



DEBATE PACK

Number CDP 2019/0121, 13 May 2019

Opposition Day debate: Health and local public health cuts

Summary

This House of Commons Library debate pack briefing has been prepared in advance of an Opposition Day debate on health and local public health cuts, which will take place on Tuesday 14 May 2019.

The motion to be debated has not yet been announced but this briefing provides background information on public health and the local authority public health grant, alongside recent relevant parliamentary and press material, in addition to suggested further reading which Members may find useful when preparing for this debate.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

By Tom Powell
Carl Baker
Michael O'Donnell

Contents

1.	Background	2
1.1	Background on public health	2
1.2	Public health grant allocation	3
1.3	Public health grant cuts since 2016/17	4
1.4	Public health Expenditure by Local Authorities	5
2.	News	7
3.	Parliamentary material	9
3.1	Written PQs	9
3.2	Oral PQs	19
3.3	Written Ministerial Statements	23
3.4	Oral statements and debates	23
4.	Further reading	24

1. Background

1.1 Background on public health

The *Health and Social Care Act 2012* transferred responsibility for the provision of a range of public health services from the NHS to local authorities; the first time councils have had a statutory role in the provision of healthcare since 1973. From 1 April 2013 upper tier and unitary authorities have new responsibilities to improve the health of their populations, backed by a ring-fenced grant.

Under the reformed system, local authorities commission or provide public health services, including those for children between 5 and 19 years old, some sexual health services, public mental health services, physical activity, anti-obesity provision, drug and alcohol misuse services and nutrition programmes. A [Department of Health guide](#) set out the commissioning responsibilities of local authorities under the new arrangements.

From October 2015, local authorities have taken over full responsibility from NHS England for commissioning public health services for children up to the age of 5. Since then, local authorities have been required to carry out five mandated child development reviews, providing a national, standardised format to ensure universal coverage and ongoing improvements in public health.

Further information on the new statutory responsibilities for public health services are set out in the Library briefing on the [structure of the NHS in England](#).

Chapter 2 of the [NHS Long Term Plan](#) (January 2019) sets out action the NHS will take to strengthen its contribution to prevention and to tackling health inequalities, with a specific focus on:

- cutting smoking
- reducing obesity
- combating Type 2 diabetes
- limiting alcohol-related A&E admissions

The Plan (para 2.4) noted that the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be:

2.4. Action by the NHS is a complement to, but cannot be a substitute for, the important role for local government. In addition to its wider responsibilities for planning, education, housing, social

care and economic development, in recent years it has also become responsible for funding and commissioning preventive health services, including smoking cessation, drug and alcohol services, sexual health, and early years support for children such as school nursing and health visitors. These services are funded by central government from the public health grant, and funding and availability of these services over the next five years which will be decided in the next Spending Review directly affects demand for NHS services. As many of these services are closely linked to NHS care, and in many case provided by NHS trusts, the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.

In November 2018 the Government launched its '[Prevention is better than cure](#)' vision for how it plans to transform the approach to prevention, ahead of a Green Paper expected later this year.

The Health and Social Care Select Committee currently has open inquiries into both [drugs policy](#) and [sexual health](#).

1.2 Public health grant allocation

The Secretary of State for Health and Social Care, advised by Public Health England (PHE), is responsible for setting the total budget for public health; allocating that funding between PHE and the local authority ring-fenced public health grant; and deciding how to allocate the grant between each authority. Ahead of the transfer of public health responsibilities to local authorities in 2013, the Secretary of State for Health asked the Advisory Committee on Resource Allocation (ACRA) to devise an approach to public health allocations. ACRA recommended in 2012 that the majority of funding should be allocated on the basis of each local authority's 'under-75 years standardised mortality ratio' (SMR). Areas with higher prevalence of early, preventable deaths and other problems would, as a result, receive higher relative funding.¹ The Department accepted this recommendation in principle and, with subsequent amendments in response to consultations, issued ring-fenced allocations to local authorities on this basis from 2013/14.

The public health grant to local authorities is due to be replaced by funding through retained business rates from 2020/21. The Health Select Committee's September 2016 report [Public health post-2013 \(HC](#)

¹ See [ACRA,\(2012\)15, PUBLIC HEALTH FORMULA: SUMMARY OF RECOMMENDATIONS TO DATE AND OUTSTANDING ISSUES](#). Before 2013, public health funding was part of allocations to Primary Care Trusts (PCTs) using a formula that included 'indices of deprivation' measures. The use of SMRs rather than deprivation was criticised for moving funding away from the most deprived areas – see for example: [Guardian article on "Unfair Health Funding"](#) (13 March 2013)

[140 2016-17](#)), states that changes to local government funding must be managed so as not to further disadvantage areas with high deprivation and poor health outcomes (see para 28):

There was concern that the formula for adjusting retained business rates should be carefully designed so as not to further disadvantage poor areas and compound health inequalities.

The Government has noted that resourcing public health responsibilities through retained business rates would change the funding mechanism by which the resource is supplied to local authorities, but would not change the legal requirements on local authorities to improve public health. The legislative framework for public health would remain, including regulations mandating particular services. However, the Government has acknowledged that if public health responsibilities were to be resourced through retained business rates then the Government would also consider whether any adjustments to this framework are necessary, and if required the Government would consult on any proposed changes.²

A [Written Ministerial Statement on 20 December 2018](#) set out public health allocations to local authorities in England for 2018-19 along with indicative allocations for 2019-20.

Today I am publishing the public health allocations to local authorities in England for 2019-20, based on the 2015 Spending Review Profile.

Through the public health grant and the pilot of 100% retained business rate funding for local authorities in Greater Manchester, we are spending £3.134 billion on public health in 2019-20. We will be spending in excess of £16 billion on public health over the five years of the 2015 Spending Review until 2020, in addition to what the NHS spends on preventative interventions such as immunisation and screening.

The 2019-20 grant will continue to be subject to conditions, including a ring-fence requiring local authorities to use the grant exclusively for public health activity.

Full details of the public health grants to local authorities can be found on gov.uk and were communicated to local authorities in a Local Authority Circular.³

1.3 Public health grant cuts since 2016/17

Between 2016/17 and 2019/20, the ring-fenced public health grant to local authorities in England has reduced by 7.5% (or 12.7% in real terms), from £3.387 billion to £3.134 billion.

² [PQ 61774, 2 February 2017](#)

³ [Gov.uk, Public health grants to local authorities: 2018 to 2019, 21 December 2018](#)

The table below shows the effect of this cut on per-head allocations in each English region. Because the population has increased over this period, the 7.5% cash reduction amounts to a larger per-head reduction. The reduction in allocation has been uniform across all regions, so the differences in per-head reductions shown below are a result of the population increasing at different rates in different regions.

Ring-fenced public health grant per head			
Region	2016/17	2019/20	Change
East Midlands	£56.82	£51.58	-9.2%
East of England	£46.90	£42.42	-9.6%
London	£77.77	£69.67	-10.4%
North East	£85.40	£78.45	-8.1%
North West	£74.26	£67.92	-8.5%
South East	£46.08	£41.78	-9.3%
South West	£46.54	£42.18	-9.4%
West Midlands	£64.11	£58.27	-9.1%
Yorkshire & Humber	£63.13	£57.70	-8.6%
<i>England</i>	<i>£61.29</i>	<i>£55.61</i>	<i>-9.3%</i>

Sources: DHSC, [Ring-Fenced Public Health Grant Allocations, various years](#)
ONS Nomis, [Population Estimates](#)

It's not possible to make direct comparisons for dates before 2016/17. Some children's public health services transferred to local authorities partway through 2015/16, meaning that those year's allocations (and those of previous years) can't be compared as they did not contain funding for the new responsibilities.

Section 2 of the Health Select Committee's 2016 report [Public health post-2013](#) (HC 140 2016-17) provides further background on reductions to the public health grant.

1.4 Public health Expenditure by Local Authorities

Local authorities set their own budgets for public health using ring-fenced grant funding and their other sources of income (e.g. council tax and business rates). The total amount spent on services is determined locally – local authorities must determine how to allocate their resources in the face of competing pressures. Comparisons can be made back to 2013/14 – the year in which responsibility for public health services transferred from the NHS to local authorities.

While total public health spending by local authorities would appear to have increased from £2.51 billion in 2013/14 to £3.37 billion in 2017/18, this would be a misleading comparison because the 2017/18 figure includes children's' age 0-5 services and the 2013/14 figure does not. The 'total public health' row in the table below excludes children's age 0-5 services in order to make a like-for-like comparison.

Total public health spending (as defined above) by local authorities has fallen by 2.3% (around £50 million) since 2013/14. Sexual health services and substance misuse/smoking services have seen a greater proportional fall, while spending on obesity and physical activity services has risen by a third.

Public health expenditure by local authorities			
£ millions, net current expenditure, England			
Category	2013/14	2017/18	Change
Total public health*	2,508	2,449	-2.3%
Sexual health services	628	572	-8.9%
Substance misuse & smoking services	946	790	-16.5%
Obesity & physical activity services	158	213	+34.4%
Other public health services	776	874	+12.6%

*excluding children's age 0-5 services

Source: [MHCLG, Local Authority Revenue Expenditure and Financing](#)

Library specialists can provide data for individual upper tier local authorities (county & unitary authorities) on request.

2. News

[Health 'time bomb' of 22,000 children who are severely obese at 11](#), Telegraph, 29 May 2018

[Sexual health checks drop by 245,000 in three years as infections rise](#), ITV, 12 May 2019

[Prevention work for tackling obesity under threat from cuts, council chiefs say](#), LocalGov, 9 May 2019

[Obesity-related hospital admissions in England rise by 15%](#), Guardian, 8 May 2019

[Gambling and public health: we need policy action to prevent harm](#), British Medical Journal, 8 May 2019

[The Times view on the fight against childhood obesity: Healthy Strategy](#), Times, 1 May 2019

[Marketing and job posts take hit from latest PHE cuts](#), Health Service Journal, 26 April 2019

[Pills or public health?](#), British Medical Journal, 18 April 2019

[Nearly two thirds of councils cut mental health services for children](#), LocalGov, 10 April 2019

[Ministers must reverse damaging cuts to "deteriorating" public health services, says BMA](#), British Medical Journal, 28 March 2019

[Public health charity to close as DHSC cuts funds](#), Health Service Journal, 15 February 2019

[UK facing 'addiction crisis' as councils cut funding for treatment while alcohol-related deaths soar](#), Independent, 11 February 2019

[Four in 10 GPs asked to provide public health services without payment](#), Pulse, 28 January 2019

[Sexual health service cuts will increase spread of STIs](#), Guardian, 30 December 2018

[Act now to reduce health inequalities](#), Guardian, 12 December 2018

[Whitehall to cut £85m from public health budget](#), LocalGov, 10 December 2018

[Fears of future strain on NHS as councils slash health programmes](#), Guardian, 8 July 18

[Syphilis increasing at fastest rate since 1949 'due to damaging' government cuts](#), Independent, 5 June 2018

3. Parliamentary material

3.1 Written PQs

[Genito-urinary Medicine: Finance](#), PQ HL14988, 8 April 2019

Asked by: Baroness Tonge | **Party:** Non-affiliated

To ask Her Majesty's Government, further to the answer by Baroness Blackwood of North Oxford on 25 March (HL Deb, col 1618), whether the £3 billion funding a year ring-fenced around public health services in local authorities is specifically for sexual health services; and if not, what proportion of that funding is specifically for sexual health services.

Answering member: Baroness Blackwood of North Oxford | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The public health grant funding allocated to local authorities is ring-fenced for public health functions. It is not specifically for sexual health services.

It is for individual local authorities to decide their spending priorities based on an assessment of local need, including the need for sexual health services taking account of their statutory duties. They are required by regulations to provide services for sexually transmitted infection testing and treatment and contraception.

[Alcoholic Drinks and Drugs: Rehabilitation](#), PQ 235390, 29 March 2019

Asked by: Allin-Khan, Dr Rosena | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what proportion of NHS spending is allocated to drug and alcohol rehabilitation services.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

In the financial year 2017-18 the estimated total cost to National Health Service trusts and NHS foundation trusts for providing rehabilitation for drug and alcohol addiction is £572,000. The majority of drug and alcohol services fall under the remit of local authorities who are responsible for assessing local need and commissioning services to meet identified needs, including for drug and alcohol dependence, using the ringfenced public health grant.

[Drugs: Misuse](#), PQ 231550, 15 March 2019

Asked by: Morgan, Stephen | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, if the Government will legislate for the mandatory provision by local authorities of treatment for drug misuse.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

In 2018 the Department published a call for evidence of the impact of regulations that require local authorities to take certain steps under their duties to improve health. We are considering the

responses to that exercise and will publish for consultation any proposal for changes to the existing regulations. Meanwhile the public health grant that funds local authorities' health responsibilities remains subject to the condition that they must use it with regard to the need to improve the take up of, and outcomes from, their substance misuse treatment services.

[Drugs: Misuse](#), PQ 223236, 25 February 2019

Asked by: Phillipson, Bridget | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the effect of changes in the level of funding for local authorities through the Public Health Grant on drug misuse treatment outcomes.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Local authorities will receive over £3 billion in 2019/20, ring-fenced exclusively for use on public health. It is for local authorities themselves to determine how best to use these resources based on their assessment of local need and with regard to their statutory duties.

Over the five years of the current spending review period we are making over £16 billion of grant funding available to local authorities in England exclusively for use on improving health.

As part of the Drug Strategy we are supporting programmes which have a positive impact on young people and adults, giving them the confidence, resilience and risk management skills to resist drug use. This includes supporting schools and educators to take action to prevent substance misuse, including by expanding the Alcohol and Drugs Education and Prevention Information Service, which provides practical advice and tools, and developing the 'Rise Above' digital hub. This uses interactive and engaging content to help build young people's (11-16 years old) resilience and empower them to make positive choices for their health.

Public Health England has issued advice on providing naloxone, the opioid overdose antidote, and published updated clinical guidelines for drug treatment. It has also worked with a network of treatment providers to establish good practice guidance on managing drug-related death risk factors and to improve partnership between treatment providers and other healthcare services.

[Drugs: Death](#), PQ 223235, 25 February 2019

Asked by: Phillipson, Bridget | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what recent assessment his Department has made of the effect of his Department's transfer of the pooled treatment budget to the Public Health Grant in 2013 on the adequacy of funding for drug addiction treatments.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

No assessment had been made. Local authorities will receive over £3 billion in 2019/20 ring-fenced exclusively for use on public health. Our priority is to make sure the system continues to

support high quality public health services and outcomes. Local authorities are best placed to make spending decisions based on the needs of their communities.

[Suicide](#), PQ 212351, 29 January 2019

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the decrease in the public health grant on the ability of local authorities to implement effective suicide prevention plans.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Local authorities will receive over £3 billion in 2019/20, ring-fenced exclusively for use on public health. Over the five years of the current spending review period we are making over £16 billion of grant funding available to local authorities in England exclusively for use on improving health. Reported spend on public mental health rose from £42.7 million in 2016/17 to £50.5 million in 2017/18, an increase of 18%.

We are investing £25 million in suicide prevention over the next three years. The first sustainability and transformation partnership (STPs) received their share of this funding last year. The NHS Long Term Plan set out a commitment to ensure this funding is rolled-out to other STP areas and NHS England is determining the priorities for the second round of funding in 2019/20.

Every local authority has a suicide prevention plan in place or in development and we are working in partnership with the local government sector to ensure the effectiveness of those plans. This process will help to identify areas for improvement for local plans and areas of best practice which can be shared across the local government sector. The results will also be used to inform a programme of mutual support over the next two to three years to enable local areas to learn from each other and to further develop their plans.

[Preventive Medicine: Finance](#), PQ 208906, 23 January 2019

Asked by: Ashworth, Jonathan | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, with reference to the NHS Long Term Plan, how much funding has been allocated to specific new evidence-based NHS prevention programmes to (a) cut smoking, (b) reduce obesity, (c) the NHS Diabetes Prevention Programme, (d) limit alcohol related A&E admissions, (e) lower air pollution, and (f) in total; and whether that funding is (i) included and (ii) in addition to his Department's public health grant to local authorities; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Following the publication of the NHS Long Term Plan, the National Implementation Framework, to be published in the spring, will provide further information on how the Long Term

Plan will be implemented. Additional details, based on local health system five year plans, will be brought together in a detailed national implementation plan in the autumn. The specific National Health Service-led prevention programmes set out in the Long Term Plan will be funded from within the NHS settlement.

This funding will be in addition to the public health grant to local authorities.

[Alcoholic Drinks: Rehabilitation](#), PQ 204580, 14 January 2019

Asked by: Harris, Carolyn | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, whether he plans to increase funding for treatment of alcohol misuse.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The Government has made available £16 billion for public health services, including alcohol treatment services, over the current Spending Review period. Decisions on funding for services to treat alcohol misuse are the responsibility of local authorities, based on an assessment of local need. The public health grant conditions make it clear that local authorities must have regard for the need to improve the take up of, and outcomes from, their drug and alcohol misuse treatment services.

Alcohol treatment services are freely available across England and local authorities are supported by Public Health England in the commissioning of high quality, evidence based treatment services to fulfil the needs of their local populations.

[Genito-urinary Medicine: Finance](#), PQ 200632, 18 December 2018

Asked by: Umunna, Chuka | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, how funding is allocated to local authorities to tackle sexual health concerns.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The Government provides funding to local authorities for their public health responsibilities, including sexual health services, through a public health grant. It is for individual local authorities to decide their spending priorities based on an assessment of local need, including the need for sexual health services taking account of their statutory duties. They are required by regulations to provide services on sexually transmitted infection testing and treatment and contraception.

[Public Health: Finance](#), PQ 194121, 29 November 2018

Asked by: Russell-Moyle, Lloyd | **Party:** Labour Party ·
Cooperative Party

To ask the Secretary of State for Health and Social Care, with reference to his Department's Local Authority circular, published on 21 December 2017, what assessment he has made of the effect on the NHS of the reduction in the public health grant settlement.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The Government considers all the relevant factors in setting the level of the public health grant. Over the five years of the current spending review period we are making over £16 billion of grant funding available to local authorities in England exclusively for use on improving health. The grant is only a proportion of the total spending on public health: for example, NHS England commissions national screening and immunisation programmes with a budget of £1.2 billion in 2017/18, and many other interventions occur in National Health Service primary care settings. Public Health England monitors progress against the wide-ranging set of indicators published in the Public Health Outcomes Framework (PHOF) which shows that, as a whole, for the majority of PHOF indicators the trends in England are either broadly constant or have improved in comparison with 2014.

[Public Health: Finance](#), PQ 194695, 30 November 2018

Asked by: Debbonaire, Thangam | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, how much funding has been allocated to local authorities for the local authority public health grant in each year between 2014 and 2020.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The information requested is shown in the following table.

Year	Public Health Grant Allocation (£ billion)
2013/14	2.663
2014/15	2.795
2015/16 ¹	3.031
2016/17	3.387
2017/18 ²	3.304
2018/19	3.219

Notes:

¹Funding public health services for children aged 0-5 was transferred from the NHS to local authorities from October 2015.

²Includes funding retained by the Greater Manchester local authority as part of a business rate retention pilot not allocated as grant.

[Public Health: Finance](#), PQ 193487, 28 November 2018

Asked by: Debbonaire, Thangam | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what proportion of the health and social care budget was allocated to the local authority public health grant in 2018-19.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The local authority public health grant provides funding for health services delivered through local authorities. However it is not the entirety of the funding nor spend for public health services. For example, in addition to the grant there is circa £1.2 billion ringfenced for NHS national public health services within the NHS mandate figures, as well as other Departmental expenditure on vaccines and on grant in aid to Public Health England.

The following table shows the percentage change in total funding for NHS England and the local authority public health grant in each year since 2014:

	NHS England funding increase %	Public health grant increase %
2014-15	3.6%	5.0%
2015-16	3.3%	24%*
2016-17	5.4%	-2.2%
2017-18	3.6%	-2.5%**
2018-19	4.6%	-2.6%

Notes:

* End year allocation for 2015-16 including the transfer in October 2015 of funding from NHS England to local authorities for commissioning services for children aged 0 - 5.

** Figures from 2017-18 includes funding retained by 10 Greater Manchester local authorities as part of a business rate pilot, not allocated via a grant.

The total Department of Health and Social Care Departmental Expenditure Limit for 2018-19 was £128.4 billion. 2.5 % was allocated to the local authority public health grant in 2018-19.

[Public Health: Finance](#), PQ 189625, 20 November 2018

Asked by: Hodgson, Mrs Sharon | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of recent reductions to the local authority public health grant on health inequalities at a (a) regional and (b) socio-economic group level.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Local authorities are responsible for setting their own priorities and are accountable to their electorates for their decisions. The 2015 Spending Review made available £16 billion for funding for local authorities' health improvement functions in England over the five year period. As a condition of the grant they receive, local authorities must have due regard to reducing inequalities in outcomes from the health services they arrange.

[Public Health: Finance](#), PQ 188045, 15 November 2018

Asked by: Hodgson, Mrs Sharon | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, with reference to the report entitled Taking our health for granted: Plugging the public health grant funding gap, published in October 2018, whether he plans to increase central government funding for local authority public health services as a result of that report.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Indicative local authority public health grant allocations for 2019/20 are available at the following link:

<https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2018-to-2019>

Future funding for local authorities' public health responsibilities will be a matter for the next Spending Review.

[Genito-urinary Medicine: Finance](#), PQ 188043, 15 Nov 2018

Asked by: Hodgson, Mrs Sharon | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, with reference to the report entitled Taking our health for granted: Plugging the public health grant funding gap, published in October 2018, if he will make an assessment of the effect of reductions to sexual health budgets highlighted in that report.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The Government has mandated local authorities to commission comprehensive open access sexual health services. Local authorities are best placed to understand and meet the public health needs of their local communities. While councils have had to make savings, they have also shown that good results can be achieved at the same time.

The total number of attendances at sexual health services nationally increased 13% between 2013 and 2017 (from 2,940,779 to 3,323,275). To help manage the overall increase in demand, local authorities have been utilising technology to manage lower risk and asymptomatic patients. Free, confidential online services which are convenient for patients are increasingly being commissioned. As these services develop, they also have the potential to reach groups not currently engaged with clinical services.

[Heroin: Medical Treatments](#), PQ 187009, 6 November 2018

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, if he will allocate funding to local authorities that plan to implement heroin assisted treatment.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Local authorities are responsible for making decisions on how to spend their allocation of the public health grant based on the needs of their local population. Local authorities are responsible for commissioning drug treatment to meet those needs, including heroin assisted treatment services.

[Drugs: Rehabilitation](#), PQ 185077, 6 November 2018

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the removal of the ring-fenced Public Health Grant to Local Authorities in April 2019 on the provision of substance misuse services.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The ring-fenced public health grant for local authorities in England will stay in place for 2019/20. Local authorities remain responsible for identifying and meeting the need for substance misuse services in their areas.

[Contraceptives](#), PQ 183415, 2 November 2018

Asked by: Ashworth, Jonathan | **Party:** Labour Party ·
Cooperative Party

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the amount of money each local authority spent on contraceptive services in each year since 2013.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Since 2013/14 Public Health England has provided a ring fenced grant to upper tier local authorities for meeting all of their public health responsibilities.

'Sexual health services - Contraception (prescribed functions)' is one of the categories that local authorities spend their grant. The attached table shows the spend and budget data published to date against 'Sexual health services - Contraception (prescribed functions)'.

It is at the discretion of local authorities to decide how much of the public health grant they receive that they allocate to different local priorities, based on local needs.

[Drugs: Rehabilitation](#), PQ 184952, 1 November 2018

Asked by: Poulter, Dr Dan | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 25 October 2018 to Question 180689, on Drugs: Rehabilitation, what estimate he has made of the real terms change in funding for drug treatment services in (a) each local authority in England and (b) total in each year since 2012.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Information on annual actual spend by local authorities on these services is available at the following link:

www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing

However, this data is not broken down in the format requested. Decisions on the commissioning of drug and alcohol prevention and treatment services are the responsibility of local authorities (LAs), based on an assessment of local need.

The public health grant conditions make it clear that LAs must have regard for the need to improve the take up of, and outcomes from, their drug and alcohol misuse treatment services. The Government continues to monitor local authority spending on an annual basis.

[Public Health: Finance](#), PQ 180157, 24 October 2018

Asked by: Lucas, Caroline | **Party:** Green Party

To ask the Secretary of State for Health and Social Care, if he will reverse the recent reduction in public health grants to local authorities; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Indicative local authority public health grant allocations for 2019/20 are available at the following link:

<https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2018-to-2019>

Future funding for local authorities' public health responsibilities will be a matter for the next Spending Review.

[Local Government Finance: Genito-urinary Medicine](#), PQ 176026, 15 October 2018

Asked by: Lamb, Norman | **Party:** Liberal Democrats

To ask the Secretary of State for Housing, Communities and Local Government, how much local authorities have spent from the ring-fenced public health grant on sexual health services in each year since 2013.

Answering member: Rishi Sunak | **Party:** Conservative Party |
Department: Ministry of Housing, Communities and Local Government

The Ministry of Housing, Communities and Local Government publishes local authority expenditure data, including on sexual health services in lines 61, 62 and 63 of the data table 'RO3 – Social Care and Public Health services'. These lines include spending using ring-fenced public health grant on sexual health services.

These data are part of the 'Local Authority Revenue Expenditure and Financing Final Outturn, England' statistics series which is available online at www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing

The relevant data since 2013 can be accessed directly via:

www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2013-to-2014-individual-local-authority-data-outturn

www.gov.uk/government/statistical-data-sets/local-authority-revenue-expenditure-and-financing-england-2014-to-2015-individual-local-authority-data-outturn

www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2015-to-2016-individual-local-authority-data-outturn

www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2016-to-2017-individual-local-authority-data-outturn

[Tobacco: Taxation](#), PQ 170383, 12 September 2018

Asked by: Maskell, Rachael | **Party:** Labour Party · Cooperative Party

To ask the Chancellor of the Exchequer, if he will make an assessment of the potential merits of introducing a tobacco industry levy to fund smoking cessation services provided by local authorities.

Answering member: Robert Jenrick | **Party:** Conservative Party | **Department:** Treasury

The government has no current plans to review the decision not to introduce a tobacco levy. A levy would complicate the tax system, impose an administrative burden on businesses and HMRC and would create uncertainty for businesses and consumers.

The 2015 Spending Review made available £16 billion of Public Health Grant funding for local authorities in England over the five years to 2020. Tobacco control is within this remit. The ring-fence around the public health grant remains in place for this financial year and the next, as does the requirement for local authorities to use their grant to reduce inequalities in health.

[Health: Low Pay](#), PQ 170865, 10 September 2018

Asked by: Hollern, Kate | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, whether his Department has made an assessment of the effect of the change in the public health grant on the health outcomes of lower income households in (a) Blackburn and (b) England.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Public Health England (PHE) has not made an assessment of changes in the public health grant on the health outcomes of low income households in Blackburn or England.

PHE does monitor a range of health outcomes at a national and local level through the Public Health Outcomes Framework. This

framework includes monitoring health inequalities by measuring the difference in health outcomes between deprived and non-deprived areas.

The Public Health Outcomes Framework can be found at the following link:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Preventive Medicine: Finance, PQ HL9765, 25 July 2018

Asked by: Lord Bird | **Party:** Crossbench

To ask Her Majesty's Government what steps they are taking to ensure that funding for preventative health measures is targeted to areas where the majority of avoidable deaths occur.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The inclusion of weighting for deprivation, need due to age, and health inequalities in the setting of clinical commissioning group (CCG) allocations contributes to ensuring that National Health Service funding is distributed equitably across England to meet the health care needs of the population. CCGs have a duty under the NHS Act 2006 to act with regard to the need to reduce inequalities in access to, and outcomes from, health services.

Since 2013 local authorities have received a public health grant to support them in improving the health of local people. This is primarily allocated based on historical NHS spend which tended to be greater in areas with the highest levels of health need. As a condition of the grant they receive local authorities must have due regard to reducing inequalities in outcomes from their health services.

3.2 Oral PQs

Sexual Health Services, HL debate, volume 794 c719, 29 November 2018

Asked by: Lord Cashman | **Party:** Labour Party

I thank the Minister for that response. Much has indeed been achieved but there are worrying trends. As we know, sexual health services are funded by local authorities, which have endured reduced funding year on year and, to maintain other essential services, councils have disproportionately cut funding to sexual health services. Clinics have closed, staffing levels have reduced and capacity has reduced further because walk-in sessions have been replaced by appointment-only sessions that cap demand. The overall effect has been to reduce access to screening and treatment, with subsequent increases in sexually transmitted infections and considerable public health impacts, notably infertility, teenage pregnancy and HIV transmission. I therefore ask the Minister, in the context of these worrying developments, how the Government will ensure that councils maintain an adequate level of comprehensive sexual health service provision.

Oral questions - 1st Supplementary

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party

I am grateful to the noble Lord for raising this important issue. First, it is worth saying that the public health grant to local authorities is ring-fenced, and that is meant to provide for sexual health services among others. He mentions STI rates and says attendances have increased. I know that service configurations are happening and there are changes in different parts of the country. It is important that attendances have increased. I think there is a mixed picture on STI infections; some are increasing

but there is good news. The noble Lord mentioned teen pregnancy—not that that is a sexually transmitted disease, of course—the rates of which are down. HIV diagnoses are down and we see a positive picture in the new data today, so there is cause for optimism. As we look to the future in the spending review, we will be making the case for improved services at sexual health clinics through the public health spend.

[Local Government](#), HL debate, volume 794 c540, 27 November 2018

Asked by: Baroness Walmsley (LD) | **Party:** Liberal Democrats

My Lords, an important public service that has been and continues to be cut is public health. Directors of public health tell me that they can spend money extremely cost-effectively. Are the Government doing any research into the public health interventions carried out by local authorities, to let everybody know what works?

Oral questions - Supplementary

Answering member: Lord Bourne of Aberystwyth | **Party:** Conservative Party

My Lords, I can give the noble Baroness the assurance that the public health grant is to be incorporated into local spending by virtue of business rate retention. We are proceeding rather slowly on this because we are keen to ensure that the assurance arrangements are fully recognised to cover the points she makes.

[Public Health Funding \(Local Authorities\)](#), HC debate, volume 650 c135, 27 November 2018

Asked by: Mike Amesbury | **Party:** Labour Party

On current projections, over £800 million will have been cut from public health budgets by 2021, £2 million of which has been cut from vital services in my constituency relating to sexual health, and to tackle obesity and smoking. Will the Minister guarantee that the new NHS long-term plan will reverse the cuts to public health budgets?

Oral questions - 1st Supplementary

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Health and Social Care

I know that Opposition Members like to pretend that the past eight and a half years did not have to happen, but there is a reason why they had to happen—the economy was crashed—and eight and a half years is not a long time to clear up the mess of the last Government. But we are very clear, as the hon.

Gentleman should know, that a focus on prevention will be central to the long-term plan. He mentions child obesity— [Interruption.] Opposition Members may wish to listen. The public health grant remains ring-fenced and protected for use exclusively on improving health, but local government spending on health is not just about the public health grant. The Government spend money on many other things, including around the child obesity plan and vaccinations, and that is all around prevention and public health.

[Public Health Funding \(Local Authorities\)](#), HC debate, volume 650 c135, 27 November 2018

Asked by: Mike Amesbury (Weaver Vale) (Lab) | **Party:** Labour Party

What recent representations he has received on the potential merits of increasing public health funding to local authorities.

Oral questions - Lead

Answering member: The Parliamentary Under-Secretary of State for Health and Social Care (Steve Brine) | **Party:** Conservative Party | **Department:** Health and Social Care

We have had lots; it is just that none come with any idea of how that might be paid for. The Government have a strong track record on public health. Local authorities in England have received more than £16 billion in ring-fenced public health grants over the current spending period. Decisions on future funding for that area of spending are of course for the next spending review.

[Public Health Funding](#), HC debate, volume 648 c131, 23 October 2018

Asked by: Diana Johnson (Kingston upon Hull North) (Lab) | **Party:** Labour Party

What recent representations he has received on the potential merits of increasing public health funding to local authorities.

Oral questions - Lead

Answering member: The Parliamentary Under-Secretary of State for Health and Social Care (Steve Brine) | **Party:** Conservative Party | **Department:** Health and Social Care

This Government have a strong track record on public health. Local authorities in England are supported by ring-fenced public health grants of more than £16 billion over the current spending review period. Decisions on future funding are, of course, for the next spending review.

[HPV Vaccine](#), HC debate, volume 645 c854, 24 July 2018

Asked by: Diana Johnson (Kingston upon Hull North) (Lab) | **Party:** Labour Party

I congratulate the Minister on that announcement. The vaccine also plays its part in protecting against sexually transmitted disease. Will he saying something about the fact that syphilis is now at its highest rate since the second world war and that there

are strains of gonorrhoea resistant to treatment? What are the Government going to do about this?

Oral questions - Supplementary

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Health and Social Care

They are linked but separate issues. Yes, the HPV vaccine is very important for adolescent boys, for men who have sex with men and for people before their sexual debut. Sexual health is of course a huge challenge. We work closely with local authorities—top-tier local authorities are all public health authorities—and, through the ring-fenced public health grant, which is £16 billion during this spending review period, we are providing those services.

[Public Health Funding](#), HC debate, volume 644 c155, 3 July 2018

Asked by: Liz Twist | **Party:** Labour Party

Gateshead Council will see a 15% reduction—that is £2.3 million—in its public health grant between 2013 and 2019-20, yet the recent NHS funding statement does not cover public health. With healthy life expectancy 13.8 years lower for men and 12.8 years lower for women in Gateshead than in many other areas, would it not make sense to invest in increased funding for public health services now to reduce demand on acute NHS services in the future?

Answered by: Mr Hammond | **Party:** Conservative Party | **Department:** Treasury

The recent announcement of an additional £20 billion a year by 2023-24 for NHS funding was about core NHS funding. That is a huge commitment: £83 billion over the next five years. However, the hon. Lady is of course right to say that public health spending is also very important and has a direct impact on the way the NHS operates. Local authorities will receive more than £9 billion to spend on public health between now and 2021, but that is not the only stream of funding for public health. NHS England and the Department of Health and Social Care pay for Public Health England and for immunisation, screening and other preventive programmes. The NHS 10-year plan, which is currently under development, will set out proposals for public health.

[Public Health Funding](#), HC debate, volume 644 c155, 3 July 2018

Asked by: Liz Twist (Blydon) (Lab) | **Party:** Labour Party

What recent discussions he has had with the Secretary of State for Health and Social Care on changes in the level of funding for public health since 2010.

Oral questions - Lead

Answering member: The Chancellor of the Exchequer (Mr Philip Hammond) | **Party:** Conservative Party | **Department:** Treasury

I have regular discussions with the Secretary of State for Health and Social Care about funding for public health. We fully understand the need to continue supporting prevention and public health in order to manage pressures on the NHS, and we

will be setting out budgets for the public health grant in the forthcoming spending review.

3.3 Written Ministerial Statements

[2019-20 Ring-fenced Public Health Grant to Local Authorities](#), HC statement HCWS1221, 20 December 2018

Today I am publishing the public health allocations to local authorities in England for 2019-20, based on the 2015 Spending Review Profile.

Through the public health grant and the pilot of 100% retained business rate funding for local authorities in Greater Manchester, we are spending £3.134 billion on public health in 2019-20. We will be spending in excess of £16 billion on public health over the five years of the 2015 Spending Review until 2020, in addition to what the NHS spends on preventative interventions such as immunisation and screening.

The 2019-20 grant will continue to be subject to conditions, including a ring-fence requiring local authorities to use the grant exclusively for public health activity.

Full details of the public health grants to local authorities can be found on GOV.UK and have been deposited in the Libraries of both Houses. This information will be communicated to local authorities in a Local Authority Circular.

Member: Steve Brine

Department: Department of Health and Social Care

3.4 Oral statements and debates

[Local Government and Social Care Funding](#), HC debate, 24 April 2019, Volume 658

[Health: Public Health Grant](#), HL debate, 4 February 2019, Volume 795

[Prevention of Ill Health: Government Vision](#), HC oral statement, 5 November 2018

[Budget Resolutions](#), HC debate, 30 October 2018

4. Further reading

[Raise public health funds, say charities](#), Public Finance, 9 May 2019

[What does improving population health really mean?](#), King's Fund, 29 March 2019

[Urgent investment needed to halt decline in children's health visitors](#), Local Government Association, 21 March 2019

[Improving the public's health: local government delivers](#), Local Government Association, 6 February 2019

[ADPH Press Release: NHS Long Term Plan "undeliverable" without investment in public health](#), Association of Directors in Public Health, 7 January 2019

[Spending on public health](#), King's Fund, 20 December 2018

[Taking our health for granted – Plugging the public health grant funding gap](#), Health Foundation, October 2018

[Prevention is better than cure – except when it comes to paying for it](#), King's Fund, 21 November 2018

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