



Department of Health

As part of wider Government action on deficit reduction, the Department of Health (DH) has been asked to deliver savings of £200 million in 2015/16 through reductions to the Public Health Grant to local authorities (LAs). This consultation sets out possible options on how the £200 million savings might be spread across LAs and asks three questions on how they can be delivered most fairly and effectively.

Question 1:

Question 1:

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

Please tick your preferred option or describe an alternative :

Option A - Given the proposed time frames for implementing the budget cuts, this is an unrealistic option. There is insufficient time to develop a robust, valid and fair formula that would be broadly accepted.

Option B- This could be seen as being punitive to those LAs that had been “efficient” and introduce a perverse incentive to de-motivate efficient use and management of resources. However, given the current economic climate, the likelihood of a LA having sufficient underspends to support this option is minimal.

Option C- As presented this is the most straightforward option, requiring no additional adjustments to underlying budgets, but in itself could introduce inequalities.

Option D – This requires demonstrable “particular hardship”. Criteria for assessing this are put forward, but the time frame for submitting exceptional factors is not provided, nor how the receipt of a large number of such applications will be handled.

Option D: Additional information on local needs

Other comments:

Question 2: How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

LAs should be given sufficient time to audit or review existing services to identify where savings could be made with minimal disruption, and for sufficient notice to be given to any subsequent changes to patients and professionals involved. It is not clear from the Consultation Paper whether this has been allowed for or not.

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

Each of the options put forward would make a useful, necessary and specific contribution to assessing and understanding the impact of the saving. Whilst the aim is to minimise the burden of costs on LAs for any impact assessment, it is unrealistic to assume that any such exercise can be undertaken without a cost (transferred somewhere else to another body / organisation).

The public health services that would be affected by the in-year cuts to Local Authority (LA) funding include those for management of smoking cessation, obesity, sexual health, substance misuse; and from October 2015 0-5yrs children's public health services. These services will have either a direct long term effect on eye health, or indirectly through their effect on significant systemic diseases that are risk factors for poor eye health and premature mortality.

The responsibility for commissioning 0-5 year children's public health services shall be transferred from the DH to LAs from October 2015. The proposed cuts of 6.2% of the 2015-16 public health funding to LAs amounts to about half of the budget allocated for taking up this additional responsibility and shall have a significant impact on priorities for implementation of these services. In this regard, our principal concern is the impact this would have on screening for vision defects in 4-5year old children that is recommended by the National Screening Committee (NSC)¹.

The early detection of vision defects and poor sight in children 4-5 years of age, impacts on their educational achievement, future employment and life chances. The availability of this screening service is currently variable². In those areas where this screening is not provided the proposed 6.2% cut to LA public health funding ranges from 34% to 83% of the budget allocated for public health services for 0-5 year old children, thereby ensuring that its introduction will continue to be highly unlikely in those areas³. This not only continues to undermine the recommendations of the NSC, but where this screening is currently provided, the competing priorities for resources may place this service at considerably risk.

Representative bodies in particular will have a key role to gather feedback on local impact of specific services e.g. on screening for vision defects in children aged 4-5 years.

References

1. UK NSC recommendation on Vision defects screening in children. December 2013 <http://legacy.screening.nhs.uk/vision-child>
2. British and Irish Orthoptic Society.
<http://www.orthoptics.org.uk/Resources/Documents/Interactive%20PCT%20Map%2013%20May%202014%20C.png> (accessed 11th August 2015)
3. Department of Health. Local Authority public health allocations 2015-16: in year savings. A consultation. Appendix C.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449058/Cons_local_authorities_public_health_grant.pdf (accessed 11th August 2015)

The completed form should be either emailed to:
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