Local authority public health allocations 2015/16: in-year savings

Response from the National Children's Bureau, Young People's Health Partnership, Teenage Cancer Trust and The Communication Trust

Summary

This response constructively addresses the specific questions posed by the consultation to mitigate the impact on children and young people's health, should the reduction in expenditure on public health be made as proposed. However, as organisations that work to reduce the impact of inequalities, including in health, we stress the importance of protecting spending on improving children and young people's health in the longer term.

We are concerned that the proposed saving will have a disproportionate impact on children and young people. This is both because of the importance of public health services to this group's long-term health and well-being and also because the confirmation of the saving for each local authority will coincide with the transfer of responsibility for public health for children under 5 to local authorities. In response to question 1 we therefore call on Government to consider options for distributing the expected saving across local authorities which could help mitigate the impact on children and young people.

We are also concerned about the implication of the announcement for future Public Health Grant allocations and the message it may send about the importance Government attaches to work to prevent ill health and tackle health inequalities. We therefore advise (in response to question 3) caution in how feedback over the next six months is used to inform future spending decisions, and seek a clear commitment from Government that funding for children's public health will be protected.

Introductory remarks

The proposed saving sends a worrying message about the importance this government attaches to work to prevent ill health and tackle health inequalities

There is a wealth of evidence about the efficacy of intervening early to ensure better health throughout the life course and about the potential savings to the taxpayer from avoiding illness and other poor outcomes. An analysis in the Chief Medical Officer's

2012 report estimated the cost of childhood obesity to be around £600m a year.[1] The report stressed the huge return on investment in health promotion in the early years and highlighted the fact that five of the 'top 10' risk factors for the total burden of disease in adults are initiated or shaped in adolescence.[2] The Marmot Review of 2010 highlighted the need to prioritise action in the first five years of life in order to tackle health inequalities and called for an increased proportion of spending in the early years.[3]

Government should be using all the tools at its disposal to encourage local authorities and other agencies which are facing particular financial pressures to take the long view and protect investment in early intervention, particularly in childhood and adolescence, where this can have the biggest long-term impact. To this end, the timing of this consultation is particularly unfortunate given that it will coincide with the transfer of responsibility for public health for children aged under five to local authorities. Government consulted earlier in the year on the funding formula and allocations to local authorities for this work.[4] It is very disappointing that this is being cut before these allocations have even reached local authorities. It is also unfortunate that while the consultation document clarifies that it will be open to local authorities to make savings from provision for under-fives, it makes no comment about the risks of doing so. This sends a concerning message about the importance of early intervention and of protecting vital services such as health visiting.

Cuts to public health have a disproportionate impact on children and young people

Children and young people are particularly heavy users of services funded by the Public Health Grant and reliant on these services to grow up healthily, to access other health services and to protect and improve their health in the transition to adulthood.

The work of health visitors, for example, is crucial in the provision expert advice, support and interventions to families with children in the first years of life, and helps empower parents to make decisions that affect their family's future health and well-being. School nurses are key professionals supporting children and young people aged 5 to 19 years, providing accessible support and advice, and bringing together extra help for those facing difficulties around special educational needs, long term health conditions or challenges in their family life. Adolescence is an age when more exploratory or 'risky' behaviours may have implications for health, but also when young people may find it harder to make use of mainstream services,[5] making open-access services dealing with issues such as sexual health, substance misuse and smoking, crucial.

Many of the services listed above will be delivered by NHS staff and, rightly, continue to be marketed as such. They form a significant portion of the health service's 'offer' to children, young people and their families. While these services will now be commissioned by local authorities, rather than clinical commissioning groups or NHS England, they will still be widely understood as being NHS services. The Treasury announcement in June suggested that a £200m cut would be made to 'non-NHS' spending.[6] It is very disappointing that a change in commissioner appears be being used as an excuse to cut funding for these services.

The proposed saving is potentially understated and may have a disproportionate impact on services for under-fives

Given that this cut in spending on public health services was first suggested in June and this consultation opened at the end of July, it will be hard for local authorities to retrospectively adjust spend in the first part of the financial year. Additionally, some decisions may have committed local authorities to certain public health work for *whole* financial year. The proposed 6.2% in-year saving will, in effect, mean a much larger cut for those few areas of work where money is not already committed. As responsibility for the Healthy Child Programme 0-5 is only transferring to local authorities from this October, it is feasible that spending decisions for this work are on a different timescale to other public health work and may be being influenced by the announced cut. This could mean a disproportionate impact on early years health spending.

For example, if the whole of Birmingham's public health budget for the first half of the year was already committed, as well as half of the money for the remainder of the year, that would leave £31.4m left out of which to make a cut of £5.7m – meaning services and interventions yet to be commissioned (including those relating to the Healthy Child Programme 0-5) seeing a cut of 18% to their budget.

Question 1: How should DH spread the £200 million saving across the LAs involved?

The distribution of the proposed saving should use a method that protects work to improve children and young people's health

We have set out above how important services funded by the Public Health Grant are to children and young people, and how the in-year nature of the proposed saving could have a particularly disproportionate impact on services for children aged under five. If a saving must be made from the Public Health Grant, this should therefore be done in a way that protects children and young people, and, in particular, children under five. While there is currently no ringfence for spending on particular age groups, allocations may still be used to ensure that areas receive funding in line with the number of children in their area and the expected level of need amongst those children.

The proportion of the population that under-fives make up in each local authority varies significantly, for example from 4.7 per cent in Dorset to 9.9 per cent in Barking and Dagenham.[7] The proportion that is under 19 ranges from to 18 per cent to 31 per cent. It is well established that poverty is strong risk factor for adverse health outcomes so we welcome, for example, the fact that the target allocations for the 0-5 element of the Public Health Grant take account of proportion of children growing up in poverty, which also varies widely from area to area.

In determining how the proposed saving should be distributed across local authorities, Government should consider options that will reduce the impact on vital work to improve health and tackle health inequalities amongst children and young people.

Question 3: How best can DH assess and understand the impact of the saving?

The steps proposed in this consultation must not be a precursor to further reductions in public health funding

We welcome plans to engage with Directors of Public Health over the coming months to understand the impact of the changes to funding on individual local areas and their services. It must be stressed, however, that this will likely only be appropriate for assessing immediate consequences and not the impact on the longer term outcomes with which public health work is concerned. We are concerned at the potential implications of using the gathered information to inform allocations for the next financial year, particularly as no indication is given as to the other information and principles that will inform this.

The proposed monitoring of impact may be useful for understanding the impact of reduced funding on the viability of particular local provision. However, should no major closures have happened, or evidence of the negative impact on the health of local populations produced in this extremely short timescale, this should not be seen as a justification for continuing funding at the reduced level or reducing it further still. A persuasive evidence base, for the general return on investment for spending on children's public health, and for the efficacy of a range of individual interventions, has already been brought together at a national level.[8] Government should support local authorities, Directors of Public Health, and their partners to invest in the evidence-based services and polices that work for their area. They should not seek to reduce further the available monies from which to do so.

Government should set out clearly its intentions for how it will make decisions about future Public Health Grant allocations, and this should reflect the broad evidence base that exists at a national level on the value of early intervention. In the meantime, it should commit to protecting spending on children and young people's public health.

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[1] Chief Medical Officer (2013) Our Children Deserve Better: Prevention Pays, Chapter 3: the economic case for a shift to prevention, Department of Health: London https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

[2] Chief Medical Officer (2013) Our Children Deserve Better: Prevention Pays, Chapter 8: life stage: adolescence, Department of Health: London https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

[3] The Marmot Review (2010) *Fair Society, Healthy Lives* London: The Marmot Review http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[4] The Consultation, *Funding for 0 to 5 children's services: 2016 to 2017,* ran from 26 February to 27 March 2015 https://www.gov.uk/government/consultations/funding-for-0-to-5-childrens-services-2016-to-2017

[5] La Valle and all (2012): Listening to children's views on health

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[6] HM Government (2015) News Story 4 June 2015: Chancellor announces £4½ billion of measures to bring down debt

https://www.gov.uk/government/news/chancellor-announces-4-billion-of-measures-to-bring-down-debt [Last Accessed 20/08/2015]

[7] ONS (2015) Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2014; Population Estimates by single year of age and sex for local authorities in the UK, mid-2014

[8] See, for example:

The Marmot Review (2010) Fair Society, Healthy Lives*;*

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