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09 JAN 2019

Councillor Tudor Evans OBE Leader Plymouth City Council Civic Centre Plymouth PL1 2AA

Dear Councillor Evans,

Thank you for your correspondence of 30 November, co-signed by Councillor Ian Tuffin, about early intervention and prevention in public health.

I note your concerns.

The Government fully appreciates the importance of protecting and improving public health. We also believe that reducing the deficit and promoting economic growth is vital to the long-term health of our economy and to all of the public services that it supports. We recognise that the funding position for local government is extremely challenging, and understand the huge efforts that local government has made to focus on securing best value from every pound spent.

The 2015 Spending Review made available £16billion of funding for local authorities (LAs) in England over the five-year period. This is in addition to what the NHS spends on prevention, including over £1billion on immunisation, vaccination and screening and £340million on vaccine stocks in 2016/17, and the world's first national diabetes prevention programme.

The transfer to LAs provided the opportunity to join public health with decisions on other local services, such as housing and economic regeneration, to improve the overall health of the local population.

Whilst working within the conditions and regulations of the grant, it is for LAs to determine how best to invest these resources. We expect LAs to focus on securing value for money and to challenge the way services have historically been delivered.

Many councils have redesigned services, taking a holistic approach, and are demonstrating real innovation, and we welcome this. LAs will decide their own

spending, based on assessment of local need, and many local councils are retendering contracts and achieving better value for money than in the past.

We believe that LAs are best placed to make decisions about services that best meet the needs of their populations. We see LAs commissioning different kinds of public health services that better fit local circumstances and priorities, and that deliver improved value.

As you are aware, a new public health formula was developed by the Advisory Committee on Resource Allocation. This formula was the subject of formal consultation in 2015. The new public health formula has a number of significant advantages in analytical robustness, the use of contemporary data, and objectivity. The Department of Health and Social Care and Public Health England are continuing work to ensure that the public health formula is up-to-date, and are assessing the suitability of the new formula for use under any new funding arrangements.

I hope this reply is helpful, and I would be grateful if you would share it with your co-signatory.

Yours sincerely,

STEVE BRINE