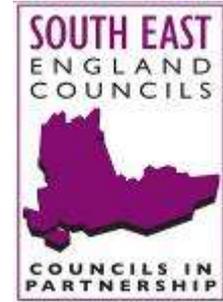


**SOUTH EAST ENGLAND COUNCILS
EXECUTIVE COMMITTEE MEETING**



Date: 11 September 2012

Subject: Public Health: transition to local government and funding allocations

Report of: Heather Bolton, SEEC Director

Recommendations:

SEEC Executive members are asked to:

- i) Note the comments submitted to the Department of Health (DH) on a revised funding formula for local government public health responsibilities
- ii) Note SEEC's work with the LGA and DH to facilitate discussions on how to ensure the smooth transfer of public health to local government.

1. Background

- 1.1 In April 2013 responsibility for local public health will formally transfer to local government. In practice, public health teams in some areas have already relocated to council offices to ensure close co-operation on priorities for 2012-13.
- 1.2 Local authorities see transfer of responsibilities and funding as an opportunity to integrate services across all tiers of local government. Closer links between services such as housing, leisure, social care and with healthcare professionals can help improve health, fitness and quality of life for residents.
- 1.3 During the transition period, the Department of Health (DH) is working with the LGA to support leadership development for the new local Health and Wellbeing Boards. SEEC is also working with the LGA to facilitate high level contact between council leaders, chief executives and DH. An initial meeting is scheduled this month to discuss key issues and transition progress.
- 1.4 Funding for local public health will transfer to local government from April 2013. For 2013-14 DH has committed £2.2bn nationally for local government's new public health responsibilities, paid to County and Unitary authorities.

2. New funding formula – SEEC comments

- 2.1 Interim recommendations on a new funding formula from April 2013 were set out in the DH paper *Healthy Lives, Healthy People: Update on Public Health Funding*. In here, the Advisory Committee on Resource Allocation (ACRA) recommends that public health funding should be based on the standardised mortality ratio for people aged under 75. This would reflect the number of deaths in an area compared to the national average and adjusted according to an area's age profile. Areas with the highest under-75 death rates would receive a weighting three times that of the areas with the lowest rates.
- 2.2 A draft response to the DH paper was circulated to SEEC Executive members for views in advance of a 14 August consultation deadline. The response was agreed jointly by SEEC, SESL and SECASC (South East Councils Adult Social Care).

- 2.3 South East authorities have welcomed the funding review as a way to redress current low levels of public health funding in the South East. In calling for fairer allocations from April 2013, members have asked ACRA to also take into account:
- Cost implications of the South East's very large population (the most populated area of the UK)
 - High absolute numbers of people living in deprivation in the South East
 - Additional costs of service provision in expensive areas such as the South East
 - Redressing historic underfunding of public health in the South East.
- 2.4 The response argued for new public health budgets to be introduced as quickly as possible. Proposals to phase in changes over time would not help rectify the South East's past underfunding. Other key points in the response included:
- Indicative budgets for 2013-14 should be published no later than November to ensure effective planning and commissioning
 - Areas where public health spending has not been adequately prioritised in the past should receive additional payments from 2013-18.
 - Greater clarity is needed on the proposed health premium to help councils plan allocation of available resources
 - Conditions attached to ring fenced grant should be as flexible as possible.
- 2.5 A copy of [the full response is available on the SEEC website](#).