

# Joint Public Health Board

## 15 July 2021

### Finance Update

Choose an item.

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr N Greene, Covid Resilience, Schools and Skills,  
Bournemouth, Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

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**Report Status:** Public

#### **Recommendation:**

The Joint Public Health Board is asked to note the finance report.

#### **Reason for Recommendation:**

The public health grant is ring-fenced, and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.

The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.

Monitoring spend against the grant will support better financial planning and use of the Public Health Grant to improve outcomes in partner Councils, as well as through the shared service.

## **1. Executive Summary**

- 1.1. This report provides a regular update on the use of each council's grant for public health, including the budget for the shared service Public Health Dorset, and the other elements of grant used within each council outside of the public health shared service.
- 1.2. Grant allocations for public health were published 16 March and the contributions from each local authority were agreed at the May Board meeting. This gives an opening revenue budget for Public Health Dorset in 21/22 of £25.036M. Current forecast outturn is £146K underspend, with more detail set out in section 9 below and appendix 1.
- 1.3. Each local authority retains a portion of the grant to deliver other services with public health impact. The public health ring-fenced conditions apply equally to these elements of the grant and the use of the Grant in each council outside of the shared service will continue to be monitored through the JPHB. Planned spend on these elements is set out in section 10 below, and shows that overall, both BCP and DC are forecasting break even on their retained grant.
- 1.4. Plans in support of COVID-19 local outbreak management plans are developed through the COVID-19 Health Protection Board, chaired by the Director of Public Health. Additional funding from the Test and Trace Grant and Contain Outbreak Management Fund (COMF) to support these plans are overseen by each local authority. Some of the additional costs to the shared service in supporting this work are met through these additional funds.

## **2. Financial Implications**

- 2.1. The shared service model was developed to enable money and resources to be used efficiently and effectively, whilst retained elements allow for flexibility for local priorities. Financial implications are covered throughout this paper

## **3. Wellbeing and health implications**

- 3.1. The work of Public Health Dorset and the local authorities supported by the public health grant will have wide-ranging health and wellbeing implications. Any specific implications are highlighted where relevant in the report.

## **4. Climate implications**

- 4.1. Public Health Dorset and the public health grant support a range of work that will have impacts on climate change, however there are no specific implications identified in this report.

## **5. Other Implications**

- 5.1. None identified in this paper.

## **6. Risk Assessment**

- 6.1. Having considered the risks associated with this financial monitoring, the level of risk has been identified as:

Current Risk: MEDIUM  
Residual Risk: MEDIUM

## 7. **Equalities Impact Assessment**

7.1. This is a monitoring report therefore EqIA is not applicable.

## 8. **Appendices**

Appendix 1. Finance Tables July 2021

## 9. **Background Papers**

Previous finance reports to the Board

[Public health grants to local authorities: 2021 to 2022 - GOV.UK](https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2021-to-2022)  
([www.gov.uk](https://www.gov.uk)), published 16 March 2021

[Shared Service Partnership agreement November 2020](#)

[Financial annex to the 20/21 agreement, updated May 2021](#)

## 10. **21/22 shared service budget**

10.1. Grant allocations for public health in 21/22 showed an uplift, in part to cover costs of PrEP (pre-exposure prophylaxis treatment for HIV) funding within sexual health services. The Board agreed contributions from each local authority in May, and these are shown in table 1 in the appendix. This gives a 21/22 opening revenue budget for Public Health Dorset of £25.036M.

10.2. Our provisional forecast shared with the Board in May assumed a return to usual activity for most of our activity-based services throughout 21/22. We now have nearly 3 months of activity data and a better understanding of the potential enduring impacts from COVID, which shows that changes in activity are different for our different community health improvement contracts (CHIS). Our current understanding is that:

- we may see additional costs on long-acting contraception as normal services resume and catch up on a backlog of patients, although this could be delivered through the sexual health service rather than GPs in areas where GPs remain stretched
- supervised consumption and needle exchange costs have changed to reflect the shift of BCP contracts, with limited recovery of activity; it is unlikely that activity will fully return to normal due to changes in risk assessment around supervised consumption
- smoking cessation activity through GPs and pharmacies is assumed to continue at the same levels as seen in the last 3 months, which remains below usual activity level. This is being supplemented by developments within LiveWell Dorset to provide additional support including Nicotine Replacement Therapy, but overall community health improvement services activity and costs remain down.
- At present we expect only a small spend on NHS Health Checks during 21/22. These remain paused at present and we plan to review how we provide the service due to changing national expectations. Forecasts

may change further as plans and timescales become clearer through that review.

- 10.3. Based on the above we have not agreed any plans for kickstarting our Community Health Improvement services post-COVID using the £340k of reserves as previously agreed.
- 10.4. The current forecast outturn is £146k underspend, with detail set out in table 2, appendix 1. Along with the changes outlined in 10.2 above, other changes since the provisional forecast presented to the last Board include:
- more detail on potential PrEP costings
  - resilience and inequalities – an assumption that any specific spend in this area will be picked up through reserves or income
  - improved understanding of balance of additional team costs against COMF funding.

## **11. Grant allocation retained by the Local Authorities 21/22**

- 11.1. Alongside the shared public health service, each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways. The public health ring-fenced conditions apply equally to the whole grant and is therefore also covered in this report.
- 11.2. BCP council will retain £8.112M in 21/22. Based on their use of retained grant in 20/21 and the shift in drugs and alcohol contracts, this will be set against the following budget areas in their medium-term financial plan:
- Drugs and alcohol services for adults and children (£4.981M). This now covers the whole of BCP drug and alcohol commissioning.
  - Children's centres and early help (£2.494M) and early intervention around 'adolescent risk' agenda (£20k).
  - A central overheads element – (£117k, 2.7% of total retained grant).
  - Additional £500k recurrent, use still to be determined.
- 11.3. Dorset Council will retain £1.117M in 21/22. Within Dorset Council this is set against the following budget areas:
- Community safety (£170k). This supports the Dorset Council Community Safety team, including some of the work that they deliver on behalf of both councils.
  - Community development work (£333k). Previously the POPPs service, this supports community development workers across Dorset with building community capacity, but also has a specific focus on supporting vulnerable individuals who have suffered from or are at risk of financial scams.

- Children's early intervention (£114k). This includes support around Teenage Pregnancy, and work through HomeStart.
- Additional £500k recurrent, to support children's services although detail is still to be determined.

11.4. Both councils are currently forecasting breakeven against these retained elements.

**Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

## Appendix 1. Finance Tables July 2021

**Table 1. Agreed Partner contributions 21/22**

<b>2021/22</b>	<b>BCP</b>	<b>Dorset</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<b>2021/22 Grant Allocation</b>	20,052,506	14,214,073	34,266,579
<b>Less retained amounts</b>	-8,112,288	-1,117,400	-9,229,688
<b>Joint Service Budget Partner Contributions</b>	11,940,218	13,596,673	25,036,891
<b>Public Health Dorset Budget 2021/22</b>			<b>£25,036,891</b>

**Table 2. Opening budget and forecast outturn 2021/22**

<b>2021/22</b>	<b>Budget 2021-2022</b>	<b>Forecast outturn 2021-2022</b>	<b>Forecast over/underspend 2021/22</b>
<b>Public Health Function</b>			
Clinical Treatment Services	£8,929,500	£8,922,670	£6,830
Early Intervention 0-19	£11,248,000	£11,288,000	-£40,000
Health Improvement	£2,503,043	£1,841,999	£661,044
Health Protection	£35,500	£62,260	-£26,760
Public Health Intelligence	£120,000	£97,700	£22,300
Resilience and Inequalities	£80,000	-£23,855	£103,855
Public Health Team	£2,120,848	£2,701,360	-£580,512
<b>Total</b>	<b>£25,036,891</b>	<b>£24,890,134</b>	<b>£146,757</b>