

Public Health Framework 2022-2024

Introduction

West Northants Council has a duty to improve the health and wellbeing of the population. The National Health Service Act 2006 states that the council 'must take such steps as it considers appropriate for improving the health of the people in its area'. This means that the council should pay regard to the evidence of need and identify services, approaches or interventions to improve health outcomes and address inequalities.

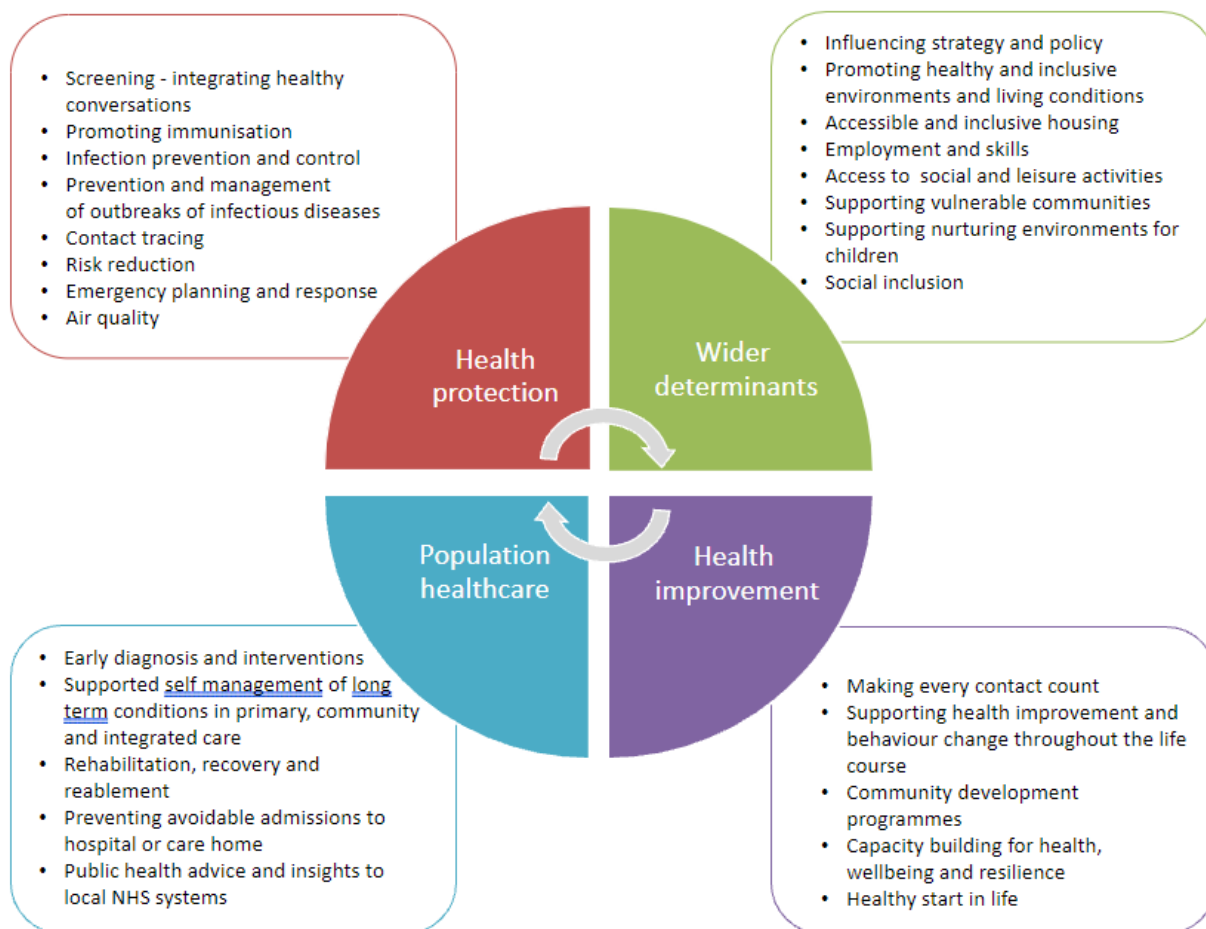
To support this duty, a Director of Public Health (DPH) is appointed jointly by the Council and Secretary of State for Health and Social Care. The DPH is accountable for the delivery of their authority's public health duties and is an independent advocate for the health of the population and provides leadership for its improvement and protection. The DPH is a statutory chief officer of their authority and the principal adviser on all health matters to elected members and officers, with a frontline leadership role spanning all three domains of public health - health improvement, health protection and Population healthcare. They have a vital leadership role for system-wide efforts to secure better public health.

The DPH has a number of statutory responsibilities, including:-

- all of their local authority's duties to take steps to improve the health of the people in its area
- any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities
- exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health
- their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
- such other public health functions as the Secretary of State specifies in regulations and under dental public health powers.

To support these responsibilities, the DPH is responsible for a public health grant. The level of the grant is set by the Treasury and is ring-fenced for specific uses. Since transferring to local government in 2013, there has been a real terms reduction in the grant. In 2022/23, West Northants Council has been allocated £19,107,223 for public health services.

The Council needs to demonstrate that the public health grant has been used to improve the health and wellbeing of the population in line with evidence of need and in accordance with the legislative requirements set out in the grant determination letter. These requirements use the public health domains of health improvement, health protection and population healthcare with the addition of tackling the wider determinants of health (see diagram below).



Purpose

The Public Health Framework sets out the approach and key priorities for the expenditure of the public health grant between 2022 and 2024. It outlines how the council will assure that:-

- The public health grant is spent in support of strategic priority areas
- Expenditure is demonstrably in line with the grant determination requirements
- Governance processes are robust and adequate
- Public health outcomes are reviewed and monitored

Strategic Objectives

Improvement to the health and wellbeing of the population is delivered through a combination of interventions, including provision of expert advice, understanding the needs of the population, influencing system policy and developing collaborative and integrated approaches. Commissioning is also a tool that can be used to effectively and efficiently deploy resources to ensure that wider system outcomes are met.

In 2022/23 there will be a move from a county wide Public Health Function to a West Northamptonshire service with some shared responsibilities maintained on a county footprint. West Northants Council will use this opportunity to review expenditure of the Public Health Grant and ensure that there is a strong shift and focus on investment in prevention. The review will incorporate the following:-

- A line by line review of in year expenditure to ensure focus on priorities, incorporate an efficiency challenge (15%) and develop accurate in year profiling
- Closure and delivery of reinvestment funding
- Review of existing reserve commitments
- Development of a three-year programme to ensure appropriate investment of the reserve fund and return to a proportionate level of reserve. (£2 million)
- Investment in service pressures to ensure delivery is achieved

Focusing on prevention supports residents to make healthier choices and reduces the risk of developing health conditions that may reduce healthy life expectancy. In addition to commissioning for prevention, the Public Health Team will look for opportunities to incorporate prevention in other internal and partner services, through the provision of expert advice, funding and integration.

The West Northamptonshire Public Health Team is focusing to support the following key strategic objectives:-

- Support Corporate, ICS and Community Delivery
- Strengthen and increase investment in Prevention
- Reduce the health inequalities gap in West Northamptonshire
- Support residents to **'live their best life'** by living longer, and healthier lives
- Targeted interventions to the most vulnerable to keep them safe, supported, and healthy
- Strategic Commissioning for outcomes

Strategic commissioning cycle and principles

Commissioning is the strategic activity of identifying need, allocating resources and procuring a provider to best meet that need, within available means. West Northamptonshire Council will ensure that strategic commissioning will be firmly based in engagement and co-production with communities and be based on evidence of need, for example through health needs assessments. Commissioning intentions will also be guided by available resources and strategic priorities. In public health terms, it is important that equity of provision and tackling inequalities are built into the approach taken by the team.

Specialist procurement advice is needed to ensure that contracts are awarded in line with internal and national legal requirements. Ideally, public health contracts will be focused on delivering improved outcomes (changes in people's lived experience) and will use key performance indicators to understand progress and impact.

Commissioning Cycle



Where the public health grant is invested in internal council services, formal contracts may not be required. These investments will be supported by service level agreements that demonstrate the contribution to improving outcomes and are reviewed at least annually.

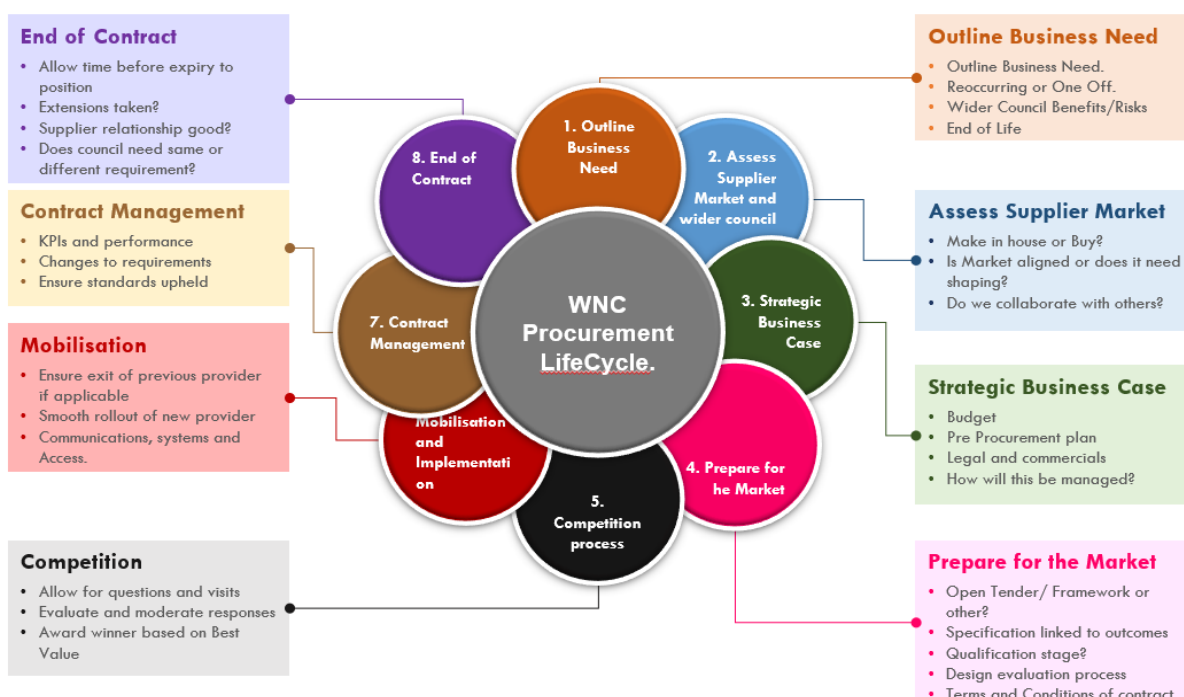
The West Northamptonshire Council Public Health Team will adopt the following principles when undertaking strategic commissioning activities:-

- Based on robust evidence base of need, valuing lived experience and resident voice
- Led by subject matter experts
- Guided through engagement and co-production with service users, residents or communities, based on a prevention approach (see strategic objectives) and reducing inequalities, focused on developing upstream interventions
- Seek opportunities for integration and joint commissioning with partner agencies to maximise benefits for residents and use of public funds
- Assessment of value for money and opportunities for social value
- Balance the need for stability of provision (for providers and service users) alongside the need to retain flexibility and responsive to changing circumstances and context.

Social Value

The Public Health Framework will adopt commitments within West Northants Council's Procurement Strategy (2021-2023) to ensure the Council's purchasing power is used to secure the best possible value and outcomes for West Northants and its citizens. This includes consideration of economic, social and environmental factors (all of which are wider determinants of health and wellbeing), throughout the commissioning and procurement cycle.

Procurement Life Cycle



National strategic drivers

Commissioning decisions will consider:-

- National Health Service Act 2006
- Health and Social Care Act 2012
- Health and Care Bill
- PHE Strategy 2020-2025 (or if UKHSA/OHID successors)

Local strategic drivers

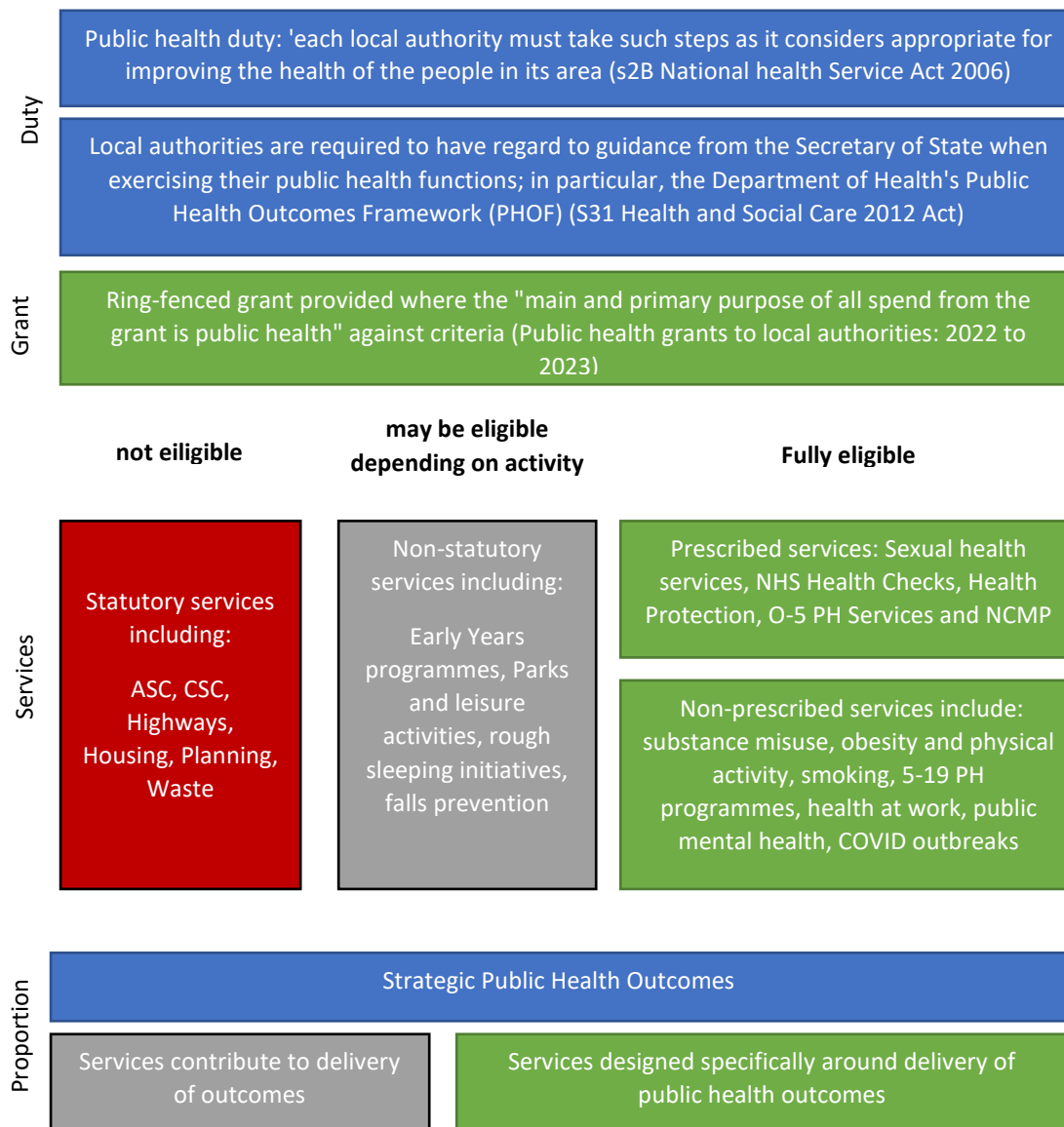
Commissioning decisions will be prioritised to focus on:-

- West Northants Council Corporate Plan
- West Northamptonshire JSNA
- Northamptonshire ICS Live Your Best Life Strategy 2022

- ICS inequalities strategy
- Emerging West Northamptonshire Health and Wellbeing Board Strategy
- West Northants Anti-Poverty Strategy

Principles of public health grant allocation

West Northants Council receives a ring-fenced grant which is provided on the condition that the 'main and primary purpose of all spend from the grant is to secure public health improvement'. The DPH and Chief Executive/s151 officer have to confirm that expenditure of the grant is in line with the grant determination criteria (see appendix 1). The public health grant will be used to support a breadth of services against strategic outcomes. These services will ensure equity of access to members of the local community, and cover different levels of prevention activity, with a common focus on reducing health inequalities. The roles and responsibilities in relation to the management of the Public Health Grant are set out in appendix 2.

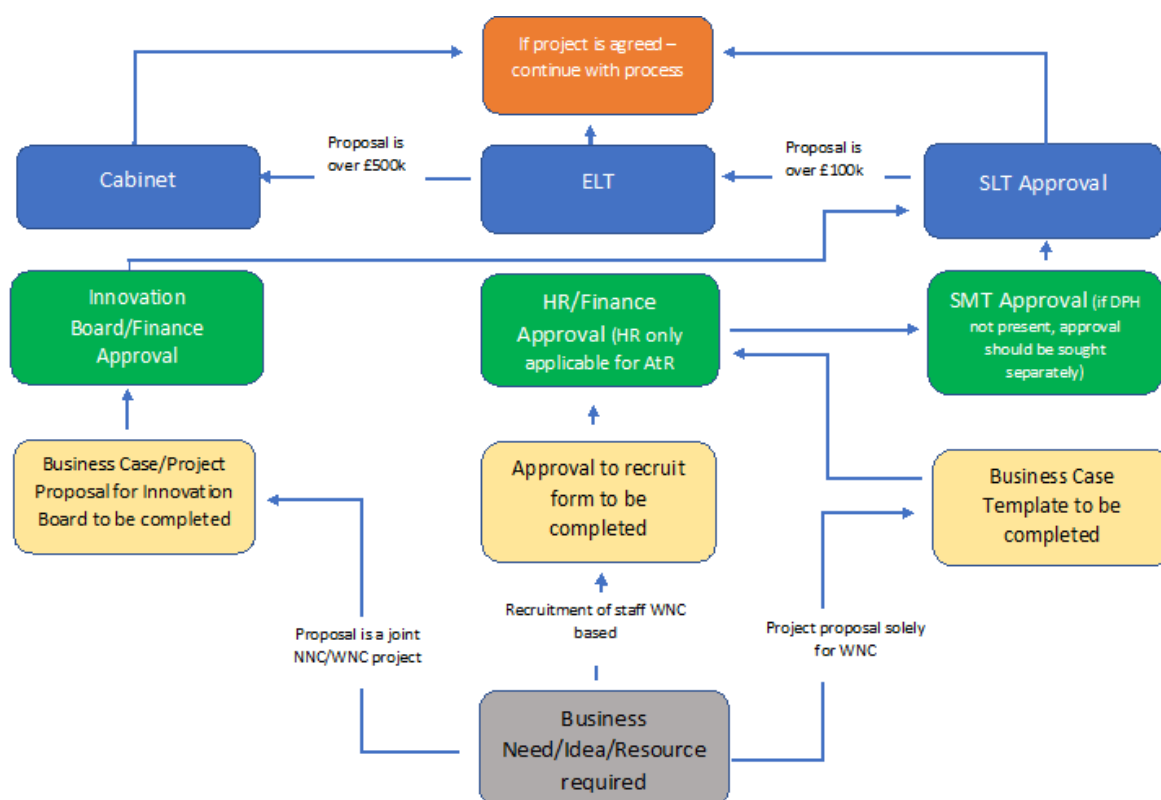


Scheme of Delegation and Approval Hierarchy

Like any other Local Authority, West Northamptonshire Council operates on a scheme of delegation basis which gives officers certain delegated privileges and budgetary discretions as outlined in Section 9 of the West Northants [Constitution](#).

Within those boundaries the DPH has the authority to manage the incoming Public Health Grant, but where necessary approval of spend is escalated accordingly. This hierarchy of decision making and approval for Public Health spending can be seen in the diagram below.

Hierarchy of Approvals



Contracts Management

All expenditure on public health interventions will be subject to suitable contract and performance management. Quality assurance and improvement will be delivered through the regular monitoring of the investment agreements, with responsibilities for oversight held by the Public Health Quality and Performance Board.

The Quality and Performance Board will provide the Council with the oversight of the services, primarily contracted, by both itself and those provided by North Northants Council (NNC) on its behalf and provide the necessary assurance to NNC for the Services it provides for WNC.

Additional Short Term Sources of Public Health Funding

Public Health Reinvestment

In the financial year 2018/19 Public Health England reviewed the Public Health Grant spend for Northamptonshire County Council (NCC), as it was then, and found that some grant spend was not used in accordance with the specified grant conditions. An amount of £7,947,695 was therefore paid back to Public Health in Northamptonshire by NCC. It was agreed that this pot of 'reinvestment' money would specifically be used to fund projects in other services or departments in the wider council that would satisfy the needs of that particular area but that would also fulfil Public Health outcomes. A programme of work was identified across the council and as at the closedown of 2021/22 the outstanding balance of this fund was £3,159,881. Further spend has however been identified for the coming years and the entire fund has now been committed against relevant projects.

Public Health Reserve

Public Health in Northants has historically had quite a large reserve budget which, as a result of issues with delivering planned projects during the pandemic, at the start of the 2022/23 financial year, has now grown to approximately £19.8m which is split between Councils approximately as follows:- £10.2m WNC, £9.6m NNC.

There is a need to review all existing requests for funding made to the reserve and also to develop a three year plan of expenditure to ensure the reserve level is reduced to an acceptable level.

Suggested themes for use of the reserve include working with partners and other services to ensure we invest in early prevention and support residents in their communities to **live their best life**. We need to also recognise the impact that poverty has on the health and wellbeing of residents and invest accordingly to minimise this inequality. Finally, the pandemic has clearly had a huge impact on the mental wellbeing of residents and similarly impacted on inequalities in screening levels and take up of preventative services.

Additional Grant Funding

West Northants Public Health receive additional grants as follows:

- Contain Outbreak Management Fund £2.822m (as at opening balance 2022/23)
- Tier 2 Weight management £0.2m
- Oral Health (county wide) £0.07m
- Life chances one off fund (county wide) £2.769m
- Additional Substance Misuse Funding £ 0.3 m

Additional Current Responsibilities

- Household Support Fund £2.6m

Public Health Innovation Board

In order to commence the review of the reserve and reinvestment funds, a joint Innovation Board has been established by the Directors of Public Health. This board takes initial oversight and considers project proposals/bids to ensure they meet public health outcomes, potentially aide other Council services to meet their own outcomes, help develop the Place and Local Area Partnership agenda and also work with community based organisations to deliver community led initiatives that aim to improve the health outcomes for that area of need.

Bids were initially invited by Public Health team members, other council employees and partners where gaps in provision were identified. Future bids however, will be invited where alignment has been identified to Public Health and wider council priorities.

Each council will be in control of their own reserve envelope and therefore approval of bids will sit within that council. Joint or countywide bids will, however, need sign off by both councils in order to progress. In these cases, if one council is in agreement and the other is not, it may be feasible for the requestor to alter their bid in order to continue on a solely North or West basis.

The board provides a clear and systematic approach to reviewing these proposals ahead of any further corporate sign off.

The ultimate aim of the board is:-

- To provide strategic oversight of projects to ensure strong links to public health outcomes and local priorities.
- To establish an efficient protocol for submission of business cases, ensuring swift and clear review process with means to ratify investment decisions.
- To monitor the performance of any projects or programmes receiving Public Health funding.
- This Board is currently operating across both authorities but will be reviewed after disaggregation
- An overview of the process is shown in Appendix 3

As this will be using a non-recurrent budget, projects will need to clearly set out the financial implications and should be for an initial set up cost or for a project that is for a time limited period. Sustainability of projects that are hoped to be long running therefore needs to be a key factor that is addressed within the business case so that there is not an expectation that Public Health will continue to fund projects past their initial proposal. In addition, business cases will also request that the long term financial and non-financial benefits of the project are outlined as well as detailing a proposed exit strategy.

Key Public Health service pressures 2022/23

- Disaggregation – The disaggregation of the Public Health team means that some areas of the team will be significantly affected by understaffing or gaps in knowledge in some areas of Public Health. Necessary skilling up of staff will be needed and ways of working and service provision will need to be adjusted and reviewed in line with the disaggregation over the next 12 months which could leave to gaps in quality service provision.

- Agenda for Change increases - These will be funded in line with NHS approaches, matching uplift with service efficiencies, using the NHS inflationary efficiency factors.
- Covid recovery - The pandemic has exacerbated some behaviours that contribute to poor health outcomes (e.g. tobacco or alcohol intake) and existing inequalities. Delays have been experienced with the roll out of some projects and services, therefore additional investment is needed.
- Implementation of the public health grant review transition plan - Supporting Commissioning capacity, transformation and reinvestment of reallocated funds
- Economic salary, inflation pressures particularly at tendering or contract extension points.

Key commissioning activities planned 2022-24

Public Health Contracts

Post disaggregation, contracts that have been commissioned on a countywide footprint will be managed by one council, on behalf of the other, until the contract comes to its natural end. After this date, the provision will be reviewed to establish whether it is appropriate to split the service into a North and West footprint. The service will then be retendered on that basis.

Below is a list of the current contracts in place, detailing which council the contract will be managed by and the end date of the contract.

Contracts to be managed by West Northants Council on behalf of North and West Councils

Service	Contract	Timeframe
Healthwatch	Healthwatch North and West Northamptonshire	October 31st 2023
Social prescribing	Northamptonshire Better Outcomes Ltd	March 31st 2026
Older People and Falls Prevention	NSport Otago	March 31st 2024
	NSport Active Chats	December 31st 2022
Increasing physical activity levels	Nsport physical activity contract	April 30th 2023
Weight management and community nutrition	Slimming World, Northampton Town Football Club	March 31st 2023
	Digital Service with Solutions for Health	March 31st 2023
Northamptonshire warmth programme	Northamptonshire Energy Saving Service (NESS)	August 31st 2023
Drug and Alcohol Services (including Rough Sleeper Drug and Alcohol Grant and Supplemental Substance Misuse Treatment and Recovery Grant)	Adult structured drug and alcohol treatment service	March 31st 2024
	Adult drug and alcohol recovery service	March 31st 2026
	Young people's prevention and treatment service	March 31st 2024
	Family drug and alcohol support service	The procurement process is currently under way for a

		short-term contract to March 31st 2024
	Workforce drug and alcohol training service	The procurement process is currently under way for a short-term contract to March 31st 2024
	Young offenders' substance misuse support service	Annual SLA to March 31st 2023
	Drug and alcohol data portal	31st December 2022

Contracts to be managed by North Northants Council on behalf of North and West Councils

Service	Contract	Timeframe
NHS Health checks	Framework for point of care testing	March 31 st 2026
	NHS Health checks IT system	March 31 st 2025
	NHS Health Checks DPS (Dynamic Purchasing System)	March 31 st 2023
Sexual Health and HIV Service	Integrated Sexual Health and HIV Contract	31st March 2023
0-19 Children & Young People Services	0-19 Children & Young People Services contract	31st March 2023
	Universal Early Years' Service	31st March 2023
	PAUSE	30th September 2025
	Children & Young People Mental Health	31st March 2023
	Dental Epidemiology Survey	31st March 2025
	Oral Health Promotion Services	31st March 2024

Appendix 1

Categories for reporting local authority public health spend in 2021/22

Prescribed functions:	Non-prescribed functions:
<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 0-5 services 	<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 5-19 public health programmes 21) Other Children’s 0-5 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 & social exclusion • Dental public health • Fluoridation • Infectious disease surveillance and control • Environmental hazards protection • Seasonal death reduction initiatives • Birth defect preventions 25) test, track and trace and outbreak planning 26) other public health spend relating to COVID-19

Appendix 2

Roles and responsibilities

Role	Commissioning Responsibility
Portfolio holder	<ul style="list-style-type: none"> • Strategic responsibility for public health, providing political leadership in this area of Council activity. • Accountable for performance and management of public health. • Ensuring that the Executive functions within public health are performed in accordance with approved Council policies and strategies, and to the highest ethical standards. • Below the level of Key Decision, taking strategic decisions in relation to Executive functions within public health • Building relationships with officers and other relevant stakeholders, including in external organisations, working effectively with them and giving consideration to any advice provided. • Speaking and issuing statements on their area of responsibility and representing the Council's views in line with agreed policy. • Supporting open and transparent Overview and Scrutiny, including attending meetings when requested. • Supporting open and transparent Audit processes, included attending Audit Committee meetings when requested. • Responding to questions from the public and Councillors, including those asked at Full Council meetings.
Director of People	<ul style="list-style-type: none"> • Directorate responsibility for Public Health, providing corporate leadership in this area. • Ensuring strategic direction is in line with service and wider council agenda. • Ensuring a joined up approach is achieved across areas.

<p>Director of Public Health</p>	<ul style="list-style-type: none"> • Strategic leadership of public health agenda • Provision of expert and professional advice to elected members and officers • Ensuring the Council acts lawfully and with financial propriety • Overall Budget Management • Initiating, implementing and managing policy in accordance with the overall framework set by Councillors • Advice on key decisions • Development of a strategic plan
<p>Consultant in Public Health/ Head of Service</p>	<ul style="list-style-type: none"> • Operationalisation of strategic plan • Working with system partners to look for integration opportunities • Provision of expert advice • Budget Oversight
<p>Public Health Principal</p>	<ul style="list-style-type: none"> • Budget oversight • Performance and contract management • Quality improvement • Needs assessment • Service design • Partner engagement • Subject expertise

Appendix 3

Innovation Board Process

A thorough and robust process is being developed to ensure an equitable and fair awards process is followed. This is outlined as follows:

- Availability of funding / Grant Availability will be determined along with bid specification, grant agreement, proposal outline template and application deadline.
- Opportunities for funding by Innovation Board will be promoted through Local Area Partnerships, Local fora, Internal communication within the wider council, the VCSC sector, local advertising and other channels deemed appropriate to support the delivery of Public Health outcomes (this is currently paused temporarily while remaining funding is assessed)
- Bids should be submitted via Public Health.
- Before review at PH Innovation board, all proposals will be pre-scored according to the [PH Prioritisation framework](#)
- Pre-scoring will be performed by a sub-group of members consisting of at least 3 scorers made up from the Principals and the Public Health Practitioner (see Section 5).
- A lead scorer will be assigned who will be responsible for presenting the bid at the Innovation Board, as well as completing and submitting the [Project Recommendation Template](#) to take to the board meeting.
- The project recommendation template will highlight:
 - Public health outcomes the project is addressing:
 - Total value of bid over its full term
 - Project Term
 - Assessment Score
 - Project Geography
 - Population Reach
 - Recommendation from the scoring panel
- Where multiple bids are brought to the innovation board meeting these can be combined in to a Project recommendation Overview document for circulation.
- A low score threshold will be established to indicate proposals set to be rejected by the innovation board. These items will still be tabled for information and presented with the Project Recommendation Template.
- If a bid reaches the Innovation Board and is deemed unsuccessful, the bid can be revised and re-tabled once for reconsideration. At the Innovation Board meeting, the recommendation by the scoring panel will be reviewed by the moderator panel. This moderator panel will consist of three members from the Directors of Public Health and the Public Health Consultants. If a bid is approved by the Innovation Board a project lead will be assigned at this point to oversee completion of project documentation and further development and approval of the business case.
- Innovation board will adhere to council scheme of delegation. Bids in excess of £25k will require an approved business case from CLT/ELT and Portfolio Holder. Bids in excess of £500k will be treated as a key decision and require approval from CLT / ELT, Portfolio Holder and Executive / Cabinet.
- Once a bid is approved via these channels, the project lead will issue an Award Letter, complete a Memorandum of Understanding (Internal Bids) or a Grant Agreement (External Bids), complete a project risk assessment where appropriate, and agree a

monitoring schedule. The project lead will be responsible for continuing oversight of the project.

- Grants in excess of £50,000 will be documented Public Health Quality and Performance board will be responsible for performance monitoring. The project lead will report to Innovation Board at regular intervals to report on progress and performance.
- PH Innovation Board reserves the right to review projects that are underspent after their initial term. Reasons for underspend will be assessed along with project effectiveness. PH Innovation Board can agree the extension of projects and roll forward of underspent funds where appropriate. An amendment of project funding on agreed projects will be tolerated up to 10% of the total value of the projects full term, subject to availability of funds.