

Business Rates meeting – 17 November 2017

Public Health Services

The Health and Social Care Act includes a power for the Secretary of State for Health to prescribe that local authorities take certain steps in the exercise of public health functions, including that certain services should be commissioned or provided.

Under the Health and Social Care Act 2012 local authorities have a **duty to:**

- Improve significantly the health and wellbeing of local populations
- Carry out health protection and health improvement
- Carry out some functions delegated from the Secretary of State (NHS Healthcheck, National Child Measurement Programme etc.)
- Reduce health inequalities across the life course, including within hard to reach groups
- Ensure the provision of population healthcare advice.

In some service areas (particularly health protection and open access sexual health) greater uniformity of provision is required. In others, the Secretary of State for Health is currently under a legal duty and needs to ensure that that obligation is effectively delivered when a function is delegated to local government (the provision of contraception is an example).

The mandatory services include:

- appropriate access to open access sexual health services
- steps to be taken to protect the health of the population,
- ensuring NHS commissioners receive the public health advice they need
- National Child Measurement Programme
- NHS Health Check assessment
- Mandatory “5 checks” conducted by Health Visitors.

The Government does not monitor the way in which the ring-fenced grant is spent other than that which is spent on prescribed functions. The ring-fenced Public Health Grant is transferred from the Department of Health to local authorities and the allocation covers both services mandated through regulation and all other services that local authorities may wish to commission locally. It is left for local authorities to decide

what proportion of spending should be devoted to different services. A significant proportion of the ring-fenced grant is used to fund sexual health services as well as treatment for alcohol and drug addiction.

There is a case to be made that public health spend has historically been too low to achieve a significant and sustained positive impact on health outcomes and on health inequalities. Looking forward it will be important to ensure that the total resources available for public health through Business rates retention are sufficient to meet needs. Councils in some areas have serious and well-founded concerns that the future public health investment in their communities could fall well behind likely need.

By basing current public health allocations to individual authorities on historic NHS spend; several problems have been created. Some areas where the investment in public health had been far too low under the previous PCT, local authorities will have to wait years before their resources come up to the target. The British Medical Association for example, calculate it would take 20 years for some Local Authorities to reach target. At the same time some authorities start off with a relatively high allocation but must take on new responsibilities in the knowledge that funding will be reduced over time.

Councils will face significant spending reductions to their public health budget up to 2020/21. Public health funding will be cut by 9.7 per cent by 2020/21 in cash terms of £331 million, on top of the £200 million cut in-year for 2015/16 announced in November 2015. By 2018/19 the public health grant to local authorities will be £3,219m.

There remain significant differences in health between the most deprived parts of the country and more affluent areas. The progress that has been made in recent years to reduce health inequalities shows that the level and distribution of public health resources makes a difference. Those areas with the greatest health inequalities may also be the authorities with the lowest business rates base.

Previous government strategies have sought to prioritise investment in public health in more deprived parts of the country, leading to levels of spending in these areas that are around two and a half times higher, per head of population, than in more affluent areas. The move to BR would need to ensure that Health Inequalities are not exacerbated but the gap between the most deprived and most affluent is narrowed.

Paul Ogden
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Local Government Association

Category	2016-17 RA (Budget) - £'000
Children 5–19 public health programmes	264,986
Health at work	29,665
Health protection - Local authority role in health protection (prescribed functions)	37,550
Miscellaneous public health services - All Other 0-5 children's services (non-prescribed functions)	148,901
Miscellaneous public health services - Mandated 0-5 children's services (prescribed functions)	746,656
Miscellaneous public health services - other	391,759
National child measurement programme (prescribed functions)	27,738
NHS health check programme (prescribed functions)	69,925
Obesity - adults	58,585
Obesity - children	40,785
Physical activity - adults	60,957
Physical activity - children	25,133
Public health advice to NHS commissioners (prescribed functions)	54,994
Public mental health	46,991
Sexual health services - Contraception (prescribed functions)	174,501
Sexual health services - Promotion, prevention and advice (non-prescribed functions)	76,451
Sexual health services - STI testing and treatment (prescribed functions)	360,304
Smoking and tobacco - Stop smoking services and interventions	104,983
Smoking and tobacco - Wider tobacco control	15,617
Substance misuse - Preventing and reducing harm from alcohol misuse in adults	38,835
Substance misuse - Preventing and reducing harm from drug misuse in adults	72,178
Substance misuse - Specialist drug and alcohol misuse services for children and young people	56,534
Substance misuse - Treatment for alcohol misuse in adults	183,296
Substance misuse - Treatment for drug misuse in adults	408,451
	3,495,775

Prescribed Functions

National child measurement programme (prescribed functions)	27,738
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Non-prescribed functions

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