
Effect of reductions in local authority budgets

House of Commons, Adjournment Debate
Tuesday 30th October

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The BMA has consistently highlighted that significant cuts to local authority funding have led directly to reductions in vital public health services – since 2015/16 spending on health services has been cut by around £550 million in real terms.¹

Our 2018 report, *Feeling the squeeze: The local impact of cuts to public health budgets in England*,² demonstrates that these budget restrictions are leading to unacceptable variation in the quality and quantity of public health services available to the public, increasing pressure on the NHS, and ultimately requiring more NHS funding for treatment rather than addressing the underlying causes.

Key points

- **The public health grant to local authorities is being cut by an average 3.9% a year until 2020/21.**³ In 2017-18, this meant that local authorities had 5% less to spend, in real terms, on commissioning public health services for their local populations than the resources they had at their disposal in 2013/14.
- **Local authorities are not resourced to adequately support the health of their populations, which has led to significant cuts to local public health services that are known to be cost-effective.** Certain sexual health services have been most affected by the cuts⁴ – between 2016/17 and 2017/18, local authorities' budgets for sexual health services reduced by 5% (£30 million), followed by a further 3% cut in 2018/19.
- **Budget reductions and the knock-on impact on service provision are resulting in people being unable to access vital public health services in their local areas** – several local authorities with smoking rates in excess of the national average have cut or restricted access to specialist stop smoking services.
- **We urge the Government to reverse cuts to public health funding, and to make sufficient funding available to ensure that public health services can meet the health needs of local populations.**

¹ BMA's representation to HM Treasury's pre-Budget consultation. Available at: www.bma.org.uk/collective-voice/influence/key-negotiations/nhs-funding/budget-2018

² BMA report, *Feeling the squeeze: The local impact of cuts to public health budgets in England*, 2018.

³ BMA report, *Funding for ill-health prevention and public health in the UK*, 2017.

⁴ Department for Communities and Local Government: Local authority revenue expenditure and financing England: 2016/17 budget individual local authority data and 2017/18 budget individual local authority data.



The impact of funding cuts on the delivery of local public health services

Three areas in which specific concerns have been raised about the impact that funding changes are having on the ability to deliver services locally are sexual and reproductive health services, smoking cessation services, and services aimed at promoting mental health.

Sexual health services

Sexual health promotion, prevention, and advice services have suffered the greatest cuts (in percentage terms) compared to any other public health service. Funding for these services reduced by over 30% between 2016/17 and 2018/19.

Furthermore, the Advisory Group on Contraception's latest findings⁵ reveal a "*an acceleration in the number of councils reducing sites delivering contraceptive services*". Almost half of England's councils have closed sites providing contraceptive services since the in-year public health budget cuts of 2015.

There have been significant cuts to testing and treatment services for STIs in areas of high population-need.

According to 2016 data, Lambeth has the highest level of new sexually-transmitted infections of all local authorities in England. Yet, between 2016/17 and 2017/18 Lambeth Council cut its funding for sexual health services providing promotion, prevention and advice by over 85%. Moreover, in 2017 three out of six sexual health clinics across Lambeth and Southwark closed, with more services being delivered online.

Smoking cessation

National-level tobacco control policies, such as to increase industry accountability, must be bolstered by locally-driven preventative measures. The Government's own Tobacco control plan acknowledges that "*local stop smoking services continue to offer smokers the best chance of quitting*".

However, analysis by the BMA⁶ demonstrates that the Government's ambition to curb smoking by giving local authorities the flexibility to design services that will meet their local population's needs is at odds with the realities on the ground. Damaging cuts to local authorities' funding has led to substantial cuts to smoking cessation budgets.

Concerningly, the BMA has found that changes to spending on smoking cessation services do not relate to the prevalence of smoking at a local level. Several local authorities with smoking rates in excess of the national average have cut or restricted access to specialist stop smoking services. Additionally, only 61% of local authorities in England now provide a specialist service that is open to all smokers.

Blackpool Council is an example of the disconnect between the Tobacco Control Plan's aim to empower local authorities and the reality of what councils can realistically deliver. Smoking prevalence in Blackpool is 22.5% compared to the average for England of 15.5%. Yet it recently decommissioned its specialist smoking cessation service, citing a number of factors including public sector budget cuts.

⁵ Advisory Group on Contraception, *Cuts to contraceptive care deepen as new data reveal half of councils closed sites providing contraception since 2015*. Available at: <http://theagc.org.uk/wp-content/uploads/2018/09/2018-FOI-audit-press-release-1.pdf> (accessed 08/10/18)

⁶ BMA report, *Feeling the squeeze: The local impact of cuts to public health budgets in England, 2018*

Mental health services

Funding constraints are currently undermining the ability of local areas to invest in services designed to prevent people becoming mentally unwell. Recent data indicates a neglect of local spending on public mental health, including in some areas with a high prevalence of mental ill-health.⁷ In 2016/17 and 2017/18 one in every three local authorities (32%) that provide public health services say that they spent nothing at all on public mental health.⁸

Furthermore, beyond their specific public health responsibilities, local authorities also commission a range of services and interventions across different settings that can have an impact on mental health. These services have also faced funding reductions; for example, the amount spent on adult social care in England has decreased every year between 2010/11 and 2016/17 (excluding transfers from the NHS).⁹ Local funding reductions such as these can have a detrimental impact on the public's mental health, disproportionately affecting those with mental health problems or those more vulnerable to mental illness.

BMA recommendations

- **Cuts to public health funding should be reversed, and sufficient funding made available to ensure that public health services can meet the health needs of local populations.** Any new mechanism for funding public health services in England must be adequate and sustainable; and should be monitored for its impact on health inequalities.
- **There should be greater recognition of the evidence that prevention and early intervention is cost-effective, and a renewed focus on maintaining access to cost-effective public health services that reduce future demand for healthcare.** Any new models of service provision routinely audited for their effectiveness and cost-benefit.
- **Common, minimum standards for the provision of public health services in England should be established, to address local variation in the quality and quantity.** These standards should be monitored and maintained by an independent body.

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⁷ Public Health England – local area health profiles. Available at fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna

⁸ Local authority revenue expenditure and financing England: 2016 to 2017 budget individual local authority data. Available at: www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2016-to-2017-budget-individual-local-authority-data

⁹ Health Foundation, 'Health and social care funding explained', available at: www.health.org.uk/Health-and-social-care-funding-explained