

## **Thurrock Council Response to the Department of Health's Local Authority Public Health allocations 2015/16 in-year savings consultation.**

The Council was surprised and disappointed at the proposed £200m in-year cut to the Public Health grant of 2015/16 and provides the following response to the DH consultation:

Page 38 of the Conservative Party Manifesto reads

*"We will support you and your family to stay healthy. We are helping people to stay healthy by ending the open display of tobacco in shops, introducing plain-packaged cigarettes and funding local authority public health budgets. We will take action to reduce childhood obesity and continue to promote clear food information. We will support people struggling with addictions and undertake a review into how best to support those suffering from long-term yet treatable conditions, such as drug or alcohol addiction, or obesity, back in to work."*

Achieving this commitment relies on strong public health services and skills, which are funded through the public health grant. Cuts will both reduce front line services available to the public to help them with the issues described above and to public health advice to NHS commissioners vital to ensure that the health and social care system is as efficient as possible.

The NHS Five Year Forward View emphasises the value of prevention and the need to shift investment towards prevention and away from expensive treatments for potentially avoidable conditions.

Reducing the Public Health grant runs counter to this ambition. Reducing funding for prevention will result in an unhealthier population, increased health inequalities and increased demand for high cost health and care services. Saving this comparatively small amount of money in the short term gives a strong message that prevention is a lip service priority. This is compounded by other recent non supportive public health decisions such as the decrease in tax on alcohol.

The Chancellor of the Exchequer stated that savings would be taken from "non-NHS" budgets, but this is inaccurate. The bulk of the Public Health Grant funds NHS services to deliver sexual health, public health nursing, smoking cessation, drug and alcohol treatment and NHS health checks. It will be impossible for these cuts to avoid hitting the NHS thus undermining a direct manifesto commitment to protect it.

The Conservative Party Manifesto also commits to "giving every child the best start in life." The vital importance of children having a healthy weight, the work of health visitors and school nurses including their key role in child protection will be undermined by cutting the funds available. Indeed, in a recent survey of Directors of Public health, 63% identified child health as an area they would seek to make savings from if this cut was made to their budget. In Thurrock the announcement of reductions in our Public Health grant has already forced us to cease re-procurement of an NHS based parenting and breast feeding and parenting support service.

The options open to local authorities to fund public health services under different models are very limited as they are provided under NHS rules and free at the point of delivery.

Deriving income from these services is not an option, so making cuts adds a further burden to organisations already under huge financial pressure.

There has been discussion that these savings are a result of underspends in the grant. The Public Health Grant was initially given as a two year allocation with clear indication from the Department of Health that carry over was expected as services were redesigned and retendered to take account of new responsibilities and commissioning arrangements. This mature view has now been undermined by the in-year decision to cut significant sums from the grant which will lead to unplanned and reactive cuts being made to important services.

Local government is already making more than its fair share towards reducing the national debt, and the proposed cuts simply place more stress on a system already at financial breaking point. Implementing cuts to a ring-fenced grant four months into a financial year is unprecedented. Contracts have already been signed and renegeing on them in-year them will result in unexpected financial penalties being levied on Thurrock Council, further increasing the financial pressure upon us.

We would urge you to reconsider this ill thought through short term measure which will have lasting consequences to the public's health.

With regard to the three specific questions in the consultation, Thurrock Council offers the following response:

**Q1. Do you agree with DH's preferred option (C) for applying the £200million saving across LAs? If not, which is your preferred option?**

We do not support the DH's preferred option C – a universal cut of 6.2% across all local authorities. Our preferred option is option A – to devise a formula that claims a larger share of the saving from LAs that are significantly above their target allocation. Thurrock is currently 2.9% below its target Public Health allocation. This equates to us being under funded by £322,478 by the DH's own formula. Delivery of effective local public health provision is further compounded by the fact that we are a small unitary authority and so often cannot get the economies of scale in both staffing and contracts available to larger authorities. Many local authorities are significantly above their 'fair shares' PH grant funding formula. Indeed the wealthy boroughs of Westminster, Kensington and The City of London have positive distance from target figures of 138.83%, 175.96% and 469.49% respectively. It is entirely unreasonable that this inequity is not taken into account when applying reductions to the Public Health grant.

We do not support option B – claiming back a larger percentage of grant from local authorities that carried funding forward as this may now have been committed to contracts, nor option D, which we think will be complex to administer and put an additional bureaucratic burden on local authorities to evidence. Both option B and D also fail to address the inequity in funding between local authorities as set out above.

**Q2. How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?**

We do not accept the premise contained within this question. Disruption to local services is inevitable if in-year Public Health grant cuts are made. Further restructuring of system architecture as suggested in the consultation documentation will inevitably hinder rather than help an already difficult local situation by causing more disruption and short term uncertainty.

**Q3. How best can the DH assess and understand the impact of the saving?**

Of the suggestions made in the consultation we would favour a national survey of directors of public health and other key stakeholders, particularly CCGs. We do not feel that either of the other two suggested options of 'commissioning PHE centre directors to review the local input' or 'work through representative bodies to gather feedback on local input' will provide sufficient granularity of intelligence to assess adequately the impact of any grant cuts.