BMA

Feeling the squeeze

The local impact of cuts to public health budgets in England

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Feeling the squeeze – the local impact of cuts to public health budgets in England

Executive summary

Background

Funding to deliver public health services across England has significantly reduced over recent years, and planned cuts to the public health grant to local authorities average 3.9% a year to 2020/21. This research briefing follows on from previous work the BMA has undertaken on **public health funding nationally**.

It aims to highlight the impact of cuts to public health budgets at a local level, through assessing whether changes to public health funding are reflective of local population health needs, and exploring the impact of cuts on the delivery of public health services locally.

Key findings

1. Changes to public health spending in local areas do not reflect the needs of local populations. Many areas with poor health outcomes are seeing substantial cuts to funding for a range of key public health services.
2. Budget reductions are leading to unacceptable variation in the quality and quantity of services available to the public. This is likely to have a detrimental impact on population health, increase future demand for treatment services, and risks widening health inequalities.

Recommendations for action

1. 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.
2. 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.
3. 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.
4. Any proposed changes to the funding of public health services locally should be clearly assessed for their potential impact on population health, and any new models of service provision routinely audited for their effectiveness and cost-benefit.
5. 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.

Introduction

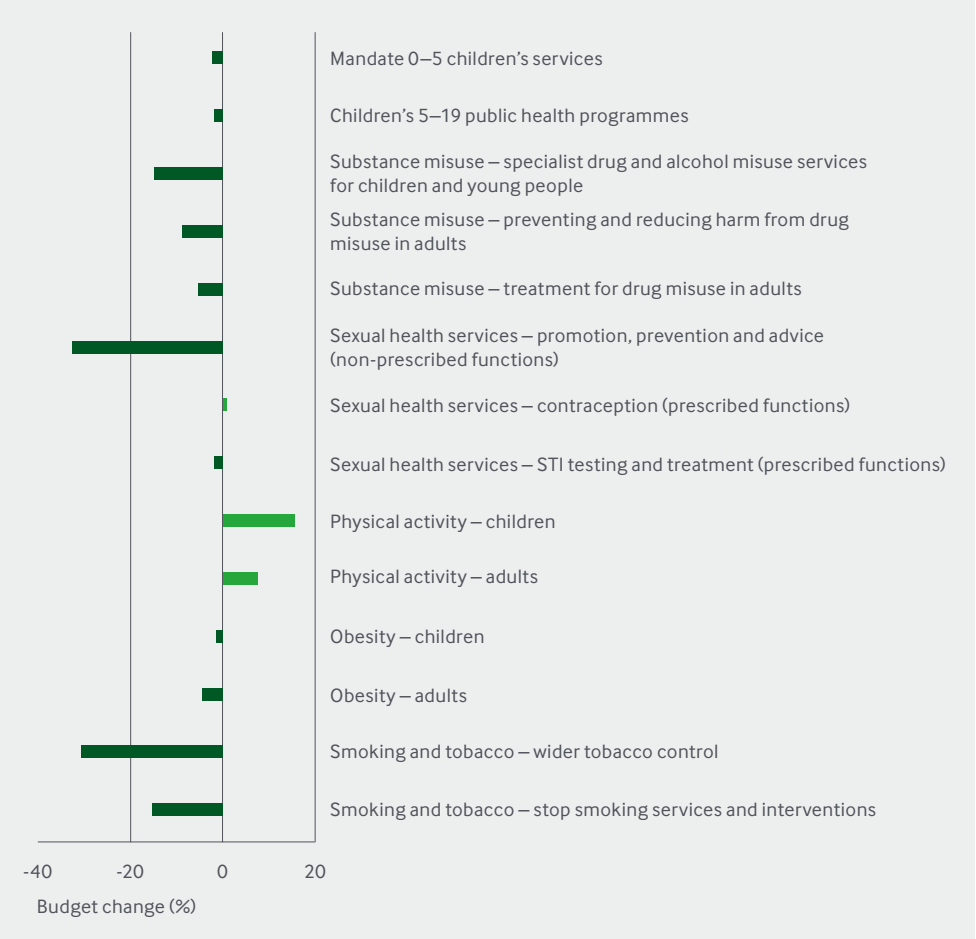
The BMA has previously raised concerns that the potential contribution of public health is being undermined by funding constraints, and that services and interventions vital for improving population health are not being implemented, or are being cut back, risking the future sustainability of the NHS. This is despite government commitments to prioritise ill-health prevention and public health to meet future demand. Using available data this research briefing aims to:

– explore whether changes to public health funding are reflective of local population needs
– assess the impact that public health funding cuts are having on the delivery of services locally

Background

The BMA's 2017 briefing on **funding for ill-health prevention and public health in the UK** highlighted planned cuts to the public health grant to local authorities in England, which will average 3.9% a year until 2020/21. This is already having an impact on local authority public health budgets, which in 2017/18 will be 5% less in real terms than they were in 2013/14.[1,2] Consequently, local authorities have significantly reduced spending on a range of public health activities, including substantial cuts to sexual health promotion and smoking cessation budgets. Data published by the DCLG (Department for Communities and Local Government) allow a direct comparison of local authorities' budgets for a range of public health functions between 2016/17 and 2017/18 (see **Figure 1**).[a]

Figure 1 – Overall budget changes for selected public health services from 2016/17 – 2017/18 for local authorities in England



Source: 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.

a DCLG publishes budgets for different public health services for each local authority in England. It is therefore possible to directly compare changes to budgets for different services between 2016/7 and 2017/18. In this briefing, these figures are presented in nominal-terms, unadjusted for inflation.

Recognising their impact on population health and future demand for health services, cuts to public health services have been **repeatedly described** as a false economy. Doctors have expressed significant concern about the detrimental impact of these cuts on health, highlighting that recent budget changes will result in public health services that are inadequate for meeting the needs of the local populations which they serve. While the BMA and others have warned about the consequences of cutting budgets for public health at a national level,[1] it is important to assess in more detail the impact that funding changes are having locally.

Do funding changes reflect local population needs?

Key message: Changes to public health spending in local areas do not reflect the needs of local populations. Many areas with poor health outcomes are seeing substantial cuts to funding for a range of key public health services.

The BMA has previously highlighted the wide **range of services under threat as a result of funding changes,** stressing the potential impact that a loss of services could have on local areas. One of the intended benefits of returning responsibility for public health to local government was that it is best placed to understand and meet the needs of local populations, and able to influence the broader determinants of health in local areas. However, in the face of substantial budget cuts, local authorities may be unable to ensure the provision of services that meet the needs of their local population.

The following sections focus on the local delivery of specific public health services in England. These have been compared against available data on the health status of local populations, to ascertain the extent to which budget and service changes are reflective of the needs of local populations.

Smoking cessation services

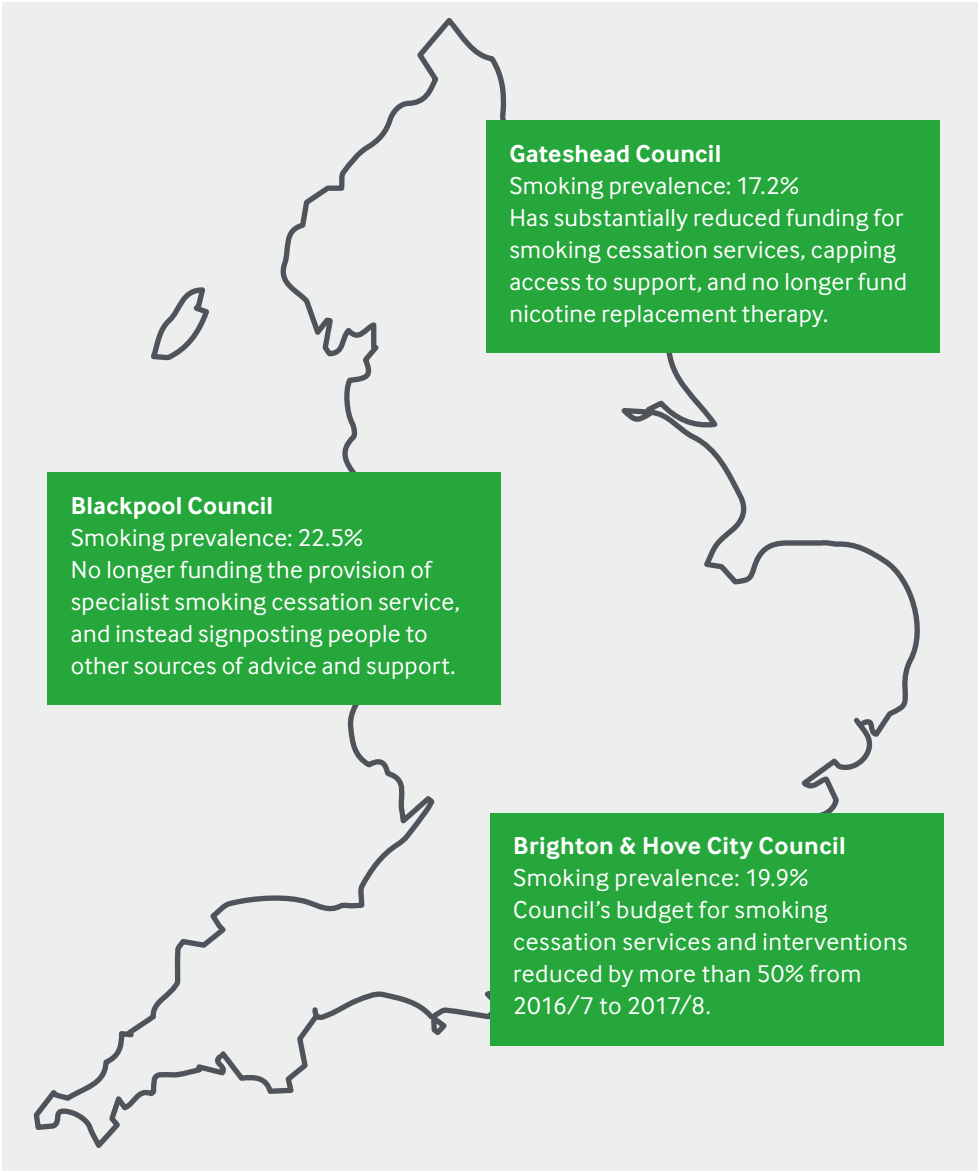
Smoking remains the leading cause of preventable ill health in England, and is responsible for an estimated 79,000 deaths annually.[3] While most local authorities continue to offer specialist smoking cessation support, many have reduced the services on offer, and an estimated 5% no longer provide a specialist smoking cessation service.[4] Changes to individual local authority budgets for smoking cessation services and interventions do not appear to relate to the prevalence of smoking at a local level (see **Figure 2)**. Overall, most local authorities are cutting their budgets for stop smoking services and interventions, though some local authorities with lower smoking rates than the national average are continuing to invest in these services.

Figure 2 – Changes to budgets for stop smoking services and interventions (2016/17 – 2017/18) in English local authorities, ranked by smoking prevalence in adults (each bar represents an individual local authority).

Sources: 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. Public Health England: Health Profiles

Several local authorities with smoking rates in excess of the national average have cut or restricted access to specialist smoking cessation services (see **Figure 3**). For example, Blackpool Council, a local authority with low life expectancy and high levels of deprivation, has decommissioned its specialist smoking cessation services, citing a number of factors including public sector budget cuts.[5] This is despite smoking prevalence in Blackpool being 22.5% compared to the average for England of 15.5%.[6] In contrast, in Buckinghamshire, a local authority with relatively high life-expectancy, low levels of material deprivation, and where adult smoking prevalence is 11.2%, specialist services remain available to support people wanting to quit smoking.

Figure 3 – Examples of changes to provision of smoking cessation services in areas of England with above average smoking prevalence.



Sources: 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.
Gateshead Council (2016) Budget proposal: Reduce access to stop smoking services (Ref 52)
Public Health England: Health Profiles.

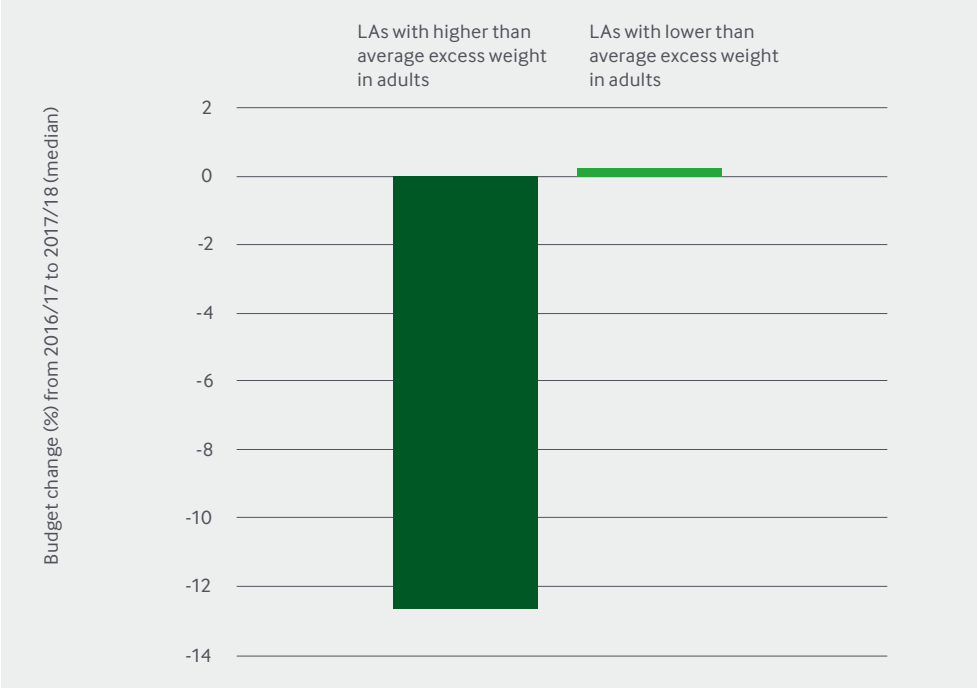
Obesity and physical activity services

Overweight and obesity represents a significant health burden in England – in 2015/16 obesity was a factor in over 500,000 hospital admissions.[7] At a national level, children's and adult's physical activity were one of only a few public health functions for which local authority budgets increased between 2016/17 and 2017/18, yet over the same time children's and adult's obesity services have faced cuts. While overall funding pressures have not been as substantial as for other services, there are clear examples of local authorities making significant cuts to these services, which are not reflective of local population need.

In Enfield, for example, there are stubbornly high levels of childhood obesity, with over 25% of children in year six being obese, compared to the average in England of 19.8%.[4] The budget for children's obesity services in Enfield for 2017/18 has been cut by nearly 60%, and the budget for children's physical activity by over 50%.[2] In Barking and Dagenham, the local authority with the highest level of childhood obesity in the country - with over 28% of children in year six categorised as obese[4] - there has been a near 40% reduction in the budget for children's physical activity. In Rotherham, where 76% of adults are overweight or obese, 12% higher than the national average,[4] the budget for adult obesity services has been cut by over 50%.[2]

Out of all obesity and physical activity services it is adult obesity services that have faced the most substantial budget reductions, with overall local authority budgets for these services cut by over 4% between 2016/17 and 2017/18. When looking at the distribution of these cuts, those local authorities with higher rates of adult overweight and obesity have, on average, reduced spending on adult obesity services by a greater proportion than those local authorities with lower than average levels of adult overweight and obesity.[2,6]

Figure 4 – Change in spending on adult obesity services from 2016/17 – 2017/18 (median % change) for local authorities with higher than average excess weight in adults, compared to those with lower than average excess weight in adults.



Sources: 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. Public Health England: Health Profiles

Sexual and reproductive health services

Nationally, between 2016/17 and 2017/18 there were modest increases in local authority budgets for the delivery of contraception services, but cuts to testing and treatment services for STIs (sexually transmitted infections), and significant reductions in budgets for sexual health promotion, prevention and advice – a service which faced cuts (in percentage terms) greater than any other public health service (see **Figure 1**). Overall, local authority budgets for sexual health services reduced by £30 million between 2016/17 and 2017/18, a 5% cut.[1]

Between 2015 and 2016 the number of diagnoses of new STIs in England fell by 4%.[8] There have, however, been significant increases in the rates of diagnosis for certain diseases, including a 12% increase in the diagnosis of syphilis – the largest number of diagnoses reported since 1949.[5] There are significant cuts occurring in areas of high population-need. According to data from 2016, Lambeth has the highest level of new sexually-transmitted infections of all local authorities in England.[4] Lambeth Council has, however, cut funding for sexual health promotion, prevention and advice by over 85% between 2016/17 and 2017/18.[2] There have also been recent changes in the provision of sexual health services across Lambeth and Southwark, with three out of six clinics closing and more services being delivered online.[9]

Substance misuse services

From 2014 to 2016 there was an increase in the number of deaths registered as a result of drug misuse in England and Wales, from 2300 in 2014 to over 2500 in 2016.[10] Local authorities in England have, however, made significant reductions overall to their budgets for the treatment and prevention of drug misuse, with cuts of over 5% for adult treatment services for drug misuse and over 8% for adult prevention services (see **Figure 1**).[2]

Some individual local authorities are making substantial cuts to budgets for these services, despite clear need within their population. Between 2014 and 2016 Blackpool had the highest rate of deaths associated with drug misuse out of all local authority areas in England, with over 20 per 100,000.[11] This compares to 4.2 deaths per 100,000 across the whole of England over the same time. Between 2016/17 and 2017/18 Blackpool council made cuts of 18% to its budget for the treatment of drug misuse, and 22% to the budget for preventing and reducing harm associated with drug misuse.[2] In York, there were 6.2 deaths per 100,000 from drug misuse between 2014-2016.[8] While there was an increase in spending on preventing and reducing harm, the budget for the treatment of drug misuse was cut by over 60% between 2016/17 and 2017/18, and the overall budget for drug and alcohol services in York reduced by nearly 8%.[2]

Specific budgets for the treatment and prevention of alcohol misuse are also being cut nationally, including significant cuts in areas that experience high levels of alcohol-related harm. Tameside has an annual rate of mortality specifically attributable to alcohol of 20.1 per 100,000 - twice the average for England[12] – yet Tameside Council has made cuts of 30% to budgets for both the treatment of alcohol misuse in adults, and for preventing and reducing harm associated with alcohol misuse.[2,13] In Barnsley – where the budget for treating alcohol misuse in adults has been cut by over 90% and the budget for preventing and reducing harm from alcohol misuse abolished [2] - there is a high-burden of alcohol related ill-health, with 858 alcohol-related hospital admissions for alcohol -related conditions per 100,000 population annually, compared to an average for England of 647 per 100,000.[10]

Children's health services

Local authorities now have responsibility for delivering and commissioning a range of public health services for children and young people aged 0-19. Since 2015 this has included children's public health services for 0-5 year olds, specifically health visiting. Between 2016/17 and 2017/18 overall local authority budgets for the provision of both public health programmes for children aged 5-19, and mandated services for 0-5 year old children have faced cuts (see **Figure 1**). This has led to concerns that budget pressures are leading to variation in the local provision of children's health services. Data on health visiting services indicate substantial geographical variation in the quality of services: the proportion of 6-8 week reviews completed for new born children ranges from only 57% in London, to over 90% in the North East, with some individual local authorities falling below 10%. [14] The Royal College of Nursing has expressed serious concern about cuts to local authority children's health services, highlighting that health visitor numbers have dropped by over 1,000 since 2015, and that this has been accompanied by substantial reductions in the number of school nurses.[15]

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

Key message: Budget reductions and knock on impact on service provision are resulting in people being unable to access vital public health services in their local areas. This is likely to have a detrimental impact on population health, increase future demand for treatment services, and risks widening health inequalities.

It is important to assess the impact that funding changes are having on the ability to deliver services locally and the potential consequences of reduced service provision on the health of local populations. Two areas in which specific concerns have been raised are smoking cessation and sexual and reproductive health services, which are explored in more detail below.

Impact of cuts on local sexual and reproductive health services

Data from NHS Digital reveals that there continues to be overall decreases in contacts with specialist SRH (sexual and reproductive health) services, with 24% fewer contacts with dedicated SRH services in 2016/17 compared to 2006/7.[16] This has raised concern about access to services. The FSRH (Faculty of Sexual and Reproductive Health) has highlighted concerns that cuts to public health budgets are meaning that local authorities cannot maintain their levels of SRH service provision, and that this is resulting in fewer people being able to access the services they need locally.[17] The consequences of this for patients in one local authority – Dorset – are highlighted in more detail below.

Concerns about sexual health services have been echoed by the RCGP (Royal College of General Practitioners), which has highlighted that a reduction in the provision of specialist clinics is reducing access for women to the most suitable contraceptive care for their needs.[18] The FSRH has also highlighted that cuts to sexual and reproductive health services are likely to have a disproportionate impact on individuals living in the most deprived areas of the UK,[10] and those from deprived areas are most at risk of negative sexual health outcomes, such as an increased risk of STIs and unwanted pregnancies.[19] Further restrictions in access to sexual health services are likely to have a detrimental impact on population health. There also remain significant concerns about the variability in commissioning arrangements for sexual health services England, and the fragmentation of services as a result of this.[20]

Focus on: Sexual health services in Dorset

Dorset sexual health service was handed a three-year budget cut of 20% in 2016. Vacant posts are frozen. Clinics have cut opening times or stopped taking walk-in patients, extending waits and journey times. There are already long waits for routine contraception appointments. Over the Rainbow, a service for the high-risk lesbian, gay, bi-sexual and transgender population is under threat.

In Dorset there are below-average rates of under-18 conceptions, and rates of new STIs marginally below the national average. There are, however, certain areas with particularly high sexual and reproductive health needs that are likely to be disadvantaged as a result of these changes. In the district of Weymouth and Portland, for example, rates of under-18 conception are 24.5 (per 1000) compared to a national average of 16.8, and the incidence of new STIs is more than double the national average.[5]

Impact of cuts on local smoking cessation services

At a national level, the number of people utilising smoking cessation services is declining. The number of people setting a quit date through stop smoking services in England fell by 15% between 2015/16 and 2016/17, following a downward trend over the last five years. The number of people who successfully quit using smoking cessation services also declined over the same period of time.[21] The BMA has previously warned that individuals are likely to find it increasingly difficult to access local government-funded cessation services in the wake of significant public health cuts. This is despite the cost-effectiveness of specialist smoking cessation services being well established,[22] in part due to the significant impact that stopping smoking has on improving health outcomes.

A 2017 survey of local authority tobacco control leads in England indicated that a specialist stop smoking service open to all smokers is now provided in only 61% of local authorities in England, with a number downgrading their specialist smoking cessation service to form part of an integrated 'lifestyle' service of some kind.[3] These non-specialist services are known to be less effective in helping people quit.[3] The ADPH (Association of Directors of Public Health) has also highlighted how budget cuts are likely to lead to more restrictive criteria for accessing smoking cessation services.[23] Reductions in the provision of local stop smoking services run counter to the ambitions set out in the Government's 2017 **tobacco control plan for England**, which highlighted the importance of focussed, local action to support smokers to quit.[24] The tobacco control plan set out a range of targets for reducing smoking prevalence, which require adequate investment in local public health services if they are to be achieved.

Focus on: Bromley smoking cessation services

Bromley Council decommissioned its quit-smoking services completely in 2017. Support is still offered in some GP surgeries. Patients requesting help to quit while in hospital are now passed to the council's public health team which was trained, alongside mental health nurses and midwives, before the service ceased. No specialist support is available for pregnant women who wish to quit. Although overall smoking prevalence in Bromley is below the national average, there are some wards in the borough with particularly high concentrations of people who smoke.

Prevention in general practice

Concerns have been raised about the potential for cuts to public health funding to impact on the ability of GPs to support prevention.[25] Funding restrictions have the potential to impact upon services delivered by GP practices - such as sexual health services - as well as on services that GPs rely on being able to refer patients to. Many GP practices have seen reductions in the public health services they are commissioned to provide, since responsibility was transferred to local authorities.[26]

In July 2017 the RCGP highlighted the complex and fragmented way that sexual and reproductive health services are commissioned.[12] It raised concerns that the funding GP services received for providing patients with LARCs (long acting reversible contraceptives) often does not cover costs. This adds to the financial strain on practices that are already under significant pressure, and has resulted in many practices no longer being able to offer these services.[11] Reducing access to sexual health services is likely to negatively impact on local population health.

There is widespread recognition that there is growing and unsustainable pressure on general practice.[27] The lack of investment by local authorities in essential public health services risks increasing demand and exacerbating the pressures already faced by GPs.

Discussion: Implications for policy and practice

In 2016 the House of Commons Health Select Committee warned that local authorities were at the limit of the savings they can achieve without a detrimental impact on services and outcomes.[28] As this paper highlights, local authorities are now being left without the funding they require to adequately support the health of their populations, and are cutting local public health services that are known to be cost-effective, including substance misuse, sexual health and smoking cessation services.

Budget constraints are impeding the ability to develop a comprehensive, responsive approach to public health prevention. This can be seen starkly in cuts to drug treatment and prevention services that have occurred, despite increasing harms, and a rise in deaths associated with drug misuse in England over recent years. Even where funding for some services has been increased, for example children's and adult's physical activity, a comprehensive approach to prevention has been undermined by cuts to obesity services, including in local authorities where rates of overweight and obesity remain stubbornly high. We are now seeing unacceptable variation in the quality and quantity of public health services available to the public throughout England. With some data indicating a widening of health inequalities across England over recent years,[29,30,31] it is particularly concerning that access to vital public health services is being substantially reduced in some local authorities that have high levels of deprivation, and high levels of population health need. Cutting these services is likely to further undermine efforts to tackle health inequalities across England. Given the serious concern over the impact of public health funding cuts on local services, there should be a focus on establishing common, minimum standards for the provision of these services, to ensure consistency and equity in provision. This should be maintained by a dedicated independent body, accompanied by a focus on ensuring any significant funding changes made to local authority public health services are assessed for their impact on health. This could be achieved through a Health Impact Assessment at local authority level, which would allow identification of, and mitigation against, potential harm. This should be supported by routine audit of the effectiveness and cost-benefit of any new models of provision for public health services.

Reduction in funding for public health is occurring despite a well-established need to shift towards a more preventative based approach to improving health and wellbeing, and counter to political **commitments to prioritise ill-health prevention.** In addition to the delivery of local public health services, there have been substantial cuts to wider public health functions. This includes a 6.5% cut in funding to provide public health advice to NHS commissioners between 2016/17 and 2017/18. This contradicts ambitions to develop a more joined-up collaborative approach to care, in which prevention is a key pillar.
It is important that policymakers appreciate the interdependence between prevention activities and demand for treatment services, and recognise that cuts to frontline public health services are likely to be detrimental to population health, and increase future demand for healthcare. We have previously highlighted the cost-effectiveness of **prevention and early intervention** for improving public health. A 2017 review highlighted that for every £1 spend on local and national public health policies, there is a return on investment of over £14, and that cuts to public health services were likely to generate substantial additional costs to the healthcare system and wider economy.[25]

It is essential that there is a greater focus on maintaining access to these cost-effective services. The DCLG has recently recommitted to changing the funding for public health services from a grant to local authority retained business rates.[32] It is essential that any future mechanism for funding public health services in England is sustainable and sufficient to ensure the provision of services capable of meeting the health needs of local populations. This should include a focus on ensuring that changes to the funding mechanisms for public health do not lead to a widening of health inequalities by disadvantaging local authorities with high-levels of population health need that may, for example, have lower business rates revenue.

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.
- Common, minimum standards for the provision of public health services in England should be established, to address local variation in quality and quantity. These standards should be monitored and maintained by an independent body.
- Any proposed changes to the funding of public health services locally should be clearly assessed for their potential impact on population health, and any new models of service provision routinely audited for their effectiveness and cost-benefit.
- 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.

References

1 Buck D (12.07.17) Blog: *Chickens coming home to roost: local government public health budgets for 2017/18*. The King's Fund

2 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. (available at: **gov.uk/government/collections/local-authority-revenue-expenditure-and-financing**)

3 NHS Digital (15.06.17) *Statistics on Smoking, England*.

4 Cancer Research UK & Action on Smoking and Health (2018) *Feeling the heat: The decline of stop smoking services in England*. London: ASH/CRUK

5 **www.smokefreelife.co.uk** (last accessed: 02.01.18)

6 Public Health England *Health Profiles* (available at: **http://fingertips.phe.org.uk/profile/health-profiles**)

7 NHS Digital (30.03.17) *Statistics on Obesity, Physical Activity and Diet – England, 2017*

8 Public Health England (09.06.17) *Sexually Transmitted Infections and Chlamydia Screening in England, 2016*

9 **www.guysandstthomas.nhs.uk/our-services/sexual-health/public-consultation.aspx** (last accessed 02.03.18)

10 Office for National Statistics (02.08.17) *Statistical Bulletin: Deaths related to drug poisoning in England and Wales: 2016 registrations*

11 Office for National Statistics (02.08.17) *Dataset: Drug misuse deaths by local authority*

12 Public Health England – *Local Alcohol Profiles* (available at: **http://fingertips.phe.org.uk/profile/local-alcohol-profiles**)

13 Budget report to Tameside Council (28.02.17) (available at **http://tameside.moderngov.co.uk/documents/s15326/ITEM%207%20-%20Budget%20Report%20FINAL.pdf**)

14 Public Health England (31.01.18) *Health visitor service delivery metrics: 2017 to 2018*

15 Fagan L, Williams S, Fennell E et al (2017) *The Best Start: The Future of Children's Health*. London: Royal College of Nursing

16 NHS Digital (05.10.17) *Sexual and Reproductive Health Services, England – 2016-17*.

17 Faculty of Sexual and Reproductive Health (09.10.17) *FSRH press statement: release of data on SRH services in England 2016-17 by NHS Digital*.

18 Royal College of General Practitioners (2017) *Sexual and Reproductive Health: Time to act*. London: Royal College of General Practitioners

19 The Association of Directors of Public Health (2017) *Policy position: Sexual health*. London: The Association of Directors of Public Health

20 Public Health England (30.08.17) *Sexual health, reproductive health and HIV: commissioning review*

21 NHS Digital (30.01.18) *Statistics on NHS Stop Smoking Services in England April 2017 to September 2017*

22 British Medical Association (2017) *Cost-effectiveness of prevention and early intervention*. London: British Medical Association

23 The Association of Directors of Public Health (2017) *Policy position: Tobacco*. London: Association of Directors of Public Health

24 Department of Health (2017) *Towards a smokefree generation: A tobacco control plan for England*. London: Department of Health

25 *Pulse* (30.03.16) Public health gains in danger as councils cut GP funding. (available at: **http://www.pulsetoday.co.uk/clinical/public-health-gains-in-danger-as-councils-cut-gp-funding/20031485.article**)

26 *GP online* (15.02.16) Exclusive: GP public health services cut by local authorities, poll reveals (available at: **https://www.gponline.com/exclusive-gp-public-health-services-cut-local-authorities-poll-reveals/sexual-health/article/1383188**

27 British Medical Association (2017) *Demand in general practice – GP patient survey* (available at: **www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/demand-in-general-practice**)

28 Masters R, Anwar E, Collins B et al (2017) Return on investment of public health interventions: A systematic review. *Journal of Epidemiology and Community Health* pp1-9.

29 Buchan IE, Kontopantelis E, Sperrin M, et al (2017) North-South disparities in English mortality 1965–2015: longitudinal population study. *Journal of Epidemiology and Community Health* **71**:928-936.
30 Department of Health and Social Care (18.07.17) *Department of Health annual report and accounts 2016 to 2017*
31 Longevity Science Panel (2018) *Life expectancy: Is the socioeconomic gap narrowing?* Longevity Science Panel
32 Ministry of housing, communities and local government (19.12.17) *Provisional local government finance settlement: England, 2018 to 2019*

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