



Impact of funding reductions on Public Health

ADPH survey results

Following the 2015 Comprehensive Spending Review announcement of further reductions in the Public Health (PH) ring-fenced grant for English Local Authorities it was agreed that ADPH should survey members to discover the potential impact of the cuts. The survey was sent to all 132 DsPH in England and 87 validated responses were received (66%).

The main messages are:

- there will be a detrimental impact on health (78%) and health inequalities (75%);
- many services will be reduced and some decommissioned this year (2015-2016) and many more in 2016-2017.

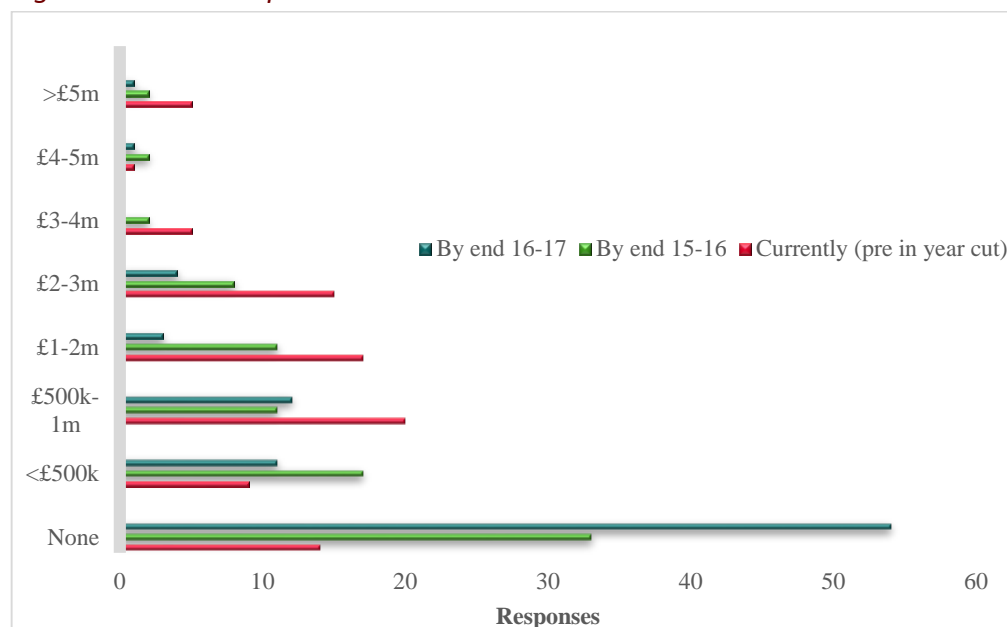
Results

Asked how the cuts were being implemented 93% of responses from substantive DsPH said that they were centrally involved in the decisions. This fell to 84% for those not in substantive roles (eg Acting, Interim etc).

The criteria being used for the decisions are mainly (70%) a combination of: politics; statutory requirements; evidence and need and pragmatism. However, 9% said that politics was the main driver – the same percentage as that putting evidence and need as the main driver.

We asked about the position of reserves being held for PH and their trajectory over the coming two years (Fig 1). This shows that by April 2017 63% will have no reserves with a further 13% having less than £500,000.

Figure 1 – Reserves position



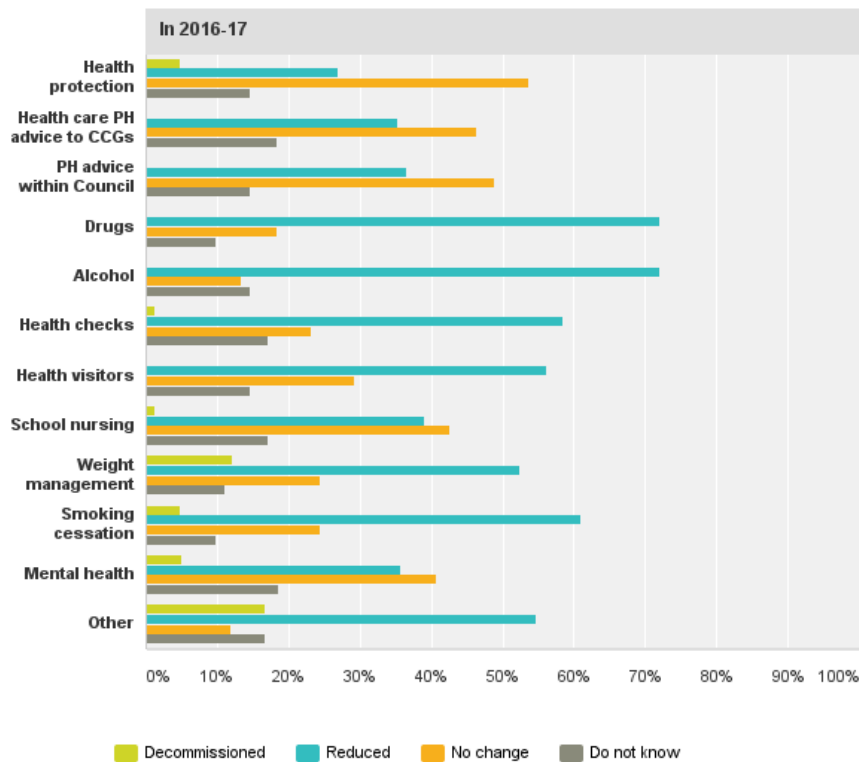
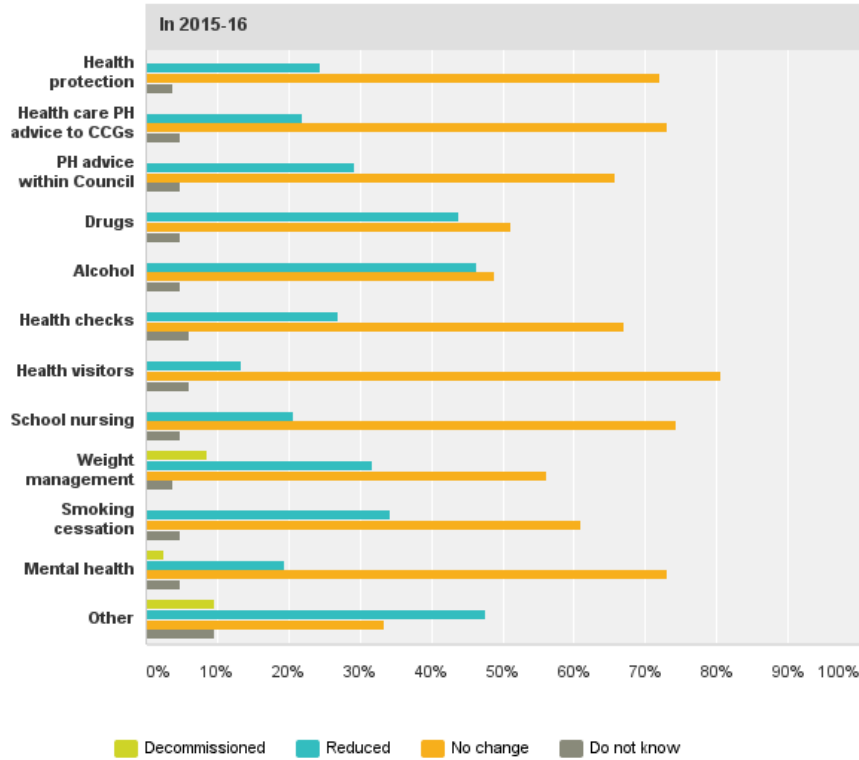
The following two charts (Fig 2) illustrate what services are expected to be reduced or decommissioned in 2015-2016 (ie this year) and 2016-2017. It was mentioned by many of the responders that reducing the cost of services does not necessarily mean that there will be a reduction in outcomes and re-contracting should be seen as a positive opportunity. Similarly decommissioning poorly planned or unevidenced services is a good thing and an opportunity for innovative solutions.

The size of the cuts however will lead to a lack of flexibility to introduce lower-profile but important preventative support.

Figure 2 – Service reduction

Q7 What services will be decommissioned or reduced this or next year?

Answered: 82 Skipped: 5



There is also evidence of staff reductions in some places with 58% expecting to lose staff this year and the same percentage next year. Comments indicated that in some places staffing levels will be reduced significantly.

Looking forward we asked how DsPH felt about the ring fence being removed and 55% are still very concerned with only 21% saying it should be removed after 2018. Concerns centred around the context of massive cuts to other LA services. The introduction of funding through business rate retention is viewed by 84% as a worrying development and DsPH need to be assured that it will not impact on their ability to improve and protect the health of their population and to reduce health inequalities.

What DsPH say

These cuts to funding have come as a blow to DsPH particularly within the context of wider local authority cuts and NHS financial difficulties.

As one DPH put it:

“This is a big ask but it's the same ask that is being made of other senior local government officers. The difference for public health is that we are starting from a more difficult position where it is still a new role for local government and one which is not yet as part of the DNA as it needs to be.”

The impact on the NHS is also stressed:

“The impact on the NHS of council cuts is being ignored by the centre but it is putting the whole joint commissioning/ integration endeavour at risk.”

A significant number of comments emphasised the opportunities that the cuts have provided to have local discussions on longer term priorities:

“The risk is that we all focus on implementing the cuts and lose sight of the longer-term vision.”

“Stop thinking of cuts!!! Think about how we will spend what we do have. What's important and cost-effective?”