Report 2: The Public Health Budget – Plain English Summary

In April 2013, responsibility for improving local people's health in England was transferred from the NHS to 152 local authorities. Local authorities (LAs), who were already responsible for a wide range of local services including schools, social care, transport and parks, now also received a 'ring-fenced' (protected) budget for discharging their new public health responsibilities. These included promoting health and wellbeing, preventing ill-health, and narrowing health inequalities.

In the financial year 2013-2014, LAs received £64.6 billion, of which 4% (£2.7bn) was specifically for public health. This report describes how local authorities spent those public health budgets in the first year of operation.

To make fair comparisons across LAs, we needed to take account of the relative size of local populations. There are 18 categories that LAs must use to report their expenditure – for example, one category is for public health programmes for school-aged children. Per-person measures were derived by dividing expenditure in each of 18 categories by the total target population for each category. So for the 'school-aged children' category, the target population was the total number of children aged 5 to 19 living in each LA. We then compared these per-person expenditure figures with outcomes taken from a national set of performance indicators. This illustrated how variation in LA expenditure was patterned against the indicators and helped us identify LAs with consistently low (high) levels of spend and consistently better (worse) outcomes. However, it's important to note that this one-year snapshot of the data cannot tell us whether those expenditure levels *caused* these outcomes and there are many other factors which influence health and health inequalities.

In 2013/14, LAs spent £2.5bn on public health services. Adult drug misuse services accounted for the largest share (21.2%, £532m), followed by testing and treatment for sexually transmitted infections (STIs) (15.2%). LAs classified almost 14% of expenditure (£345m) as 'miscellaneous public health services.' When all categories of expenditure and all outcomes were considered, two shire counties, Buckinghamshire and Hertfordshire, had consistently lower spend than average and better outcomes than average. In contrast, Durham County Council and Sunderland City Council typically had higher than average expenditure per person and worse outcomes. These characteristics are likely to reflect the relative affluence of local populations, particularly as the funding formula adjusts for underlying need – so LAs with more deprived populations receive larger budgets.

The next steps of the research will use datasets spanning several years to look more closely at the relationship between expenditure and outcomes in two areas – NHS Health checks, and childhood obesity.

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