

Minister denies councils will use public health money for filling potholes in roads

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Local authorities will not be able to use public health funding for questionable purposes such as filling in potholes in roads once they take control of public health budgets, MPs have been told.

MPs on the parliamentary health select committee tackled government witnesses as part of their final evidence session of the ongoing inquiry into public health on 19 July.

Several concerns about how public health money will be spent once it passes into the control of local authorities as part of the NHS reforms had been brought to the attention of the committee.

MPs asked about fears that local authorities would spend public health funds on what might seem to be obscure activities and claim they were in the interests of public health.

Rosie Cooper, Labour MP for West Lancashire, said it was going to be a difficult time financially for local authorities in the next few years because of trimmed back budgets.

“We have had public health academics and people working with unitary authorities who have described 20 mile an hour zones outside schools as a public health measure.

“There is a fear that we will get to the point at which filling in potholes will become a ‘public health exercise’ because it saves lives, and in reality, that there will be some measure of local authorities using the public health ring fenced budget to fulfil their core function.”

Public health minister Anne Milton, giving evidence, said: “I know there is nervousness, but there is also an opportunity to be more imaginative about how you improve the public health.

“The point is that there will be an outcomes framework [for public health] and that is going to be critical. That is central government’s lever on it and that is the protection.

“I think that once local authorities have public health in their remit, there will be enthusiasm from the authorities themselves and not just because they can get their hands on money they didn’t previously have, but because most people genuinely want to improve the public’s health.”

MPs pressed her on the likelihood of some councils diverting money from public health for other things.

“It would be naïve for us to sit here and deny that that is a possibility because public bodies have got awfully good at what is known as gaming the system,” she replied.

“The meaningfulness and the measurableness of the outcomes are going to be very important, and this money is being given to local authorities on the back of compliance with the local outcomes framework.

“There are incredibly imaginative schemes out there already that local authorities are doing to improve the public’s health that, on first appearance, you would not normally associate with public health but have been incredibly effective.”

Ms Milton argued that the shift for public health responsibility back into local government was one of the best ways of tackling areas where people had the poorest health outcomes.

“Public health has a proud tradition and history within local government,” she said. “This way, you harness action at every single level.”

David Harper, director general of health improvement and protection at the Department of Health, also giving evidence, said: “Ministers are very much of the view that this is an opportunity to open up public health to everybody. It is not being driven from the national health service.”

Cite this as: *BMJ* 2011;343:d4669