



Association of Directors of Public Health

Association of Directors of Public Health – Submission to Department of Health Consultation: Local Authority Public Health Allocations 2015/16: In-year savings

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through support for Directors of Public Health as local public health leaders, policy advice and information sharing programmes. www.adph.org.uk

Directors of Public Health (DsPH) are the frontline leaders of public health working across health improvement, health protection, and health care service planning and commissioning. ADPH has a strong track record of collaboration with other stakeholders in public health - including national and local government, the NHS, and key Public Health organisations and sectors – and has worked closely with the Department of Health and Public Health England to support the development of the new public health system in England.

ADPH response - overview

1. Investing in Public Health & Prevention

The Association of Directors of Public Health has consistently expressed deep concern and disappointment following the Chancellor's announcement of the significant £200m cut in the ring-fenced Public Health Grant to English Local Authorities in 2015/16; and through letters to the Prime Minister, Chancellor of the Exchequer and others, highlighted the serious impact on health, social care and the NHS of such reductions in public health and preventative funding, both now and in the future.

In light of the above, we urged the Government to review and reverse its decision to impose in-year cuts in the Public Health Grant.

We are of course cognisant of the financial pressures at national and local levels, but would argue that the pressures on the health and social care systems – and indeed wider systems such as benefits, the criminal justice system and early help - support the imperative to invest in public health, prevention and early interventions at local and national level.

We would also highlight the following statement contained in *Healthy Lives, Healthy People: Our strategy for public health in England 2010*: “Prevention has not enjoyed parity with NHS treatment, despite repeated attempts by central government to prioritise it. Public health funds have too often been raided at times of pressure in acute NHS services and short-term crises.”

We therefore urge that the Government commits to investing in public health, prevention and early interventions in order to secure the future viability of the NHS and social care.

2. Context – transforming Public Health

The transfer of public health responsibilities to local authorities in England in 2013 was welcomed and supported by ADPH as an opportunity to transform local leadership for health & wellbeing and to extend and strengthen cross-sectoral approaches to prevention and early interventions. These are of key benefit to current and future generations' health - and consequently to securing the future viability of the NHS and social care. The transfer of responsibilities also offers the potential for significant wider beneficial impacts – for example local economic infrastructure & development, education training & employment, environmental sustainability & resilience, community development and crime prevention. This offers benefits for wider national services and Government Departments including Departments for Work & Pensions, Transport, Education, Home Office and the criminal justice system.

ADPH also welcomed both the crucial focus on prevention contained within the NHS 5 Year Forward View, and the Government's support for prevention as a critical component of securing the future of the NHS.

However we are deeply concerned that such transformational opportunities will be undermined by short or longer term reductions in local public health and preventative funding, which will be profoundly damaging to the public's health and the financial stability of the NHS and social care. Such cuts to local Public Health Grants - on top of the already substantial cuts in local authority budgets - will have a detrimental impact on local authorities' ability to improve the health & wellbeing of people within their communities, and to maintaining current local public health services, including those provided by local authorities, the NHS and voluntary sectors.

We would also stress that transformational change requires time and support to embed. During the first two years of the transfer of public health responsibilities to local authorities (2013/14 and 14/15), Directors of Public Health and their colleagues in local authorities focused on developing evidence based approaches to ensure the most effective use of resources. This included reviewing and re-designing services, commissioning specifications and contracts. As a result, public health spend in many local authorities during 2013/14 was temporarily impacted.

Therefore, whilst a proportion of the Grant was not spent in the first year (2013/14), this was due in part to appropriately giving time to establishing new and more cost effective contracts, and compounded by the timeframe between allocation of the Grant and the start of the financial year, and the need for financial prudence.

This temporary impact is evidenced by the significantly higher Grant spend in 2014/15, and demonstrates good financial management by local authorities in investing time and energy to making the best use of limited resources in the transformation of services.

It is a matter of great regret that these current in-year cuts will detrimentally impact on the past two years of transformational work undertaken within local authorities, and is particularly concerning in a year when local authorities are taking on new responsibilities for public health services for young children.

ADPH response to specific consultation questions

Question 1: Do you agree with DH's preferred option (C) for applying the £200 million saving across LAs? If not, which is your preferred option?

1.1 Our over-arching argument within this response is that such savings should not be imposed.

1.2 ADPH members have different views about the best option for savings and it is not possible for ADPH to submit a common view. However, we feel that it is important to ensure that various factors are taken into account in deciding on an option. Many Councils are fully committed to the level of the current Public Health Grant with existing contracts and will find in-year savings a major challenge, while reserves will be factored in to future spending plans. Many Councils with reserves are also Councils that are below target allocation and have those reserves by virtue of financial prudence and carefully planned spending.

1.3 It would be helpful for whatever option is chosen to be able to be implemented as soon as possible to avoid continued uncertainty on programme spending.

Question 2: How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

2.1 As highlighted in this response, we have expressed our deep concern over the imposition of these in-year savings in the Public Health Grant, and the serious impact on health, social care and the NHS of such reductions in public health and preventative funding, both now and in the future.

2.2 Our response to Q.3 below summarises the likely impacts identified by our members following the announcement of the savings.

2.3 In light of the comments within the consultation document that legislation and grant conditions will not be changed, implementation of the savings will need to be done predominantly with reference to local factors.

2.4 Implementation of the savings will be assisted by early dissemination of information, so that Councils know as soon as possible what cuts need to be made for the current year. In addition to this it would be helpful to have the earliest indication of recurrent budgetary changes and longer term budgets as part of the Comprehensive Spending Review. Planning for in-year savings will be much easier if the future budget is known and for example service cuts could potentially be avoided if Councils knew that savings were non-recurrent.

2.5 There continues to be significant differential between Councils in the amount that is allocated to public health and we would welcome a commitment from government to increase the proportion of health spending to be given to local authorities. ADPH believes that there should be increased funding allocated to those Local Authorities that have had historically low public health expenditure to allow them to increase their commitment to the level of at least the average per capita. However any increase in funding to those areas where historically funding was low should not be at the detriment to those authorities where historically spending has been high. This level of funding tended to be in areas of significant health inequalities and reflected PCT commitment to public health and reducing these inequalities.

2.6 Given that responsibility and associated funding for 0-5 Public Health commissioning will transfer to local authorities on 1st October 2015, we believe it is important that the ring fence remains in place, not least because the new responsibilities for 0-5 year Public Health Services from October 2015 will require a period of financial certainty in order to properly embed commissioning arrangements. It is crucial that public health in local authorities is enabled to continue to fully embed – a great deal has been achieved since transition in 2013, but given this further transition in 2015, it will be important to provide time for these new arrangements and opportunities to become firmly established in local authorities. However we would welcome clarity in relation to the Government’s longer term view of the public health ring-fence – so enabling Directors of Public Health and their local authorities to assure their continued improvement of public health outcomes.

2.7 Other measures to improve the health of the population would also be welcome and could mitigate the impact of the savings. For example, we have called on the Government for greater investment in public health, prevention and early interventions in order to secure the future viability of the NHS and social care; and we would also commend public health revenue-raising measures such as the introduction of a tobacco levy, a duty escalator for alcohol and a new duty on sugary soft-drinks.

Question 3: How best can DH assess and understand the impact of the saving?

3.1 Following the announcement of the savings, ADPH immediately initiated a ‘snap-survey’ of all Directors of Public Health in England to assess the likely local impact. A summary of key themes from survey responses is illustrated below, and whilst final decisions will be taken by each local authority, these impacts are drawn from the views of Directors of Public Health who are responsible for managing the Public Health Grant locally:

Local impacts:

- Impact on front-line services – both this year and in the future
- Impact on services commissioned from NHS providers – so directly impacting on NHS funding and services
- Impact on 3rd sector providers of NHS services and small local voluntary/community sector organisations
- Longer-term impact on Public Health outcomes and increased demand for NHS services
- Most of the Public Health budget is tied into contracted services (therefore legal impacts and potential financial fall out from having to break contracted services) – so there is limited ‘room for manoeuvre’
- Any reserves are largely allocated to ‘Council health spend’ - so impacting on wider health interventions
- Staffing may be affected - largely through a loss of vacant posts

Most common impacts identified in 2015/16 were on:

- School nursing and other children’s services
- NHS Health Checks

- Obesity prevention & support
- HIV prevention
- Staffing

3.2 In our survey, we also asked Directors of Public Health to consider the likely impacts if a recurrent reduction of this magnitude was applied to the Public Health Grant. Longer term impacts and risks identified included: further impacts on statutory areas (e.g. NHS Health Checks; Sexual Health; Health Visiting/0-5s); further reduction in services including: obesity prevention & support, drug & alcohol treatment, mental health, smoking cessation; 'capping' of contracts; a reduction in public health staffing with serious consequences for meeting the local government 'core offer' to the NHS and health promotion services.

3.3 We are of course cognisant of the financial pressures at national and local levels, but would argue that the pressures on the health and social care systems – and indeed wider systems such as benefits, the criminal justice system and early help - support the imperative to invest in public health, prevention and early interventions at local and national level.

3.4 ADPH could undertake further work in the future to collate reports of the impact of the savings from Directors of Public Health and feed in the results to DH. This would minimise the workload on local authorities as it would form part of our regular work with members. We would though again wish to emphasise that the impact of the savings needs to be seen in terms of population health as well as services and will be likely to be felt for many years with opportunities for prevention foregone.

**Association of Directors of Public Health
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