

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**15 JANUARY 2025**

**MEDIUM TERM FINANCIAL STRATEGY 2025/26-2028/29**

**MINUTE EXTRACT**

Public Health Medium Term Financial Strategy 2025/26-2028/29.

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2025/26 to 2028/29 Medium Term Financial Strategy (MTFS) as it related to Public Health. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Mrs. L. Richardson CC, Cabinet Lead Member for Health, and Mr. B. Champion CC Cabinet Support Member, to the meeting for this item.

Arising from discussions the following points were noted:

- (i) Funding for Public Health came solely from the Department of Health and Social Care, not Council tax. The Public Health Grant for 2025/26 had not yet been announced but was expected soon. As the funding details had not yet been received an assumption had been made by the department that there would be a 2% increase in the Grant for 2025/26.
- (ii) The Public Health Grant could only be spent on public health functions. The department had specific statutory duties, as well as an overall statutory duty to take steps to improve the overall health of the population. The Public Health Grant was also used by other departments within the County Council for discretionary services that could be described as fulfilling the Public Health department's overall duty to improve the health of the population. Should further savings have to be made by Public Health, that funding to other departments could have to be withdrawn.
- (iii) Leicestershire County Council spent less on lifestyle services, such as stop smoking, weight management etc, than other authorities. It was not mandatory for Public Health departments to fund lifestyle services so in theory they could be cut. However, this would be difficult in practice as those services contributed to the department's overall duty to improve the health of the population and had a positive impact.
- (iv) The MTFS covered a 4 year period but the benefits of health interventions often took longer than that to become apparent.

- (v) In response to concerns raised by a member about the impact of cuts on services, some reassurance was given that services commissioned and delivered by Public Health were given an efficiency score and those services which had the biggest impact for the largest number of people were prioritised. The department's approach was to redesign commissioned services so that as good a service could be provided at a reduced cost. The Homelessness Service was one example of this.
- (vi) With regards to measuring the impact of services, regular modelling took place. There was a Public Health Outcomes Framework which contained 36 indicators related to public health priorities and delivery.
- (vii) The NHS was no longer funding any pay increases for providers commissioned by the local authority therefore Public Health was facing a cost pressure resulting from the NHS Agenda for Change pay rises. However, subsequent to the report for the meeting being published the department had received £868,000 additional funding to cover those costs.
- (viii) In response to concerns raised by a member regarding people feeling isolated and lonely, particularly the elderly, it was explained that the First Contact Plus and Local Area Co-ordinator services helped with this issue. A report on this topic would be considered at the next meeting of the Committee.
- (ix) Public Health funded the Health Check programme which was delivered by General Practice. There had been an increase in demand for the service which was a positive because it meant that more people were getting checked but this did add cost pressures to the department.
- (x) The council held a contract with Soldiers', Sailors' and Airmen's Families Association (SSAFA) to provide support to ex-service personnel. The contract was due to end in March 2025 and the service was being reviewed. A large amount of data relating to the service, particularly referral outcomes, was being analysed. No decision had been made yet on whether the service would be recommissioned or cut. Members emphasised that it was important to provide some support to armed forces veterans. In response it was clarified that work with veterans would still take place even if the SSAFA contract was not renewed but consideration would have to be given to whether it should be carried out by organisations other than SSAFA. An alternative could be for the support to be provided by Local Area Co-ordinators and First Contact Plus. There were also other charities that worked with military veterans. A member emphasised that working age veterans and older veterans had different needs.

#### RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 27 January 2025.