Impact of the £200million reduction in the public health budget on local authorities

House of Lords Oral Question
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The British Medical Association (BMA) is an apolitical professional association representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 153,000, which continues to grow every year.

Overview
On 4 June, the Chancellor announced £4.5billion worth of measures to reduce public debt. A reduction of £200million in the public health grant to local authorities was included in the Chancellor's departmental breakdown. This reduction was labelled ‘department of health non-NHS’ and will represent a cut of 7.4% of the total £2.8billion provided to Local Authorities for 2015-16.

Key points

- The UK population suffers from a number of serious public health problems, which need to be addressed urgently.
- The cut announced by the Chancellor will inevitably result in reduction in public health services and will increase the burden on the NHS in future years.
- The BMA calls for the decision to cut public health funding by £200million to be reversed and no further cuts should be made in future years.
- The public health grant should remain ring-fenced and protected from cuts due to its vital nature in protecting and improving the public’s health, and in reducing pressure on the future NHS.

Background
The public health grant to local authorities (LAs) in England is made under section 31 of the Local Government Act 2003 and ring fenced to allow LAs to deliver their statutory public health responsibilities conferred under the Health and Social Care Act 2012. In 2015-16 it amounts to £2.8billion.
When notifying LAs of their annual funding allocation, the Department of Health specifies that the grant must be used for the following purposes:

- To improve significantly the health and wellbeing of local populations;
- To carry out health protection and health improvement functions delegated from the Secretary of State;
- To reduce health inequalities across the life course, including within hard to reach groups;
- To ensure the provision of population healthcare advice.

Spending must be accounted for under a range of categories, but in addition there are six prescribed functions that all LAs must provide and subsequently account for:

1. Sexual health services - STI testing and treatment
2. Sexual health services – contraception
3. NHS Health Check programme
4. Local authority role in health protection
5. Public health advice

The grant is paid to LAs in quarterly instalments by Public Health England (PHE), and LAs are accountable to PHE for the spending of the funds. Each LA chief executive and director of public health must return a statement confirming that the grant has been properly used to discharge their LA’s public health functions.

**The impact of the cut**

The UK population suffers from a number of serious public health problems, which need to be addressed urgently. A third of Britons are anticipated to be obese by 2030\(^2\), in England 463 children a day are smoking their first cigarette\(^4\), and the total cost of alcohol-related harm has been estimated at £20billion in England alone\(^4\).

This cut, which will inevitably lead to service reductions, will, in the long term, result in greater costs for the NHS and the taxpayer. Analysis by NICE shows that public health interventions are a good use of public money: they can result in future savings for the NHS and are good value for money\(^3\). Preventing disease and premature death also boosts the economy. For Government to disregard the benefits of a properly funded public health service is short-sighted and imprudent.

The £200million cut will have a significant negative impact on the ability of LAs to provide vital public health services such as health visitors, school nurses, NHS health checks and drug and alcohol addiction services. A recent survey by the Faculty of Public Health\(^6\) suggested that services most likely to be affected by the cuts included interventions to reduce obesity, smoking cessation, alcohol addiction and child health services.

Reductions in public health services will disproportionately affect the most vulnerable people in society who most urgently require lifestyle interventions. It is crucial that the effect of the cuts are minimised so that the poorest parts of the country are not disproportionately affected, exacerbating health inequalities across England.

Furthermore, the Government’s labelling of the reductions as ‘non-NHS’ is artificial and misleading, for the following reasons:

- The public is unlikely to see the distinction between direct NHS services and LA-provided health services. Many of the services provided through the public health grant are widely understood by the general public as forming part of the NHS e.g. sexual health services,
school nursing and health visiting, drug and alcohol services, health screening and health checks.

- Many of the services provided through the public health grant are commissioned from the NHS, with the payment ultimately returning to the NHS system.
- Public health services form part of the UK’s comprehensive health service, which was named the NHS when it was established in 1948.

**Commitments to protect and invest in public health services**

Coming at a time when there appears to be agreement across the board that significant investment in ill-health prevention and public health services is urgently required, this cut is all the more surprising. The five year forward view, which the Government supported, explicitly called for a “radical upgrade in prevention and public health”.7

The decision is also at odds with the Prime Minister’s specific desire to ”get rid of unnecessary demand for the NHS by investing in public health”8. The Secretary of State for Health also told the House of Commons on 2 June 2015 that “the big change we need to see in the NHS over this Parliament is a move from a focus on cure to a focus on prevention”9.

The BMA believes that the Government must prioritise and protect investment in ill-health prevention and public health services. This £200million cut to public health funding should be reversed and no further cuts should be made in future years. The public health grant should remain ring-fenced and protected from cuts due to its vital nature in protecting and improving the public’s health, and in reducing pressure on the future NHS.

For further information, please contact:

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