Health and Adult Social Care Scrutiny Panel

DATE	**25th November 2026**
REPORT OF	**Diane Lee Director of Public Health**
SUBJECT	**North East Lincolnshire Council Public Health Grant: Allocation and Impact**
STATUS	**Open**

CONTRIBUTION TO OUR AIMS

The Public Health Grant provides the resources that deliver most public health services that are provided in North East Lincolnshire, along with the strategies than underpin these services. As such it provides an important contribution to the council's strategic aims of stronger economy and stronger communities.

EXECUTIVE SUMMARY

The report in Appendix 1 summarises the requirements of the public health grant that has been allocated by the Department of Health to all top tier local authorities in England since the transition of public health responsibilities from the NHS to local government in 2013. It provides details about the grant that is provided to North East Lincolnshire Council and also sets out how the grant is currently allocated across the council and partner organisations and how the public health team monitors the spend to ensure that it meets statutory requirements. Finally, it provides some information about short and longer term impact associated with the use of the public health grant in North East Lincolnshire.

MATTERS FOR CONSIDERATION

The scrutiny panel has requested the information so that it can provide a view about current public health grant funding and influence how it is spent in the future.

1. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

None

2. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

Public health grant spend is subject to significant Government scrutiny and also attracts public and media interest through many freedom of information requests. Ensuring that spend is allocated appropriately and in a way that addresses need and reduces health inequalities is therefore important for the reputation of the council.

3. FINANCIAL CONSIDERATIONS

The public health grant contributes to and supports the delivery of the council's financial strategy.

4. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

A significant amount of the public health grant in North East Lincolnshire is allocated to services that support children and young people.

5. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

The Public Health Grant supports the delivery of the council's health and wellbeing strategy which was developed in accordance with principles of minimising climate changes and supporting nature and environmental improvements.

PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

The Public Health grant is a vital resource for the delivery of the health and wellbeing strategy and most other public health strategies in North East Lincolnshire Council, including embedding Marmot principles across the council and place.

7. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

8. WARD IMPLICATIONS

The public health grant in North East Lincolnshire impacts on all wards in the borough.

9. BACKGROUND PAPERS

None

10. CONTACT OFFICER(S)

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Diane Lee
Director of Public Health

Appendix 1: North East Lincolnshire Council Public Health Grant – Allocation and Impact

Background

Since 2013, upper-tier local authorities have received a ring-fenced Public Health Grant to support the delivery of public health responsibilities that transferred from the NHS.

For 2026/27, North East Lincolnshire Council received a Public Health Grant allocation of **£15,850,346**. Within this allocation, a minimum of **£677,169** must be spent on smoking cessation services and **£4,525,032** must be spent on substance use services. Regular returns are submitted to demonstrate compliance with these ring-fencing requirements and other grant conditions.

For the first time, this financial year local authorities have received a consolidated three-year Public Health Grant settlement. As part of this approach, a number of previously separate funding streams, including those for smoking cessation and substance use services, have been incorporated into the overall grant allocation. Confirmed allocations for 2027/28 and 2028/29 include a small inflationary uplift, providing greater financial certainty and supporting longer-term planning.

The Public Health Grant is subject to a range of statutory conditions and must primarily be used to support local authorities in discharging their mandated public health responsibilities. These include health protection, provision of public health advice to the NHS, sexual health services, the National Child Measurement Programme, the 0-5 Healthy Child Programme, NHS Health Checks, drug and alcohol services, and oral health programmes. The grant must be used in accordance with national guidance, and any funding held in reserves remains subject to the same conditions and restrictions.

Consequently, the grant cannot be used to deliver internal savings targets in the same way as other council budgets. Any changes to spending must be achieved through the re-allocation of existing Public Health Grant resources to alternative eligible activity. The Director of Public Health is accountable for ensuring that the grant is spent in line with statutory guidance, local authority duties and mandated services, whilst maintaining a clear focus on improving health outcomes and reducing health inequalities.

These requirements significantly restrict the authority's ability to de-invest from, reprioritise or reinvest Public Health Grant funding. Furthermore, any re-allocation of funding has implications for the authority's financial returns and published benchmarking data, which are used to compare spend and activity across local authorities. There has been increasing scrutiny nationally regarding the use of Public Health Grant funding, and the Department of Health has confirmed that greater assurance and oversight will be applied to both grant expenditure and the use of public health reserves over the coming years.

Public Health Grant Allocations to North East Lincolnshire Council since 2013

Since the transfer of public health responsibilities from the NHS to local authorities in 2013, the Public Health Grant has undergone a number of significant changes. Initially, allocations increased as additional responsibilities, including the 0-5 Healthy Child Programme, were transferred to local government. However, between 2015/16 and 2019/20 the grant was subject to a series of nationally imposed recurrent reductions, which reduced the spending power available to local authorities despite growing demand and increasing complexity of need.

Since 2020/21, the grant has seen a gradual recovery, with annual uplifts largely reflecting inflationary pressures and the introduction of new public health priorities. More recently, the Government has signalled a renewed emphasis on prevention and reducing health inequalities, reflected in a more substantial increase to the 2025/26 allocation. From 2026/27, the funding arrangements have changed further with the introduction of the consolidated three-year settlement, providing greater certainty for local planning and incorporating several previously separate grant streams into the overall Public Health Grant allocation.

While the overall allocation has increased significantly since 2013/14, it is important to note that direct comparisons over time should be treated with caution. The grant now funds a broader range of responsibilities than it did when first introduced, including services and programmes that have transferred into the grant over time. In addition, a proportion of recent growth reflects the consolidation of previously separate funding streams and inflationary uplifts rather than additional discretionary funding. Nevertheless, the increased certainty provided by the three-year settlement offers an opportunity to strengthen longer-term planning and investment in prevention, helping to improve population health outcomes and reduce health inequalities across North East Lincolnshire.

Year	NELC Public Health Grant Allocation	Notes
2013/14	£9,700,000	Initial allocation
2014/15	£9,971,300	£271k increase
2015/16	£10,572,699	Included a new allocation for 0-5 years olds for part of the year. Also included a centrally imposed reduction of £697,581
2016/17	£11,603,000	Included a full year allocation for 0-5 year olds. Also included a re-current reduction of £738,250
2017/18	£11,317,000	Included a further re-current reduction of £286k
2018/19	£11,026,000	Included a further re-current reduction of £291k
2019/20	£10,735,000	Included a further re-current reduction of £291k
2020/21	£11,468,727	Allocation restored to previous level. Also included a part year allocation for HIV prevention medication
2021/22	£11,562,144	Slight uplift to account for salary inflation and a full year allocation for PrEP.
2022/23	£11,886,950	Slight uplift to account for salary inflation
2023/24	£12,269,570	Slight uplift to account for salary inflation
2024/25	£12,556,572	Slight uplift to account for salary inflation and a further uplift for Agenda for Change pay award
2025/26	£13,414,912	Uplift to reflect the Government's commitment to move from a reactive health system to one focused on prevention and tackling health inequalities. The 2025/26 allocation also included a separate allocation for the new supervised toothbrushing scheme.
2026/27	£15,850,347	First year of a consolidated, 3 year settlement
2027/28	£16,026,627	Includes inflationary uplift
2028/29	£16,198,676	Includes inflationary uplift

Use of the Grant in North East Lincolnshire

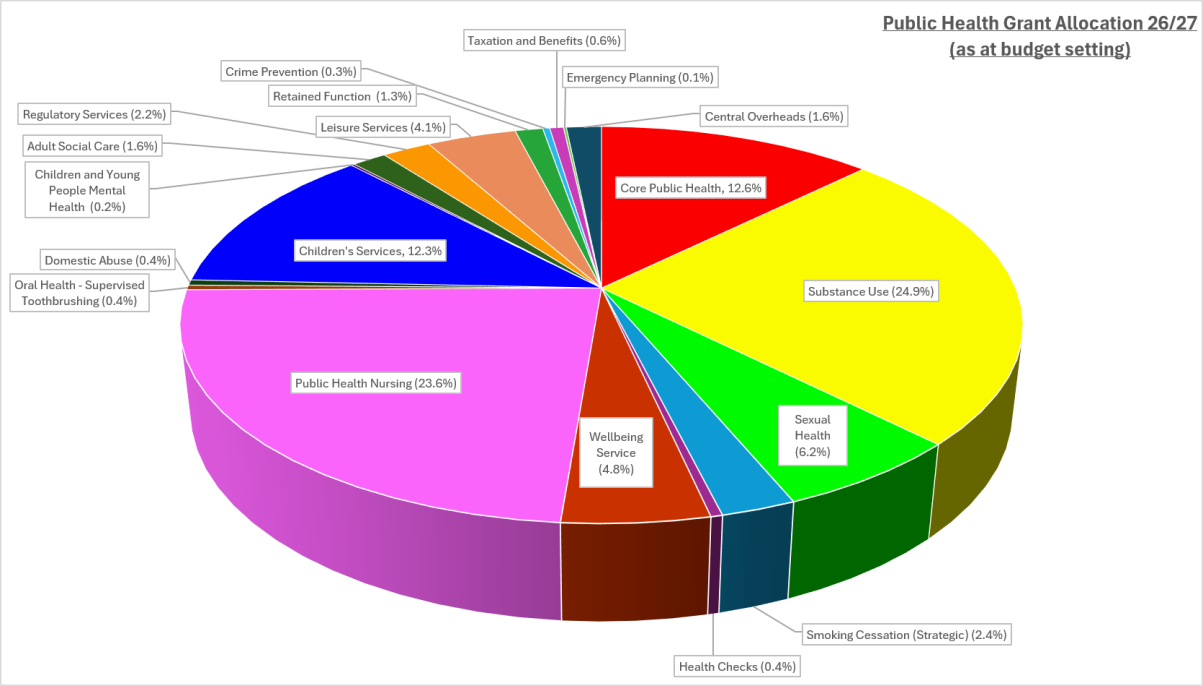
In North East Lincolnshire, the Public Health Grant is predominantly invested in core public health services, with approximately two-thirds of the total allocation (69.9%) supporting statutory public health functions and commissioned health improvement services, including substance use services, public health nursing, sexual health services, smoking cessation, health checks and the duties of the core public health team (including health protection). These services form the backbone of the local public health system and are directly focused on preventing ill health, improving health outcomes and reducing health inequalities across North East Lincolnshire.

The remaining one-third of the grant (30.1%) is allocated to a range of wider council services and contracts that demonstrably make a significant contribution to population health and the wider determinants of health. This includes investment in children's services, adult social care, leisure services, domestic abuse services, regulatory and enforcement functions, community safety, emergency planning and measures to address fuel poverty amongst others. While these services may not be traditionally viewed as public health services, they play an important role in tackling the factors that influence health outcomes, supporting healthier lives, reducing inequalities and contributing to improvements in healthy life expectancy.

This distribution reflects both national guidance and the Council's long-standing approach to maximising the impact of the Public Health Grant by investing in preventative activity across the wider system. It recognises that improving health outcomes and reducing health inequalities cannot be achieved through healthcare

interventions alone, but requires action across a broad range of services that influence the conditions in which people are born, grow, live, work and age.

This approach is also consistent with the principles of North East Lincolnshire's designation as a Marmot Place, recognising that health outcomes are shaped by the wider social determinants of health and that reducing health inequalities requires coordinated action across all parts of the Council and its partner organisations. By investing Public Health Grant funding in services that influence the conditions in which people are born, grow, live, work and age, the Council is supporting a whole-system approach to improving healthy life expectancy and narrowing the gap in outcomes between communities.



Recipient of the Public Health Grant (2025/26)	% of PHG	Public Health Grant Allocation for 2025/26
Core Public Health	12.6%	£2,003,156
Supervised Toothbrush Scheme	0.5%	£60,745
Substance Use Contracts	24.9%	£3,946,700
Sexual Health Contracts	6.2%	£980,734
Public Health Nursing	23.6.%	£3,736,303
Wellbeing Service	4.8%	£754,037
Smoking Cessation (previously smoking grant)	2.4%	£384,826
Health Checks	0.4%	£60,000
Domestic Violence	0.4%	£70,000
HCP - Children's Mental Health	0.2%	£26,000
Children's Services	12.3%	£1,947,147
Adult Social Care Prevention	1.6%	£250,000
Regulatory and Enforcement Services	2.2%	£353,198
Crime Prevention	0.3%	£50,000
Emergency Planning	0.1%	£20,200
Retained Function (will be split between NELC transport budget and the budget with responsibility for Fuel Poverty)	1.3%	£201,600
Leisure Services	4.1%	£650,200
Taxation and Benefits	0.6%	£100,900
Central Overheads	1.6%	£254,600
TOTAL	**100%**	**£15,850,346**

Statutory Guidance on the use of the Public Health Grant (October 2026)

The new statutory guidance on the public health grant published in October 2026 recognises that action to improve health often overlaps with wider local authority services and the broader determinants of health. However, where the Public Health Grant is used to support activities that may otherwise fall within other council functions, the authority must be satisfied that the primary purpose of the expenditure is to improve public health, that the activity would not otherwise be funded without the grant, and that the level of public health funding provided is additional and proportionate. This helps ensure that the grant is not used to substitute for core council funding responsibilities and remains focused on improving health outcomes and reducing health inequalities.

Public Health Grant Assurance

To provide assurance that Public Health Grant funding is being used appropriately and in accordance with national guidance and grant conditions, a formal Service Level Agreement (SLA) process has been established for all services outside the Public Health Directorate that receive Public Health Grant funding.

The SLA process requires each recipient service to demonstrate how Public Health Grant funding is being utilised and the value it is delivering in support of population health outcomes. Specifically, services are required to:

- demonstrate how the Public Health Grant allocation is being used within their service area;

- report on key achievements and outcomes delivered during the previous financial year as a result of Public Health Grant investment;
- set out plans for the use of the grant during the current financial year;
- describe how the funded activity contributes to reducing health inequalities, improving health equity, and supporting the delivery of the Health and Wellbeing Strategy and Marmot Place principles; and
- agree a set of key outcomes, performance measures and reporting arrangements to evidence impact and value for money.

This process provides assurance that Public Health Grant funding continues to support eligible public health activity, contributes to the Council's strategic priorities, and delivers measurable benefits for residents, particularly those communities experiencing the poorest health outcomes and greatest inequalities.

Impact of the Public Health Grant

The Public Health Grant makes a vital contribution to improving population health and reducing health inequalities across North East Lincolnshire. The indicators and narrative that follow in this report provide evidence of the positive impact of investment in a range of prevention, early intervention and health improvement programmes. There are of course many hundreds of indicators that can be influenced by the public health grant and we are well aware that some of these have been going in the wrong direction, of particular concern are indicators around overweight and obesity, hence the urgent need for the food plan which is being presented separately to the panel today. However, it is important to recognise that public health outcomes are influenced by a wide range of factors and services delivered across the whole local authority and wider health and care system. As a result, changes in population-level outcomes cannot always be attributed to a single funding source or programme alone. When allocated to other council services, Public Health Grant funding forms only a proportion of the total investment into that service. For example, the public health grant contributions made to other council services such as adult social care, regulatory services, youth justice services, taxation and benefits and many more is in recognition of how these services are contributing to addressing the wider determinants of health. While the grant enables and enhances these activities, it can be challenging to isolate and quantify the specific impact of the Public Health Grant contribution from the outcomes achieved through the overall service budget and the collective efforts of the whole service. The performance indicators and case studies presented below therefore provide an illustration of the value and contribution of Public Health Grant investment, rather than a definitive measure of the outcomes solely attributable to the grant itself.

Nonetheless, the evidence demonstrates that Public Health Grant funding remains a vital enabler of preventative activity across the system, supporting interventions that improve health outcomes, reduce demand on statutory services and contribute to wider council priorities. The programme examples included within this report highlight how targeted public health investment can strengthen and enhance broader service delivery, even where the impact cannot be wholly separated from that of the wider service or partnership funding arrangements.

Substance Use in North East Lincolnshire

The Public Health Grant continues to have a transformative impact on the lives of people

affected by substance use in North East Lincolnshire. Following the recommissioning of services, increasing numbers of people are accessing structured drug and alcohol treatment, recovery support, detoxification and residential rehabilitation, helping to address unmet need and support those with increasingly complex needs. Grant funding also supports innovative peer-led recovery initiatives that help people build confidence, develop skills and progress into volunteering, education and employment. This includes Creative Start, which recently received an Investors in People Award for Purpose-Driven Impact, recognising the exceptional contribution the organisation makes in supporting people to achieve and sustain recovery through creativity, volunteering and community engagement.

North East Lincolnshire has also become nationally recognised for its work supporting people leaving prison and those facing multiple disadvantage. Through Wizer, a lived experience-led organisation, North East Lincolnshire has developed a nationally recognised model of support for people leaving custody. Built on investment in lived experience, strong commissioning arrangements and effective multi-agency partnership working, the programme connects people leaving prison to treatment, recovery communities, volunteering opportunities and employment pathways. An independent NIHR evaluation identified the approach as demonstrating the significant value of peer-led support in engaging people who are often the hardest to reach, highlighting how investment in lived experience can improve recovery outcomes, strengthen community reintegration and create opportunities for people to move into volunteering, training and employment whilst reducing the likelihood of reoffending. This innovative approach has been recognised nationally by Dame Carol Black who recently attended a celebration event in Grimsby Town Hall.

Public Health Grant funding also supports specialist, trauma-informed engagement with women involved in sex work, helping improve access to substance use treatment, sexual health services, housing, safeguarding and wider health support. Wizer recently received a Make a Difference Award for its work supporting people involved in the criminal justice system, further demonstrating the impact that lived experience-led approaches are having in improving outcomes for some of the borough's most vulnerable residents.

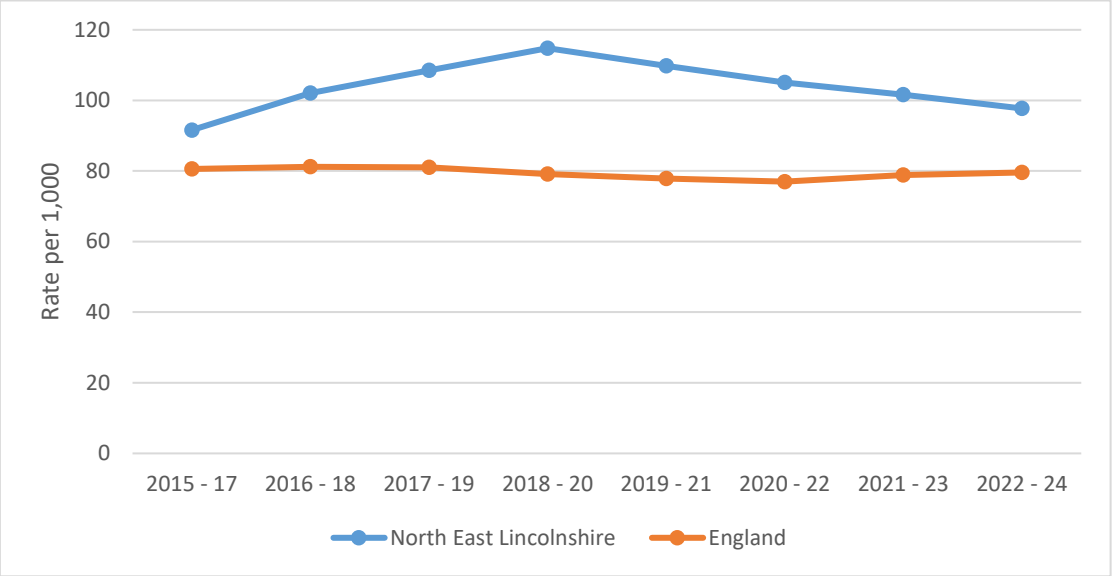
Premature Birth

Premature birth is the leading cause of infant mortality both nationally and locally and accounts for the fastest increasing cohort of children with special educational needs.

Between 2015–17 and 2018–20, the premature birth rate in North East Lincolnshire (NEL) increased, reaching the highest level of any area in England. This rise contrasted with the trends observed nationally and across statistical neighbours.

The rate of premature births has declined in each successive reporting period since 2018-20, falling from 114.8 to 97.7 per 1,000 births, this represents a reduction of 141 premature births and is the lowest rate since 2015-17. Although the rate in NEL remains significantly higher than the national average, the gap is narrowing, and NEL no longer has the highest rate in England.

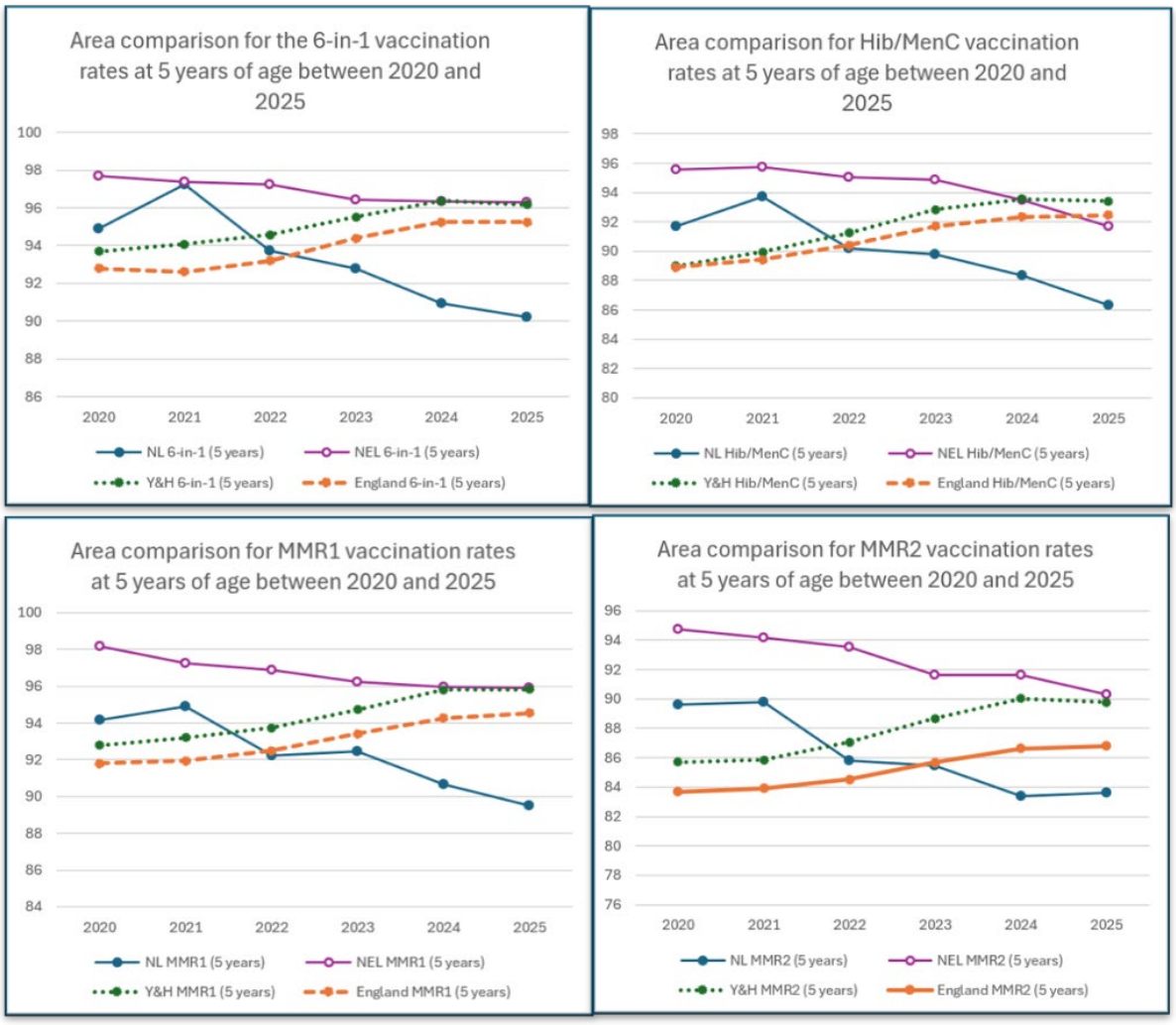
Premature birth rate (gestation less than 37 weeks) in North East Lincolnshire and England, per 1,000 births



Source: [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care]

Child Immunisation

The Public Health Grant supports a robust health protection system which has delivered well since the transition of public health responsibilities from the NHS to local government in 2013. North East Lincolnshire consistently achieves higher than the national average rates of child vaccination coverage across all age points (12 months, 24 months and 5 years) as shown below. This has helped to ensure that vaccine preventable infectious disease in childhood has been minimised and we have seen far fewer numbers of such infections than comparable areas. We have however faced growing anti vaccination sentiment in some sections of the local community in recent years which has resulted in a slight downturn in coverage post Covid and it is vital that this is addressed through health education which we are doing.



Breastfeeding at 6-8 weeks

Breastfeeding continuation rates at 6–8 weeks have increased significantly, rising from 31% in 2023/24 to 38% in 2024/25. This represents a substantial improvement, particularly as rates had remained between 28% and 31% for many years. In total, approximately 100 more babies were breastfed at 6–8 weeks in 2024/25 compared with the previous year.

Improvements have also been seen across several wards over the past two years. In West Marsh, the proportion of babies being breastfed at 6–8 weeks increased from 24.2% in 2022/23 to 33.3%. Similarly, South Ward saw an increase from 28.8% to 36.3% over the same period.

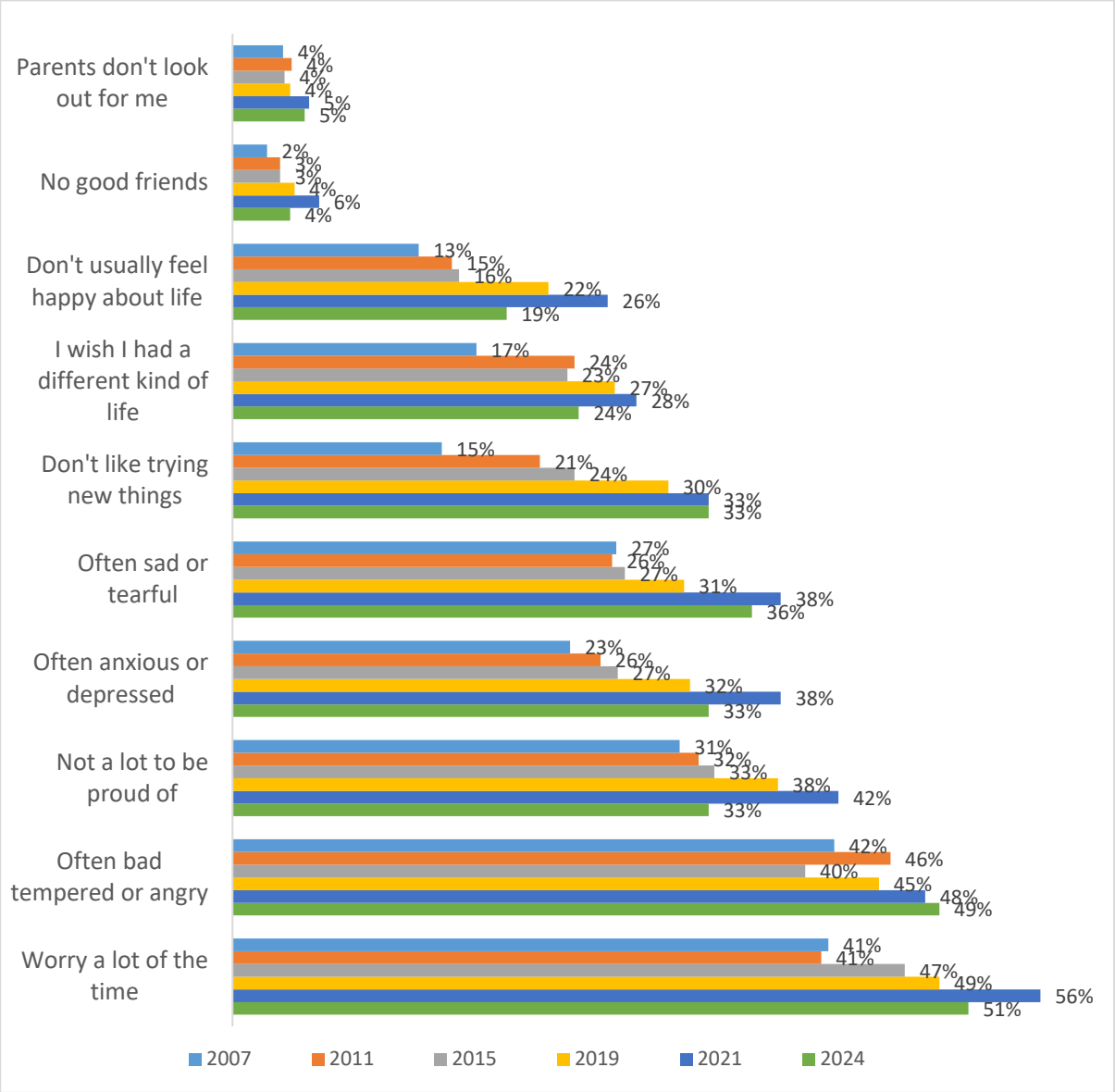
Ongoing work and support from the Infant Team include

- Weekly breastfeeding peer support drop-ins at each family hub.
- Home visits for mums experiencing breastfeeding difficulties.
- Monthly breastfeeding workshops to build parents' knowledge and confidence.
- UNICEF Gold-standard infant feeding support across maternity, health visiting and family hub teams.
- Midwife-led tongue-tie clinics for prompt treatment and improved breastfeeding attachment.

Emotional Wellbeing in Young People

The Adolescent Lifestyle Survey is a local secondary school survey carried out every 3 years in North East Lincolnshire, in 2024 it reached 6,000 young people in North East Lincolnshire.

Following the pandemic, the 2021 survey highlighted concerning declines in emotional wellbeing across all measures. The 2024 results show improvements across almost all measures, with 81% of young people reporting that they usually feel happy with their lives — the highest proportion since 2015.

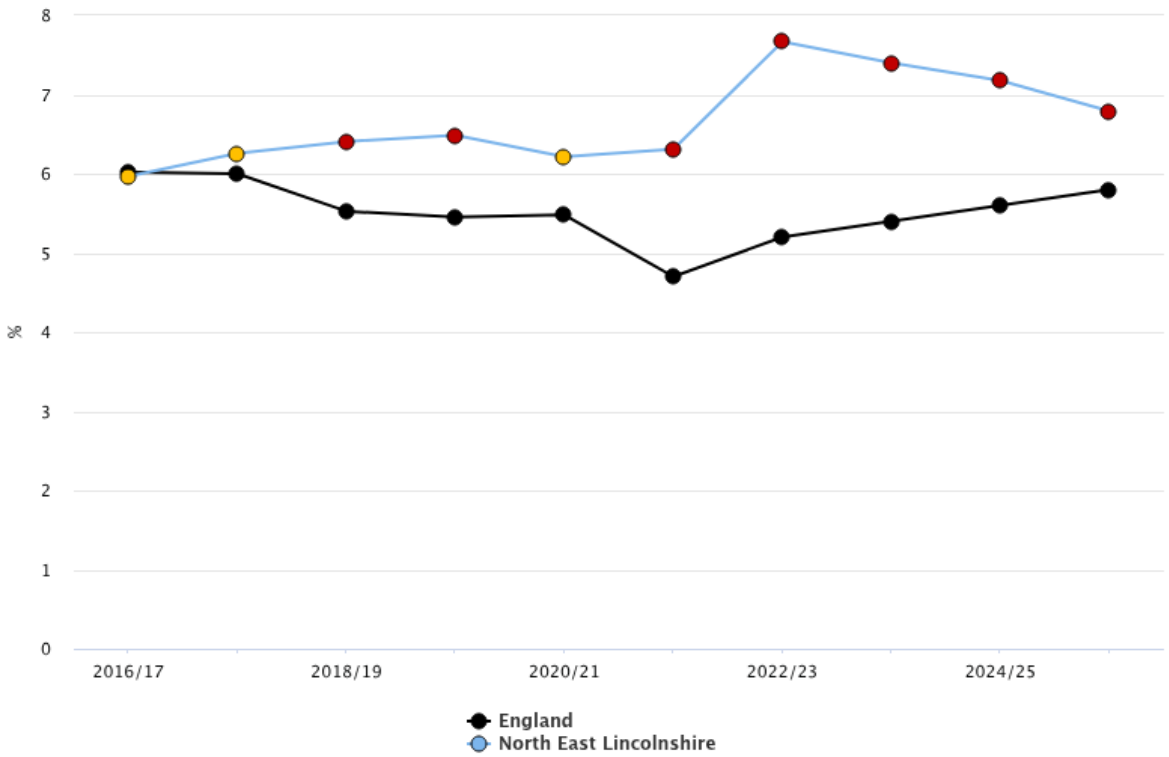


Source: North East Lincolnshire Data Observatory – Children's JSNA

NEETS

The North East Lincolnshire NEET rate has been falling in recent years which has coincided with investment into the service from the public health grant. Whilst we cannot directly attribute improvements in this area to grant funding it does provide some evidence of positive impact.

16 to 17 year olds not in education, employment or training, or whose activity is unknown for North East Lincolnshire and England

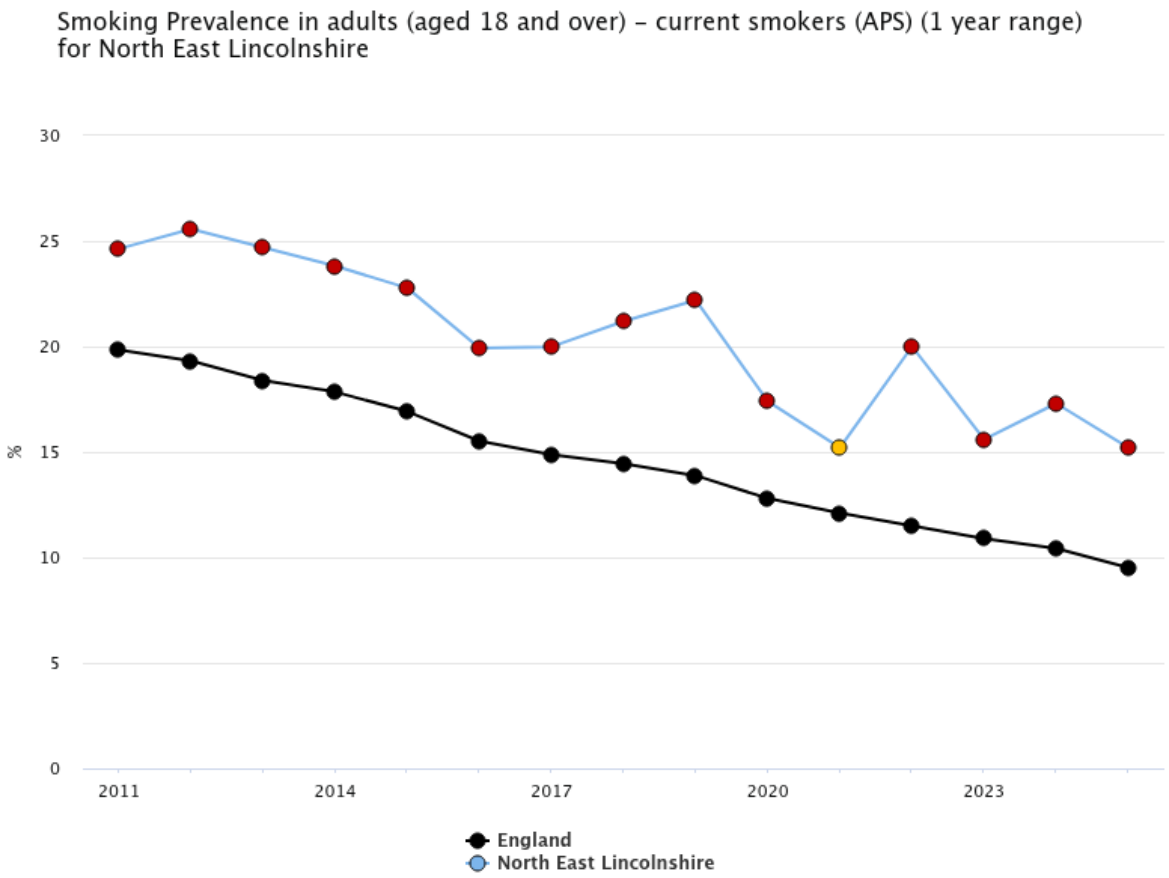


Source: [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care]

Smoking

Over the years a significant amount of public health grant has been invested in tobacco control and stop smoking initiatives. Smoking is the most important cause of preventable ill health and premature mortality in the UK and is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD), and heart disease. The smoking rate in North East Lincolnshire has fallen from around 25% in 2011 to just over 15% now which is a good improvement but we are still well above the national average and our rates in the routine and manual occupation workforce are above 24% which is unacceptable and therefore requires continued investment.

The wellbeing service funded through the Public Health Grant has recently been reconfigured to form a dedicated stop smoking service, to build on the success of recent years which has seen the smoking prevalence rate decrease.

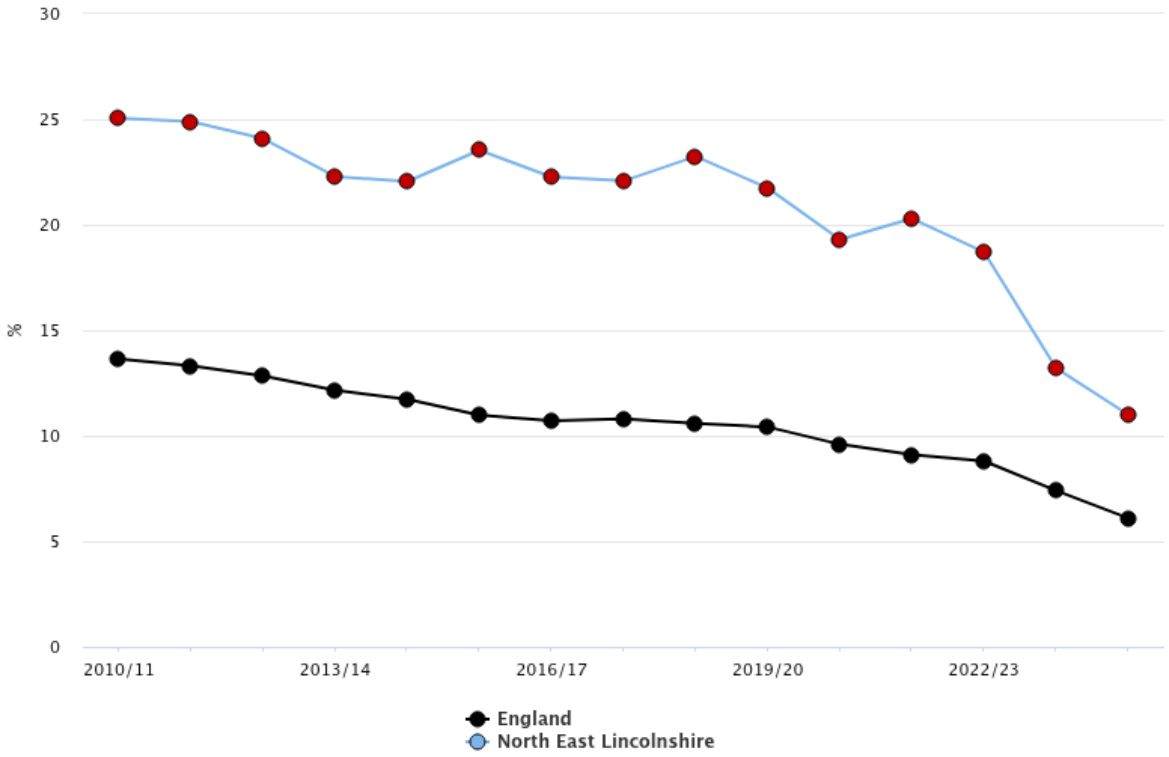


Source: Smoking Profile – Fingertips – Department of Health and Social Care

The stop smoking service is provided by trained specialist smoking cessation advisors with the support designed to help smokers quit. Successful quitters are those smokers who successfully quit at the 4 week follow up. Figures for 2025/26 show that 63.9% of smokers who set a quit date in North East Lincolnshire successfully quit smoking. This equated to 368 people and was a higher quit percentage than that for England overall (53.1%).

Despite having one of the highest rates of smoking during pregnancy, the gap between North East Lincolnshire and England overall has also closed considerably during the past couple of years.

Smoking status at time of delivery - Percentage



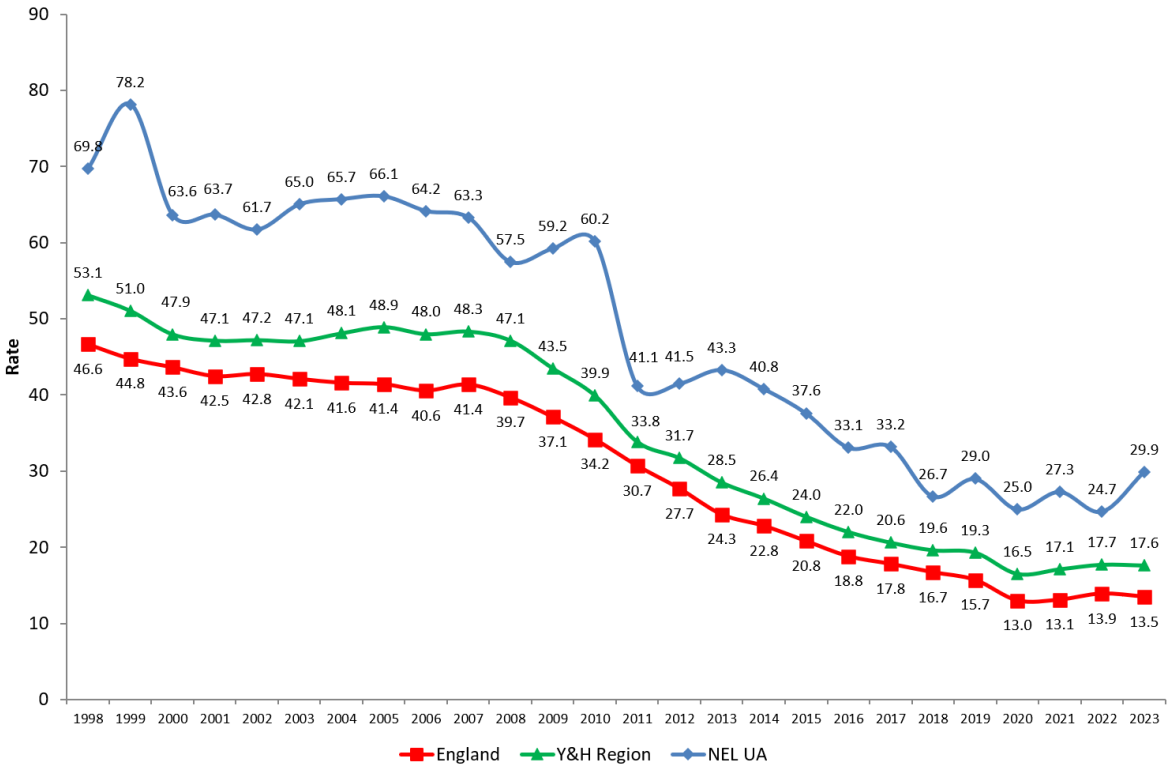
Source: Smoking Profile – Fingertips – Department of Health and Social Care

Under 18 conceptions

Teenage pregnancy is a significant public health issue because of the risk of poor outcomes for both the mother and the child

The chart below details the progress that has been made regarding reducing the under 18 conception rate since 1998 which was the baseline period for the 1999 Teenage Pregnancy Strategy. The rate of North East Lincolnshire under 18 conceptions has fallen considerably from 69.8 in 1998, to 29.9 in 2023, which is a reduction of 57%. However, we have seen a worsening position in the most recent year of analysis which is a cause of concern.

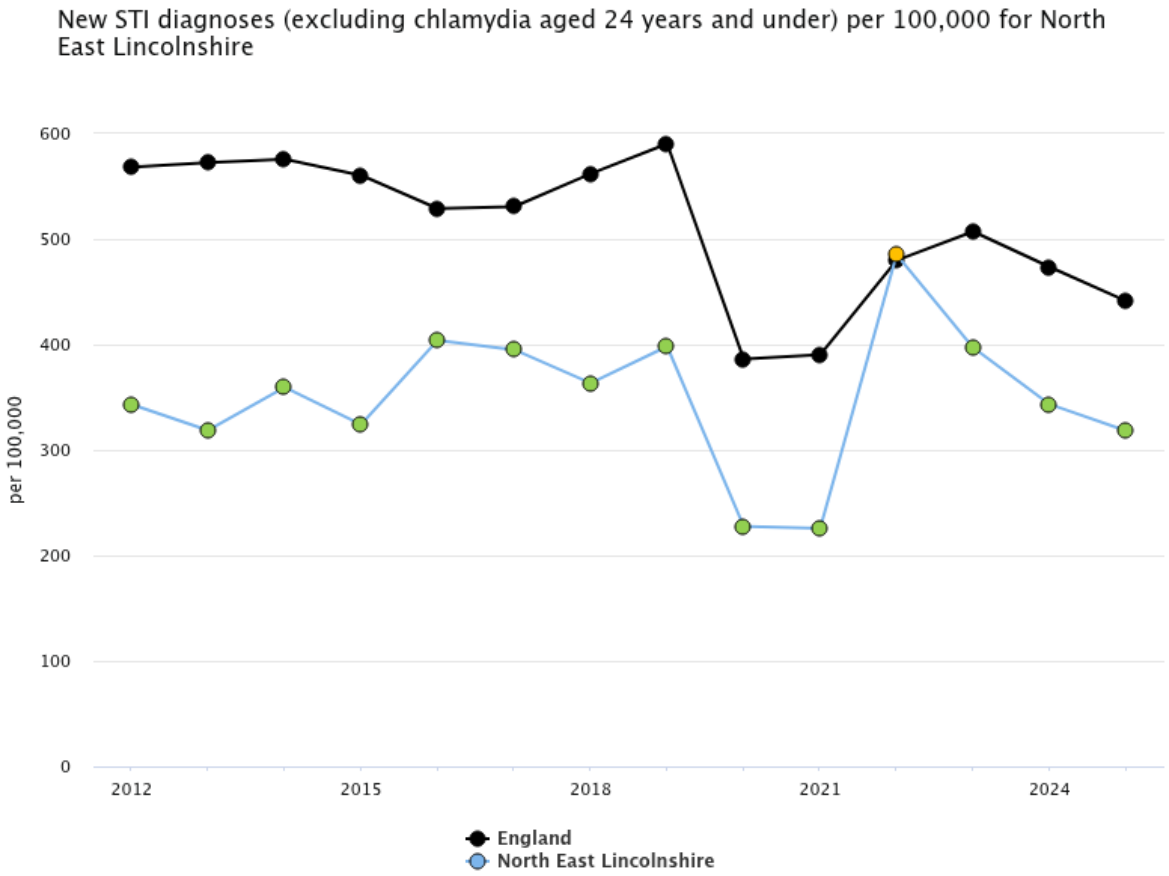
Under 18 conception rates per 1000 female population aged 15-17 years, for England, Yorkshire and the Humber, and North East Lincolnshire, 1998 to 2023



Source: Office for National Statistics (www.ons.gov.uk), 2026.

Sexual Health

Comprehensive sexual health services, including testing and treatment for sexually transmitted infections (STIs), is a core mandated public health function. The STI diagnoses rate for North East Lincolnshire is lower than the rate for England overall.



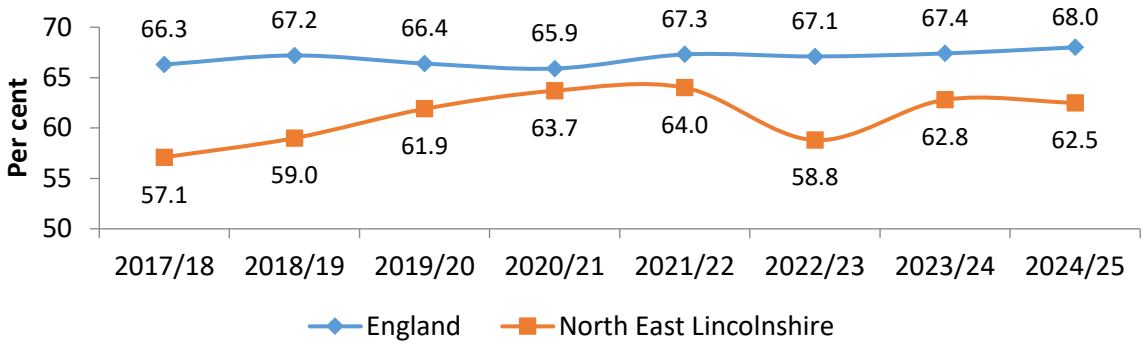
Source: Sexual Health Profile – Fingertips – Department of Health and Social Care

Physical activity

Physical inactivity is a leading risk factor for mortality and encouraging increased activity has been a long term priority for public health grant spending in North East Lincolnshire as our rates compare unfavourably with other parts of the country. People who have a physically active lifestyle have a lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, and with improved mental health. The Chief Medical Officer currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week (or an equivalent combination of the two). The overall amount of activity is more important than the type, intensity or frequency.

Figures based on Sport England data, suggest that the percentage of North East Lincolnshire adults who are physically active is significantly lower than the proportion of active adults for England overall.

Percentage of physically active adults (19+ years), 2017/18 to 2024/25



Source: LA Health Profile – Fingertips – Department of Health and Social Care

In Summary

The impact of Public Health extends beyond the services directly funded through the Public Health Grant. Some of our investment is in commissioned services where activity, outcomes and performance can be monitored through clear measures and national indicators. However, a significant part of the role of the Public Health team is to provide leadership, expertise and influence across the Council and wider partnership, helping other teams and organisations understand how their decisions, services and investment can improve health and reduce inequalities. This wider influence is much harder to quantify, but is fundamental to our approach. Our financial resources are finite, but our ambition does not need to be. By making public health everybody's business, we can extend our impact far beyond the Public Health Grant and ensure that the wider resources and decisions of the Council and its partners contribute to improving the health of our population. We would therefore encourage Members, whenever considering a report or decision, to ask a simple question: "How will this affect the health and wellbeing of our residents, and will that impact be felt equally?"

Overall, the data is clear that North East Lincolnshire continues to face substantial health challenges. Although progress is being made in many areas, a lot of indicators remain worse than the national position and no single service or funding stream can reverse these trends alone. Health is shaped by the conditions in which people are born, grow, live, play, work and age, including housing, income, education, employment, environment and social connection. The Joint Health and Wellbeing Strategy building blocks for health and our Marmot Place approach are therefore central to the local response. They represent a new, whole-system way of working that places prevention, health equity and the wider determinants of health at the heart of decisions across the Council and its partners.