



# Joint Public Health Board

## 30 May 2022

### Finance Update

#### For Decision

**Portfolio Holder:** Cllr P Wharf, Adult Social Care and Health, Dorset Council  
Cllr M Iyengar, Tourism and Active Health, 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:

- 1) note the 21/22 out turn of £706k underspend for the shared service and break-even position for the grant retained within each council.
- 2) approve the 2022/23 opening budget for the shared service, and
- 3) note 2022/23 plans for retained elements within each council.

#### 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 ring-fenced public health grant, including the budget for the shared service Public Health Dorset, and the other elements of the grant used within each council outside of the public health shared service.
- 1.2 The opening revenue budget for Public Health Dorset in 21/22 was £25.036M, and the final outturn was a £706K underspend, with more detail set out in section 10 below and table 1 in appendix 1.
- 1.3 As at 31<sup>st</sup> March 2022 the ring-fenced public health reserve stands at £2.647M, with £1.046M potentially committed to different projects and programmes.
- 1.4 The Board agreed 2022/23 contributions from each local authority to the shared service at their last meeting, including 60% of the 22/23 grant uplift as set out in appendix 2. This gives a 22/23 opening revenue budget for Public Health Dorset of £25.615M.
- 1.5 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 therefore the Board also monitors the use of the Grant in each council outside of the shared service. In 2021/22 both councils broke even on their retained grant. As with the Dorset council audit, the BCP audit showed reasonable assurance on governance of the retained portions of the public health grant (appendix 3).
- 1.6 For 2022/23 each council will retain additional funds equivalent to 40% of the uplift to their public health grant. Plans for the use of the retained grant in 22/23 are set out in section 13.
- 1.7 A range of additional grants and income were received by the shared service in 2021/22 and are planned in 2022/23, with £0.8M additional income spent in 2021/22, £1.4M of income carried over into 2022/23, and an additional £0.9M income anticipated into the shared service in 2022/23. This excludes the Contain Outbreak Management Fund for each council. More detail is set out in section 14 and appendix 4.

## **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 report.

### **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: LOW

### **7 Equalities Impact Assessment**

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

### **8 Appendices**

- Appendix 1 Finance Tables May 2022
- Appendix 2 Financial contributions to shared service 2021/22
- Appendix 3 BCP Council audit report
- Appendix 4 Additional grants and income

### **9 Background Papers**

- Previous finance reports to the Board
- [Shared Service Partnership agreement November 2020](#)
- [Spending Review 2021](#)
- [Public health grants to local authorities: 2022 to 2023 - GOV.UK \(www.gov.uk\)](#) published 7 February 2022
- Finance briefing, January 2022

### **10 21/22 Out turn**

- 10.1 The 21/22 shared service budget was £25.036M.
- 10.2 The final outturn was £706K underspend, with detail set out in table 1, appendix 1. This is an increased underspend from the forecast reported at the last Board, predominantly because of some spend being attributed to other grants and funding than the ring-fenced public health grant. More detail on some of these additional grants is provided in section 14.

### **11 Reserve**

11.1 The 21/22 underspend has been added to the ring-fenced public health reserve. At 31st March 2022 this therefore shows a total of £2.647M, see table 2, appendix 1.

11.2 Previous agreements through the Board mean that a proportion of the reserves are fully committed, or there is an indicative commitment in support of a particular programme of work:

- £443k committed to PAS projects
- £340k available to kickstart community health improvement services as required
- £97k interim additional safeguarding capacity until a sustainable model is in place
- Potentially up to £609k available for place-based work

11.3 This leaves £1.158M uncommitted funds in the reserve.

## 12 2022/23

12.1 The Board agreed contributions from each local authority in February 2022, shown in appendix 2. This gives a 22/23 opening revenue budget for Public Health Dorset of £25.615M.

12.2 This is based on the shared service receiving 60% of the uplift to the grant, with 40% being retained for use by councils. The shared service budget for 22/23 is set out in more detail in table x in appendix 1. Within the shared service the uplift will be used to give:

- No change to budgets for clinical treatment services
- An increase in early intervention of £167k to cover breastfeeding peer support and developments following the CYPHHS Annual Conversation.
- An increase of £120k on health improvement to consolidate and expand our LiveWell Dorset offer.
- A £25k increase in Health Protection to cover existing commitments
- £30k increase in Public Health Intelligence to commission an oral health survey in line with the national programme.
- £220k on general operating costs and team costs to cover inflation, changes due to redesign of the team, historic pay awards since 2017/18 and any potential 22/23 pay award. |

12.3 Our initial forecast suggests that we are likely to see an underspend in 2022/23. This assumes:

- Equivalent health improvement activity to 19/20, taking account of changes in how some services are provided
- NHS Health Checks spend approx. £200k

Commented [JH1]: This matches the wording we used in the Feb paper

- No further cost pressures being identified
- Developments within early intervention and LiveWell Dorset spend to budget.

12.4 There are other external factors that could create financial risk or volatility for the service, and work on the business plan may highlight further requirements for the team. These include:

- COVID work – the shared service continues to provide additional support in response to COVID, with some fixed term posts still in place. Support requirements for 22/23 (and beyond) remain uncertain, but we currently expect these will be fully managed through the remaining COMF monies which can be used until March 2023.
- Wider health protection work – ways of working with UKHSA are still in transition, with most focus still on COVID where funding is being reduced and response being scaled back. There is a risk that new structures will not enable the same level of pre-COVID response for wider health protection functions, and that the local authority is therefore expected to pick these up, although we are not resourced to do so.
- ICS development – There will clearly be a continued role for public health within the ICS, but this will continue to develop. We have already seen some national ICS funding and locally agreed funding being passed to the shared service to support delivery of some priorities, with more detail set out in section 14.
- Additional national grants and expectations – some additional grants to the local authorities or local NHS may be passed to the shared service to manage, with additional funding, but also additional expectations, see section 14.

### 13 Public Health grant allocation retained by the Local Authorities

13.1 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. Both council audit programmes have looked at the assurances in place around these elements of the grant during 2021/22, with Dorset councils report shared at the February meeting.

13.2 BCP council retained £8.112M in 21/22. An underspend on the budget for Drugs and Alcohol was used to cover additional costs within Children's early help, with a 21/22 outturn of: |

- Drugs and alcohol services for adults and children, £4.558M

Commented [JH2]: Confirmed with AF 9/5

- Children's centres and early help, £3.412M
- Central overheads, £117k
- Retained earmarked reserve for digital engagement platform, £25k.

13.3 In 22/23 BCP council will retain £8.338M. This will be set against the following budget areas:

- Drugs and alcohol services for adults and children (£5.090M)
- Children's centres and early help (£2.994M)
- A central overheads element (£254k)

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13.4 The report of the BCP audit of their retained public health allocation took place in Q4 of 21/22 and the report is shared at appendix 3.

13.5 Dorset Council retained £1.117M in 21/22. Overall outturn was breakeven, showing against planned areas of spend as below:

- Community safety, £170k
- Community development work, £327k
- Children's early intervention, £114k
- Support for homelessness, £104K
- Prevention contracts for people with complex needs, £191k
- Additional resource to support substance misuse and recovery, suicide prevention, self-harm reduction, and other prevention initiatives, £179k
- A central overheads element, £32k

Commented [JH4]: Agreed with Sian

13.6 In 22/23 Dorset council will retain £1.277M. This will be set against the following areas:

- Community safety (£283k). The increase will support additional work around domestic abuse and violent crime, linked to new legislation.
- Community development work (£333k).
- Children's early intervention (£114k).
- Prevention and support for adults with complex needs (£515k). This includes support for rough sleepers, those with mental health, substance misuse and housing needs, as well as suicide prevention and self-harm reduction.
- A central overheads element – (£32k).

Commented [JH5]: Agreed with Sian

#### 14 Additional relevant grants and income

14.1 A range of additional grants were made in 2021/22 and are planned in 2022/23 that are relevant to public health. The South West Regional team have shared a list showing relevant funds that come from a range of national sources, with funding routes either through Integrated Care systems or to local authorities initially.

- 14.2 Through our work within the Integrated Care System funds may then be passed on to the shared service, either by one or both local authorities or via a section 256 agreement with NHS Dorset CCG. There are also some local agreements that reflect local priorities and are not included with in the Regional list.
- 14.3 Excluding the Contain Outbreak Management Funds for each council, the shared service has spent £0.8M additional income in 2021/22 and carried over £1.4M into 2022/23. A further £0.9M income is anticipated into the shared service in 2022/23. More detail is set out in appendix 4 covering the Regional list and local arrangements.
- 14.4 Grant amounts have often only been confirmed late in the day, and conditions have often been subject to change, so we anticipate there could be further changes. One recent example of a last-minute change is the adult weight management grant. This grant was received part-way through 2021/22, with guidance that the grant would be maintained for 3 years, and plans were developed with that in mind. However, in April 2022 it was confirmed that there will be no further funding after 2021/22, year 1.
- 14.5 Most grants or allocations in appendix 4 are made to all local authorities or all ICSSs, although shares will differ. The HM Treasury Shared Outcomes Fund, which includes a £19.7M on a pilot to join up data to cut crime and better support victims and vulnerable people, will only be applicable to BCP local authority. The South West will receive £65k at a regional level, with pilots expected to run in Bristol, Cornwall and BCP. It is unclear whether this will come from the Regional monies or there will be additional funds for these pilot areas.

**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 May 2022

**Table 1. Final outturn 2021/22**

2021/22	Budget 2021-2022	Final outturn 2021-2022	Over/underspend 2021/22
<b>Public Health Function</b>			
Clinical Treatment Services	£8,929,500	£8,707,596	£221,904
Early Intervention 0-19	£11,248,000	£11,291,013	-£43,013
Health Improvement	£2,517,679	£1,732,220	£785,459
Health Protection	£35,500	£54,274	-£18,774
Public Health Intelligence	£120,000	£110,815	£9,185
Resilience and Inequalities	£80,000	£84	£79,916
Public Health Team	£2,106,212	£2,434,889	-£328,677
<b>Total</b>	<b>£25,036,891</b>	<b>£24,330,891</b>	<b>£706,000</b>

**Table 2. Public Health reserve**

Opening balance at 1st April 2021	<b>£1,940,900</b>
Underspend at 31 <sup>st</sup> March 2021	£706,000
<b>Total amount in reserve at 31<sup>st</sup> March 2022</b>	<b>£2,646,900</b>

**Table 3. Opening budget and provisional forecast 2022/23**

2022/23	Budget 2022-2023	Forecast outturn 2022-2023	Forecast over/underspend 2022/23
<b>Public Health Function</b>			
Clinical Treatment Services	£8,929,500	£8,929,500	£0
Early Intervention 0-19	£11,415,500	£11,415,500	£0
Health Improvement	£2,637,043	£2,237,043	£400,000
Health Protection	£60,500	£60,500	£0
Public Health Intelligence	£150,000	£150,000	£0
Resilience and Inequalities	£80,000	£80,000	£0
Public Health Team	£2,341,921	£2,341,921	£0
<b>Total</b>	<b>£25,614,464</b>	<b>£25,214,464</b>	<b>£400,000</b>

## Appendix 2 Financial contributions to shared service 2022/23

Table 1. Agreed Partner contributions 22/23

2022/23	BCP £	Dorset £	Total £
2022/23 Grant Allocation	20,615,825	14,613,377	35,229,202
Less retained amounts	-8,337,616	-1,277,122	-9,614,737
Joint Service Budget Partner Contributions	12,278,209	13,336,255	25,614,465
<b>Public Health Dorset Budget 2022/23</b>			<b>£25,614,465</b>