The Kings Fund

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Local authority public health prescribed activity: call for evidence

Dear Public Health Systems and Strategy Team,

Thank you for the opportunity to respond to the consultation 'Local authority public health prescribed activity: call for evidence'.

The King's Fund is an independent charity working to improve health and health care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible health and care is available to all.

We have no strong views on the merits of having prescribed services per se, or what they are. Rather, we believe a set of local government prescribed services for public health are more or less desirable depending on the wider rules, conditions and other systems (particularly the NHS) under which the local government public health system is expected to achieve its goals, we set our reasoning for this in our response to the 2010 'Healthy people, healthy lives' consultation.

We believe that the case for prescribed services cannot be assessed without reference to the wider context and rules within which the local government public health system operates. If we take as given that:

A. There is a move towards place-based models of care (whether through devolution, or on the NHS-side STPs).
B. There will remain a squeeze on resources, particularly local government, to which there is no foreseeable end in sight.
C. There will be a move to local funding for public health services on the local government side through business rate retention.
D. The squeeze on resources creates a risk of cost shifting competition between the NHS and local government (despite the intentions of a more place-based model).

On the basis of the above our view is,

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1. Some 'pathways of care' will be increasingly at risk in future. These will be those that i) currently take a high proportion of local government public health resources and ii) where those pathways are complex and cross-over with the NHS. These would therefore include sexual health (and HIV), obesity, and drug and alcohol treatment. We have documented how HIV care and sexual health care are being challenged due to these boundary issues and this is likely to get worse given the continuing financial challenges. However, the solution to this is not prescribed services for local authorities per se, but as we argued in our HIV report, a stronger jointly owned plan with clear leadership across the relevant organisations (in that case led by the local director of public health and a senior clinical leader) and requirement on both local government and the NHS to resource these pathways of care adequately.
2. There are a series of services that are critical to local public health, in particular those associated with health protection (the control of infectious outbreaks and emergency preparedness). These should be provided and funded adequately, if necessary through central prescription and resourcing. We set out our views on this in 2013 in our assessment of how resource allocation needed to change to support the government's reforms that these services needs to meet a minimum standard with guaranteed funding.
3. Subject to the two issues above, generally local authorities do need to be given more leeway to deliver on local public health outcomes. Therefore, prescription should be reduced – outside those services that qualify on the criteria at 1. and 2. BUT, and it is a very big but, in return there needs to be a stronger and clearer process of assurance that local authorities and their partners, including the local NHS, are delivering high-quality public health outcomes. Further, this information must be transparent locally and nationally to aid comparison and judgment. Finally, in view accountability for those outcomes is currently too weak and unclear. This needs to be strengthened in return for greater leeway over the choice of outcomes and reduced prescription.
4. The Department of Health and Social Care must set out a floor (defined by an appropriate metric, perhaps a combination of needs-weighted per capita spend coupled with satisfactory performance on points 1. and 2. above), below which public health spending must not fall following the introduction of business rate retention (and before that the planned rundown of public health grant). Although still being investigated by Public Health England and so not pre-judging its outcome, the case of Northampton possibly using its public health funds to support social care shows how important it is for the centre to be clear on what is an acceptable level and use of funds that are designated for public health.

Yours sincerely,

David Buck
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