



Committee and Date

**Health and Adult Social Care
Overview and Scrutiny
Committee**

Item

Public

Substitution of the General Fund with the Public Health Grant

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1. Summary

- 1.1 This report provides a 2020/21 update on Shropshire Council's approach to the substitution of general core Council funding with monies from the public health grant to fully embed health in all policies. The process works alongside public health advocacy and health in all (HiAP) in local policies, to tackle the wider determinants of health and ensure that wellbeing is embedded in Shropshire Council services to achieve improved public health outcomes at scale.
- 1.2 The process of substitutions was initiated by the Council's financial strategy for 2019/20 to 2021/22. Previous reports have been presented to the Health and Wellbeing Board and Health Scrutiny Committees of the Council. This report is the next in the series of reports giving updates on progress.
- 1.3 In the year 2020/21 the percentage of Public Health grant allocated to wider council services has reduced by 5%. In the year 2019/20 25% of the Public Health Grant was allocated to wider council services, in 2020/21 this reduce to 20% of the Public Health Grant which was allocated to wider council services.
- 1.4 The health and wellbeing in all policies approach was formally adopted by Shropshire Council Cabinet on 12/02/2020, substitution funding is consistent with this approach.
- 1.5 The financial year 2020/21 has been anomalous due to the Covid-19 pandemic. The impact of the pandemic on substitutions is reflected in the report.
- 1.6 This report addresses the allocation of substitutions alongside the impact on services that have operated during the pandemic. In an additional section we present the change to work in services that have substitution funding and impact on the population of Shropshire.

2. Recommendations

- 2.1. That the committee notes the updated approach to health and wellbeing in all policies.
- 2.2 That the committee note the interface between the substitutions process developed by the Public Health team and health and wellbeing in all policies approach.

- 2.3 To note wellbeing public health outcomes in Shropshire Council services which receive substitution funding.

REPORT

- 2.4 In early 2019 it was proposed that 16 services receive reinvested public health grant monies in substitution for general funds to develop and embed wellbeing (public health) outcomes within key core Council Services, which have a significant impact on health and wellbeing in Shropshire. A process was developed to prioritise and monitor outcomes for any services that received substitution funding.
- 2.5 In February 2020 Shropshire Council Cabinet approved a health and wellbeing approach (HiAP) to embed wellbeing into all Shropshire Council policies as a to improve population health. This approach aligns with the with the substitutions approach and broadens the wellbeing agenda.
- 2.6 As an outcome of a refocus of substitutions in 2020/21. The number of services receiving substitutions was reduced to 10 services. The 6 services removed are listed below with a rationale for removal. These projects are either delivered/commissioned by Public Health, did not meet inclusion criteria or were no longer operational. The projects affected are highlighted on Appendix 1.
- 2.5.1 Targeted mental health schools – removed because the service is commissioned by Public Health
 - 2.5.2 Healthy child development programme – removed because the service is commissioned by Public Health
 - 2.5.3 Meadow Place Community Rehabilitation – the funding was capital and therefore did not match the funding criteria
 - 2.5.4. Shropshire Partnership – the service is delivered by Public Health
 - 2.5.5 IBCF Equipment telecare assistive technology – the project is no longer operational
 - 2.5.6 IBCF Initiative 2N, specialist equipment – the project is no longer operational
- 2.7 To prioritise areas for substitution that delivered maximum population level prevention and wellbeing outcomes, a set of four criteria were agreed to assess services against. The 4 criteria:
- 1. The substitution results in general funding savings to the same value.
 - 2. The council service is committed to adding further prevention / wellbeing value through minor redesign e.g. staff training, embedding prevention / wellbeing into policies and protocols, job specification changes, developing and supporting health champions, embedding social prescribing and connectivity into existing jobs.
 - 3. The services contribute to the Health and Wellbeing Board joint strategic goals.
 - 4. Any changes to services are cost neutral.
- 2.8 During substitutions budget assessment the delivery of each service / project is matched against the criteria in 2.5. This process provides assurance that substitutions meet the requirements of delivery of the public health grant.

- 2.9 Shropshire Council can provide evidence to assure the allocation of the public health grant. Each service eligible for substitution money has a Memorandum of Understanding (MOU) or a Service Level Agreement (SLA) with Public Health.
- 2.10 The MOUs are an assurance process. Spend of the Public Health Grant is signed off to Public Health England by the 151 Officer and Director of Public Health. The signed statement requires that Shropshire Council (and all other councils) use the Public Health Grant to promote and protect health. The MOUs / SLAs include KPIs and support the sign off process and ensure ongoing governance and delivery. The Public Health spend is then assured by Public Health England; informal feedback supported the rigorous process put in place.
- 2.11 An update on progress to deliver the substitutions 2020/21 is attached as Appendix 2. The substitutions process is being successfully delivered to the timetable set out, within the context of the global pandemic.

2 Current situation

- 2.12.1 Full details of the MOUs signed, and substitutions cost is provided as Appendix 2. Of the 10 services requiring an MOU/ SLA, seven MOUs have been signed. Two services are commissioned by Shropshire Council Public Health and therefore no MOU is required. A final MOU is outstanding, the MOU is with Emergency Planning for signing.
- 2.12.2 Covid response and management has significantly impacted on Emergency Planning and Public Health services. This delay will be rectified in the April 2021.
- 2.12.3 The Public Health Team and finance business partner have currently identified 2020/21 substitutions to the value of £2,437,560. The value of substitutions allocated is set at £2,437,560, and all substitutions have been allocated.
- 2.12.4 The value of substitutions in 2019/20 was £2,955,420 (25% of Public Health grant) after analysis and removal of Public Health provided services this amount reduced by £517,860 to the current value £2,437,560 (20% of Public Health grant).
- 2.12.5 Of the ten services receiving the substitution funding, 6 have demonstrated they have achieved their KPIs in a measurable way, the remaining 4 services have been supporting the wider COVID response and therefore delivering alternative KPIs supporting public health outcomes around health protection.
- 2.12.6 The 10 services successfully delivered the following, details of health and wellbeing outcomes are in Appendix 3:

Emergency planning

- The years 2020/2021 were challenging to the Emergency Planning Unit. The Unit started the year in response mode, due to severe flooding events and continued in response to address the emerging global pandemic. Most of the multi-agency LRF and national work were put on hold to deal with the ongoing events. Both LRF and national working groups are now reconvening to assess a way back to business as usual.

- The team have completed an update of suite of incident response plans including flooding and pandemic.
- Increased awareness of the importance of emergency preparedness with council colleagues and partners as an outcome of actions during floods and the pandemic
- Increased community resilience engagement

Regulatory services

- Have undertaken a vital role in protecting the public during the pandemic. A significant amount of work has taken place by the service behind the scenes to protect the health of people in Shropshire. The service has taken a lead role in protecting the public through a range of enforcement and advisory functions, adopting a proportionate and pragmatic approach to enforcing business restrictions and Covid secure measures in the workplace.

Housing including fuel poverty

- Keep Shropshire Warm have continued to support residents to reduce their exposure to cold throughout the pandemic. In the past 12 months 117 homes were supported to either reduce or eliminate exposure to cold.

Child health

- Interventions at family hubs continued during the pandemic with modifications to the way in which service is delivered. Of those families treated throughout the pandemic over 50%(62 families in Q1-3) reported of families reported improved physical and mental health (136 families in Q1-3); over 50% improvements in domestic abuse. Families were supported to deal with specific issues including domestic violence (25%), drug and alcohol misuse (25%), mental health (78%)

Leisure services – Outdoor Partnership

- During 2020/21 the majority of volunteering projects have been on hold due to volunteers being unable to undertake the work due to Covid restrictions. IN response to this the Outdoor Partnership – Wild Teams have been extensively involved in the Covid Community Resilience Team response. They have used resources to deliver PPE, food parcels, food to food banks, laptops to schools and free school meals.

Women's Refuge

- The Women's Refuge is commissioned by the Housing Team via the Public Health Grant. Working with partners throughout the pandemic the refuge has provided a service to women and their children in Shropshire who have required support and a safe space.

Homelessness team

- Throughout the pandemic the homelessness team have supported more than 650 individuals and families to find temporary or permanent accommodation.

Housing prevention (supporting people)

- Throughout the pandemic the homelessness prevention team and homelessness team have prevented more than 150 individuals and families from becoming homeless.

IBCF Let's Talk Local

- Let's Talk Local offers a community-based service for Shropshire residents, promoting early conversations aimed to support the maintenance and improvement of people's health, wellbeing, and independence.
- Throughout the pandemic the service has been delivered via a virtual platform. In 2020/21 1969 appointments were booked and 1605 appointments were completed across the county.
- Care needs were supported by the service.

IBCF Energise PSI falls prevention

- Energise delivers a 20-week community postural stability instruction exercise programme. The team created an 'Elevate at Home' project for Shropshire residents referred to the programme; 1091 packs were requested. This programme was run in parallel with a phone triage service to risk assess referred individuals.

2.13 Impact of the Covid-19 pandemic on substitutions

2.13.1 The Covid-19 pandemic has had a significant impact on the delivery of Public Health substitutions as with wider Public Health and Council services. The Covid-19 pandemic was declared on 11th March 2020 and the first national lockdown began on 23rd March 2020.

2.13.2 From February 2020 to date Shropshire Council has been extensively involved in the pandemic response. Work has been prioritised and refocused on urgent COVID-19 related response first.

2.13.3 The full details of the impact of the on-going Covid-19 pandemic on Shropshire Council and residents are recorded elsewhere. The impact on the services provided by the council has been significant. Throughout the pandemic services have worked in partnership. The needs of the pandemic have led to the following outcomes, services have redefined (temporarily) the service they provided; staff were redeployed to roles within the council; new roles were created in the council to provide resident protection and support; new teams were created in the council to deliver new services e.g. Health Protection and Community Resilience Team. We present this report against the background of the pandemic response and as Shropshire Council is on the road to delivering business as usual, all be in still through hybrid working. It is anticipated that some recovery of the delivery of other services will begin during 2021.

2.13.4 It remains important that Shropshire Council can provide evidence to assure the the allocation of the public health grant is used to improve the health and wellbeing of the population of Shropshire. The MOU or a Service Level Agreement (SLA) with for each service will be held between Public Health and

the service. Both the MOU and SLA approaches include the following information in order to assure the substitution process:

1. The current service description and its specific contribution to prevention and wellbeing.
2. Opportunities that have been identified to further embed prevention in the service
3. Key performance indicators that assure prevention and wellbeing are embedded in the service.
4. A key performance indicator reporting framework
5. A financial monitoring and evaluation framework

2.13.5 The unprecedented circumstances of the 2020/21 pandemic and the subsequent temporary changes to the way in which Shropshire Council provide services have resulted in four services changing the way that they deliver services and to the agreed KPIs not being measurable in the year:

- Community Social Work Team (Let's Talk Local)
- Health Protection (Regulatory Services)
- Emergency Planning Unit
- Health Activities (Leisure Centres) Outdoor Partnerships

Six services that have been able to deliver to the agreed KPIs are:

- Homelessness
- Homelessness Prevention
- Keep Shropshire Warm
- Women's Refuge
- Children's Family Hubs
- Parenting

2.13.6 The 4 services that have changed the way they deliver services listed above have all been active delivering services, some of which have been temporarily refocused during the pandemic. A summary of changes to Community Social Work Team (Let's Talk Local), Health Protection (Regulatory Services), Emergency Planning Unit and Health Activities (Leisure Centres) Outdoor Partnerships services is provided in Appendix 3.

2.13.7 The outcomes for the 6 services that have been in a position to deliver to the agreed KPIs is provided in Appendix 4.

2.14 **Proposed Next Steps**

2.14.1 Key performance indicators continue to be monitored every six months and the SLAs/MOUs are reviewed every 12 months.

2.14.2 It is proposed that in the next 12 months the focus is on supporting services which receive substitutions funding to continue to embed wellbeing into services and into policies. All of the actions need to be considered in the context of Living with Covid-19.

2.14.3 That during Q1/Q2 2021, the area and level of substitutions within the Council is reviewed reflecting the impact of the pandemic on the public's health and the need to make additional funds available to tackle the impacts and live with COVID.

- 2.14.4 It is proposed that a further progress report is presented to Scrutiny Committee in 6 months.

3. Risk Assessment and Opportunities Appraisal

- 3.1 The substitution approach being taken by Shropshire Council is designed to provide risk management and assurance about the way in which the council allocates the Public Health grant
- 3.2 The MOU / SLA approach to substitutions is supported by Directors and senior service managers.
- 3.3. The substitution of general fund by Public Health grant is an opportunity to embed prevention and wellbeing into the services – provided by Shropshire Council.
- 3.4 Finance partners are part of the team delivering the substitutions project. This ensures that the process aligns with the Shropshire Council accounting framework.
- 3.5 The agreed source of future funding of the Public Health grant is uncertain. The recent prevention green paper recommended that the way in which the Public Health grant is funded is reviewed. It has been proposed that future funding of the Public Health grant be from business rates. The way forward remains unknown.
- 3.6 Any change in funding will be known in advance and so provide an opportunity to assess the impact on the services addressed in this paper.

4. Conclusions

This paper is a 2021 update on the Public Health grant substitutions process, the process for embedding prevention and wellbeing into council services, and the process for monitoring outputs and outcomes.

List of Background Papers

Health and Wellbeing Board (May 2019) Changes to Public Health within Shropshire Council

<http://shropshire.gov.uk/committee-services/documents/s22037/9.%20HWBB%20Report%20on%20Public%20Health%20FINAL%20amends.pdf>

Health and Adult Social Care Overview and Scrutiny Committee (September 2009) Public Health Outcomes and Minutes of the meeting

<https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=737>

Cabinet Member (Portfolio Holder)

Dean Carroll, Cabinet Member for Adult Social Care, Public Health & Climate Change

Appendices

Appendix 1: Report on services receiving substitutions from Public Health grant 2019/20

Appendix 2: Report on services receiving substitutions from Public Health grant 2020/21

Appendix 3: Covid-19 Update - services with Public Health grant substitutions

Appendix 4: Key Performance indicators associated with Public Health grant substitutions 2020/21