe Accommodation Strategy, to 2027

#### 1.6.5 Integrated Care System

- Delivering on the *prioritising prevention and wider determinants of health* Integrated Care Strategy priority for 204/25 includes:
  - Publication of the revised C&W Health Protection Strategy
  - Supporting delivery of the NHS Long Term Plan Prevention programme
  - Implementing the Homelessness Strategy
  - Maintaining effective coordination across relevant health and care partners through the Newly Arrived Communities Strategic Health Group
- Working collaboratively to maximise vaccination uptake
- Active contribution and shaping of the future model of Care collaborative. Role in both Strategic and Tactical Commissioning at ICB/Care collaborative levels

### 1.7 Opportunities And Challenges

1.7.1 Work was undertaken in 2022 to review how the Public Health budget was being spent in Warwickshire, to establish a post-pandemic baseline, and seek to identify opportunities to do things differently based on changing population needs, provider market pressures, and the implications of cost of living pressures. This exercise enabled Public Health to understand in detail the contract commitments it had made during the pandemic period, how services and customer usage had evolved during that time, and how – and when – the service might plan to use the budget differently to improve outcomes. Public Health is phasing its thinking to align to the schedule for commissioning new services, and also to identify ways to support the Creating Opportunities



(nationally, Levelling Up) agenda and increase collaboration with system partners.

- 1.7.2 Funding for public sector services across the board is strained, and the service notes the challenges that other integrated care system partners are having, alongside its own. The annual Public Health Grant award is subject to change, with increases in recent years not matching rising costs. It is expected that this will be a continuing pattern, and thus the overall implication for Warwickshire is that the public health budget will offer annually decreasing levels of resourcing for work covered by this portfolio. It is recognised that there are difficult decisions to be made, some with immediate effect, and that these will contribute to system-wide resourcing challenges.
- 1.8 The Public Health service is experiencing tougher commissioning cycles, often linked to a reducing number of providers (sometimes only one) submitting tenders due to decreasing contract envelopes. It is also noted that commissioned providers are seeking sizable budget increases mid-contract or at extension points, to cover escalating costs, and meeting these creates significant challenges and knock-on impacts for the other Public Health services and priority population groups, and wider legal and procurement challenges.
- 1.9 Public Health will take the opportunity to look at its commissioned service contracts at the appropriate break points to review prioritisation of activity, although the limited opportunities for movement are noted due to existing and anticipated pressures across all areas of activity.
- 1.10 Public Health is conscious of the risks associated with any changes to funding arrangements that it might wish to make, and the unintended consequences for other funding partners of these decisions. The service is, however, at risk of becoming stuck in a holding pattern, and thus is working to link system finance leads together to look for collaborative ways forward. It is critical that services work together for the overall benefit of Warwickshire people.
- 1.11 In its February 2024 report *Investing in the public health grant*, the Health Foundation noted that the Public Health Grant has been reduced on a real-terms per person basis by 27% since 2015/16. It is likely that within the next 3-5 years, it will be necessary to decrease the resourcing to non-prescribed parts of the public health portfolio to secure the continuity of prescribed parts. It is likely that any such changes will have an unavoidable impact on other ICS partners, but of greater concern, a reduction in services for people in thematic areas that we would not wish to reduce.
  - 1.11.1 Across the range of its activity, Public Health has some challenges which require detailed work to resolve. These include:
    - Reviewing the funding and delivery arrangements for the health visiting service, to close the gap to the national benchmark for statutory visits
    - Reviewing its performance against the NHS health check targets, to close the gap to the national benchmark

- Reviewing non-opiate drug and alcohol treatment services to improve completion rates
- Reviewing the evidence base linking to healthy lifestyle offers for both children and adults, with a particular focus on healthy weight
- Understanding the implications of emerging legislation such as the Victims and Prisoners Bill, which will create a duty on the Council to work together with the Police and Crime Commissioner and the ICB when commissioning support services for victims of sexual abuse and domestic violence and other serious violence.

## 2. Financial Implications

2.1 None in addition to the context outlined in the report.

## 3. Environmental Implications

3.1 None.

Title	Name	Contact Information
Report Author	Jane Coates	<a href="mailto:janecoates@warwickshire.gov.uk">janecoates@warwickshire.gov.uk</a>
Director of Public Health	Shade Agboola	<a href="mailto:shadeagboola@warwickshire.gov.uk">shadeagboola@warwickshire.gov.uk</a>
Executive Director for Social Care and Health	Becky Hale	<a href="mailto:Becky Hale@warwickshire.gov.uk">Becky Hale@warwickshire.gov.uk</a>
Portfolio Holder for Adult Social Care and Health	Cllr Margaret Bell	<a href="mailto:Margaretbell@warwickshire.gov.uk">Margaretbell@warwickshire.gov.uk</a>

The report was circulated to the following members prior to publication:

Local Member(s): None – this is a County wide report.

Other members: Councillor Margaret Bell and Councillors Barker, Drew, Holland and Rolfe.