

# Commissioning Public Health Services: the impact of the health reforms on access, health inequalities and innovation in service provision

## The ring-fenced public health budget / spend and outcomes

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# Commissioning Public Health Services: the impact of the health reforms on access, health inequalities and innovation in service provision

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# Overview

## Ring-fenced budget for public health

- Expenditure trends
- Findings from 2 national surveys

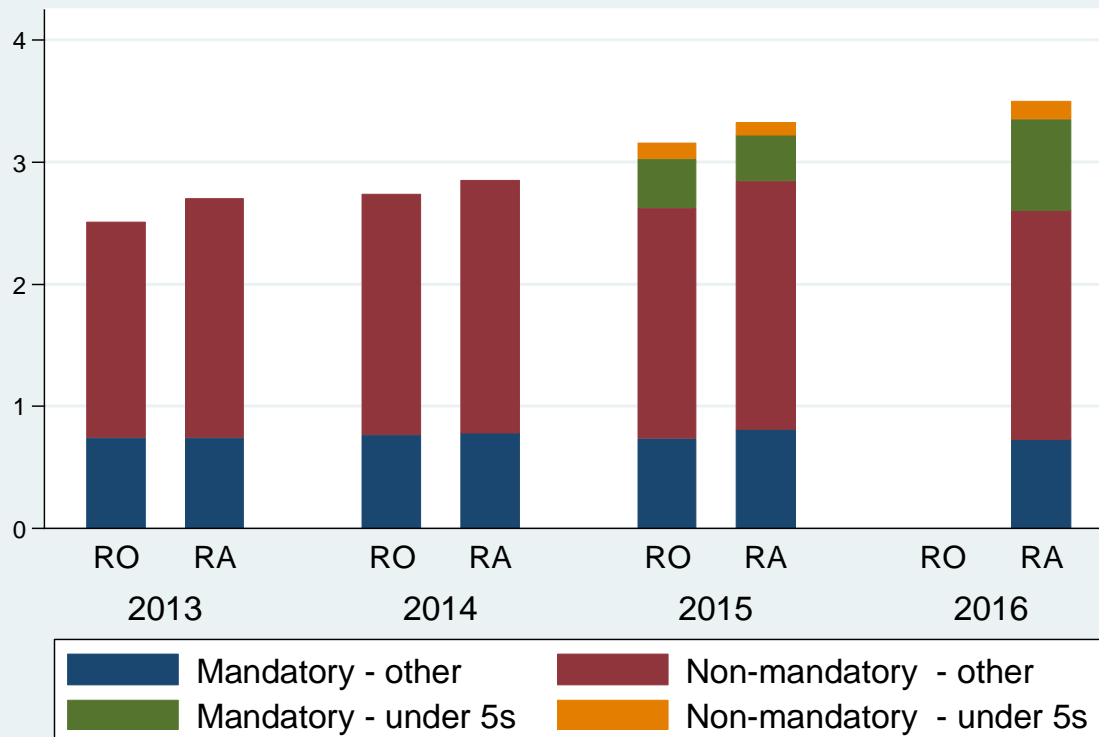
## Spend and outcomes

- Childhood obesity

# Public health budget

- Ring-fenced to 2018/19
- Increases annually, but in-year/planned cuts
  - 2015/16 to 2017/18
- Reporting categories
  - aid transparency
- Under 5s services
  - added 2015/16
- Mandated vs. non-mandated functions

# Public health spend actual vs. planned



Note: Data on actual spend in 2016 will be published Nov 2017

RO: revenue outturn (actual); RA: revenue account budget (planned)

# National surveys – key findings I

	% Yes 2015 N=39	% Yes 2016 N=36
Changes in how ring-fenced budget distributed across public health budget categories	64%	81%
Ring-fenced budget top-sliced	38%	47%
Ring-fenced budget used for public health activities across local authority directorates	87%	89%
Part of ring-fenced budget pooled with CCG funds	18%	25%

# National surveys – key findings II

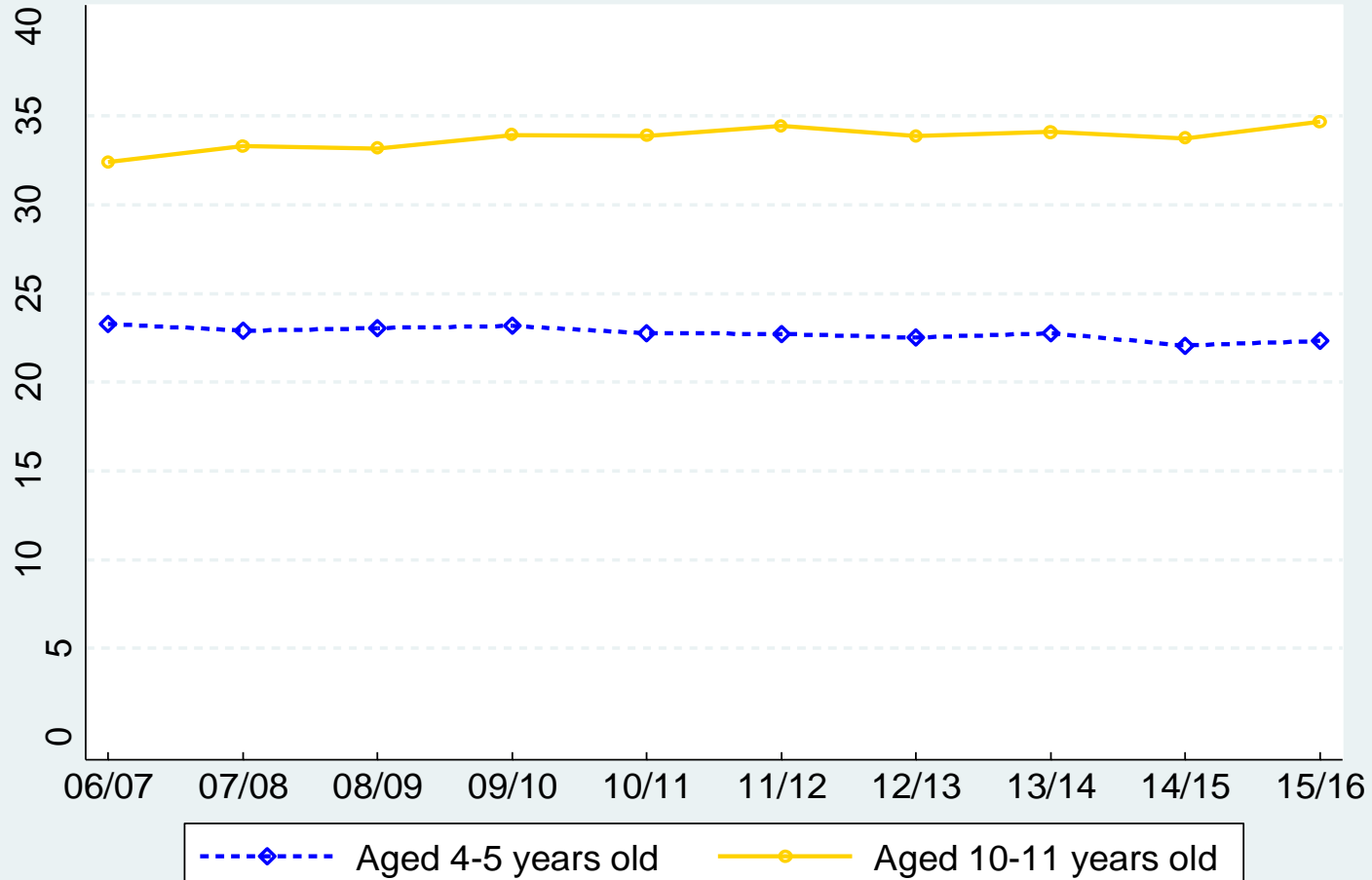
<b>Views on ring-fenced public health budget</b>	<b>% Agree 2015 N=39</b>	<b>% Agree 2016 N=36</b>
Protects public health services	59%	67%
Provides an accurate picture of public health spend across a local authority	36%	36%
Should be retained in its present form	51%	64%
We should preserve distinction between mandated / non-mandated public health services	33%	42%
Provides useful data for comparison with other LAs	51%	64%
Used to stimulate public health changes across LA directorates	56%	67%

# National surveys – key findings III

<b>Ring-fenced public health budget adequate?</b>	<b>% Agree 2015 N=36/37</b>	<b>% Agree 2016 N=34/35</b>
Obesity (adults)	19%	26%
Obesity (children)	19%	29%
National Child Measurement Programme	81%	79%
Exercise schemes (adults)	28%	29%
Exercise schemes (children)	19%	23%
NHS Health Checks	69%	69%
STI testing and treatment	62%	71%
Contraception (excluding routine GP provision)	65%	69%
Sexual health services - advice, prevention and promotion	57%	68%



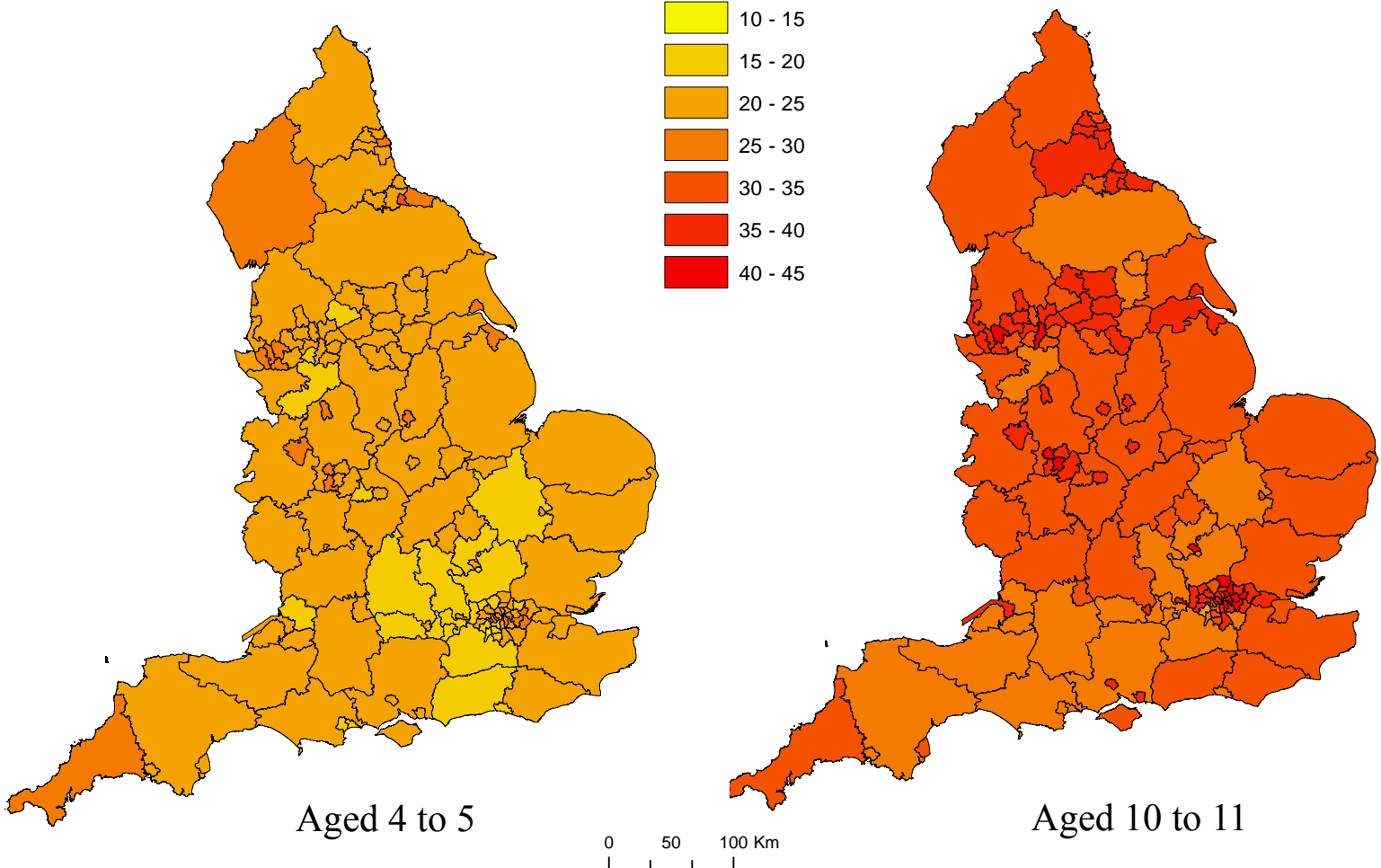
# Childhood obesity – national trends



Note: 150 LAs for each year

# The prevalence of overweight and obesity for the upper tier LAs in England (2015/16)

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# Spend in 2013/14

Spend	Mean	LAs
Obesity (children)	£194,227	150
Physical activity (children)	£151,707	150
Children Public Health Programme (PHP)	£1,610,360	150
Total public health	£16,701,260	150
Per capita: obesity (children)	£3.84	150
Per capita: physical activity (children)	£2.50	150
Per capita: Children PHP	£28.41	150
Per capita: total public health	£51.99	150
Obesity/Total public health	1.12%	150
Physical activity/Total public health	0.82%	150
Children PHP/Total public health	9.75%	150
Total	11.69%	150

# Relationship between outcomes and deprivation



# Method: Regression analysis

## Variables

- Outcome
- Main explanatory variables (2013/14)
- Other covariates (controls)

## Equation

overweight / obesity<sub>2015/16</sub> =

spend (Ob)<sub>2013/14</sub> +

spend (PA)<sub>2013/14</sub> +

spend (PHP)<sub>2013/14</sub> +

overweight / obesity<sub>2013/14</sub> +

% male + IMD + ethnicity +

rurality + class +

fast food outlet rate

# Key findings

- No measure of LA spend in 2013/14 significantly associated with proportion of obese or overweight children
- The higher the levels of obesity in 2013/14, the higher the levels of obesity in 2015/16
- Higher levels of LA deprivation associated with higher levels of obesity
- The higher the levels of minority ethnic children, the lower the levels of obesity
  - 4-5 age group only