# Health and Wellbeing Scrutiny Commission Briefing

**Public health Budget** 

Lead director: Ruth Tennant



Ward(s) affected: All

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### 1.0 Purpose of Briefing

To provide the Health and Wellbeing Scrutiny Commission with a briefing on national plans to make in-year savings on the ring-fenced public health grant to local councils.

# 2.0 Background

In 2013, responsibility for public health transferred from the NHS to upper-tier councils. Public health is funded through a ring-fenced allocation from the Department of Health.

This funding supports a number of public health services and programmes including school nursing, the national child measurement programme, drugs and alcohol services, stop smoking services, healthy weight and physical activity, sexual health, NHS Health-checks.

The grant supports nationally mandated requirements to provide public health advice to the NHS and to protect the public from threats to health. It also gives councils discretion to allocate funding on the basis of local needs and local priorities: locally, for example, this funding has been used to pay for outdoor gyms.

From October 2016, public health will also take responsibility (and associated funding) for local health visiting services.

The public health allocation is based on a number of factors, including local health need and historical spending on public health. Leicester's public health allocation in 2015/16 was £21.9 million.

# 3.0 Changes to the public health allocation in 2015/16

On the 5<sup>th</sup> June, the Chancellor announced proposals to make a £200 million cut to "non-NHS services" funded by the Department of Health. This is equal to a 7.4% cut in the public health ring-fenced allocation to local councils. Locally, this would amount to approximately £1.7 million pounds. This would apply to the current year's allocation.

This proposal is subject to consultation. The consultation has not yet started but is due to take place over the Summer.

# 4.0 Response to proposals

The national Association of Directors of Public Health, as has the Deputy City Mayor,

have made representation against these changes and have raised a number of risks with the Department of Health:

- The majority of the grant allocation is in contracts with NHS organisations and other providers, including the voluntary sector. Financial commitments have therefore been made for the duration of the financial year.
- The public health allocation supports national commitments to invest in prevention, set out in the NHS's Five Year Vision. This makes it clear that investment in prevention is essential to reducing the burden of ill-health and to the financial stability of the NHS.
- Contrary to national announcements, the ring-fenced allocation funds key frontline services, such as drug and alcohol treatment services and screening programmes such as NHS Healthchecks.

# 5.0 Key issues

At this stage, there are a number of uncertainties:

- If the in-year savings will go ahead
- If so, whether these will be one-off savings or recurrent
- Whether any savings would apply to the full financial year

### 6.0 Next steps

In advance of the consultation, all public health spending is under review to identify where savings could be made in-year if the anticipated savings need to be made. This is being done by:

- Reviewing the effectiveness of all public health programmes to identify which have the most and least impact on health outcomes
- Reviewing activity in public health contracts to identify where in-year savings could be made
- Developing options for consideration by the Executive on the outcome of the consultation is known later this year.

# **Details of Scrutiny**