

ADPH short guide: Use of the ring-fenced public health grant

Background: Since public health moved into local authorities (LAs) in 2013, each area has used the ring-fenced public health grant in slightly different ways and over time, these small variances have accumulated so that there can be significant differences in both strategic approach and investment. DHSC and OHID are beginning to think about how the impact of the use of the grant can be measured and compared. This short guide provides a framework for thinking about eligible use of the grant and some ideas for comparing investments. It is important to remember that the grant is just one way that public health teams have an impact in local systems.

Eligible use: LAs have a legal duty to improve the health of the population and may do this across the full range of services that they provide (blue boxes). This is not the same as the criteria for the use of the grant (green box), where you should be able to demonstrate that the primary purpose of investment will improve public health outcomes (using PHOF and JSNA). Some services are defined but there is local discretion (off-white and grey box). The grant should not be used where there is a statutory duty (as distinct from a service) on the council (maroon box). A useful test is 'would this investment substantially change if the LA was no longer responsible for public health functions?'

	Public health duty: 'each local authority must take such steps as it considers appropriate for improving the health of the people in its area' (S2B National Health Service Act 2006)																					
Duty	Local authorities are required to have regard to guidance from the Secretary of State when exercising their public health functions; in particular the Department of Health's Public Health Outcomes Framework (PHOF) (S31 Health & Social Care 2012 Act)																					
Grant	Ring-fenced grant was provided where the 'main and primary purpose of all spend from the grant is public health' against criteria (Public health grants to local authorities: 2021-2022)																					
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Effectiveness	Strategic PH outcomes																					
	Service contribution to PH outcome	Services that contribute to PH outcome																				

* These are all conditions of the grant and not the same as mandatory/discretionary services

Public Health services

Demonstrating impact: Local Authorities need to demonstrate Best Value (effectiveness, efficiency and economy) and this can be a useful framework for demonstrating impact. Grant investment should be aligned to local needs (such as through the JSNA) and effectiveness can be measured by the impact of interventions on population outcomes. Eligible investment can be considered by how much a service contributes to the outcome (eg wellbeing is a small proportion of library activity) and by how many services contribute to an outcome (eg council leisure centres are only one of many services that contribute to reducing obesity). PHOF and Fingertips can provide useful guides of areas where variations in outcomes could be explored.

The RA returns¹ are a useful source of headline comparison for efficiency and economy. It is important to take account of the variation in per capita funding² between LAs (at the extreme, some areas get 6x more than others). Like for like comparisons are difficult to complete and can be time-consuming and unhelpful. Sharing of good practice through networks and sector-led improvement (SLI) activities can support practice improvement.

¹<https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2022-to-2023-budget-individual-local-authority-data>

²Public health grants to local authorities: 2023 to 2024 - GOV.UK (www.gov.uk)