

Blackpool Council Response to the Proposed Target allocation for 2016/17

Public Health transferred from the NHS to Local Government on 1st April 2013. The overall spend per head that was transferred depended upon the actual investments made by PCTs in each Local Authority area. Many Local Authorities who had higher deprivation and thus higher rates of preventable ill health had invested heavily in prevention and public health services. They brought over funding at a higher rate than the national average to many less wealthy northern Local Authority areas such as those in Lancashire.

The document does not give actual grant amounts for each Local Authority for 2016/17 onwards as these will be dependent on:

- The total allocation given to Public Health in Local Government in England in the budget
- The 'Pace of Change' – i.e. the time over which the new grant allocation will move to the formula recommended (where significant changes are proposed - they are usually tapered in over a few years)

However the formula still signifies big changes to Local Authority Public Health Grant allocations in England and using the current baseline budgets for 2015/16 it is possible to calculate the formula's relative impact across each Local Authority.

The overall impact of the proposed changes is that Blackpool would receive 0.28% of the national pot compared to the current figure of 0.30%. The key drivers of the reduction are the sexual health and children's services (0-5) elements of the formula. Without these two elements the allocation would be 0.34%.

The consultation suggests that the revised formulae would only slightly disadvantage Blackpool by 0.02%, which seems negligible, but in fact it would mean the loss of approximately 1/3 of the total Public Health grant received.

SIGOMA colleagues at Barnsley Council have calculated that this would result in a reduction of £6.84 million on the current budget of £17.946 million, taking it to £11.106 million. This excludes the children's services (0-5) allocation.

The Council has previously expressed concern to ONS that the 2011 Census population figures are an underestimate of our population, stemming primarily from the under-resourcing of the fieldwork resource relative to the challenge of counting the population housed in 3500 HMO's in the most deprived Local Authority in the country.

Financial Implications

From initial analysis undertaken by both SIGOMA and public health academics at the University of Liverpool, it is apparent that many - (though not all) - Local Authorities in the north of England with a higher Index of Multiple Deprivation (IMD) and poorer health status are getting a bigger reduction in the Public Health Grant under this formula than many southern, healthier, wealthier Local Authorities.

For instance using the 2015/16 Public Health grant allocations as the baseline:

Blackpool can expect to lose £6.85 million

Blackburn with Darwen can expect to lose £2.61 million

Lancashire county Council can expect to lose £0.23 million

Health Equality Impact Implications

The consultation document claims that the formula is based on *“the principle of equal opportunity of access for equal need and contributing to a reduction in health inequalities”* (para 1.7 page 6)

However, the University of Liverpool has shown that compared to 2014/15, those Local Authority areas with the highest index of multiple deprivation will have proportionately bigger cuts overall.

This will affect all of the Public Health prevention investments of each of those Local Authorities including the money available for Health Visitors and the under-5 years prevention spend which has just been transferred from NHS commissioning to Local Authorities (from this October).

These cuts come on top of the existing proposed ‘in year cuts’ to Local Authority Public Health Grants of £200m - announced by George Osborne in June 2015 - which Local Government still has not had confirmation of following Septembers consultation exercise!

In Blackpool, if the current ‘in year’ cuts progress as proposed, then the residents of the Borough will see £1,300,000 disappear from their local public health services before the new cuts even begin in April 2016.

Health Outcome Implications

As Public Health England and NICE have shown, investments made in Public Health and prevention programmes by Local Government, such as smoking cessation services, bring a high Return on Investment (ROI). Cutting these services means that ill health that would otherwise have been prevented will progress to serious illness and preventable long term conditions such as diabetes, obesity, cancer and heart disease. These conditions stop people working, cause avoidable demand in the health and social care system, waste public money, and cause untold human misery.

Policy Coherence Implications

Whilst some healthier, wealthier Local Authorities appear to gain from the proposed revised formula, for many less wealthy Local Authorities in the north, the ACRA formula proposal has the effect of contradicting the Conservative Party Manifesto commitment to ‘keeping people healthy and getting people with long-term conditions back to work’. Page 38 of the Conservative Party Manifesto reads:

“We will support you and your family to stay healthy. ...We will take action to reduce childhood obesity 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.”

Yet it is highly likely that Drugs and Alcohol Services and Obesity prevention services will have to be cut to meet the Public Health Grant cuts in Blackpool and across Lancashire.

The Formula proposal will undermine the local health economy’s existing plans to manage demand through prevention and frustrate its progress in reducing hospital and adult social care services demand through effective local prevention work. It will also undermine many Local Authorities capacity to deliver the objectives agreed with the Department of Health in the ‘Better Care Fund’ plans and it will damage local plans to implement NHS England’s ‘Five Year Forward View’ strategy which claimed prevention is the principle strategy for controlling demand in the health and care system.

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