

# Exploring differential local authority responses to public health budget cuts: the impact on health visiting services for children in England

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## Introduction

- The national Healthy Child Programme (HCP), funded by the public health grant, provides health visiting reviews at key milestones for all children aged 0-5 years.
- Since 2015, the public health grant provided to local authorities (LAs) has been cut by 28% on a real term basis.
- Decisions about public health expenditure are made locally; therefore, local variation in how health visiting expenditure has changed is likely, with some LAs choosing to financially protect services and others passing on cuts.

## Objective

To explore differential local authority responses to reductions in the public health grant in terms of the financial impact on health visiting services

## Method

- The Department for Levelling Up, Housing & Communities Revenue Outturn data includes expenditure on health visiting.
- We analysed Revenue Outturn data from 2016/17-2022/23.
- For each LA, we calculated the absolute and percentage change in expenditure from 2016/17-2022/23, accounting for inflation.
- We explored the association between expenditure change and population-level deprivation using linear regression.

## How does local authority variation in health visiting services funding change over time?

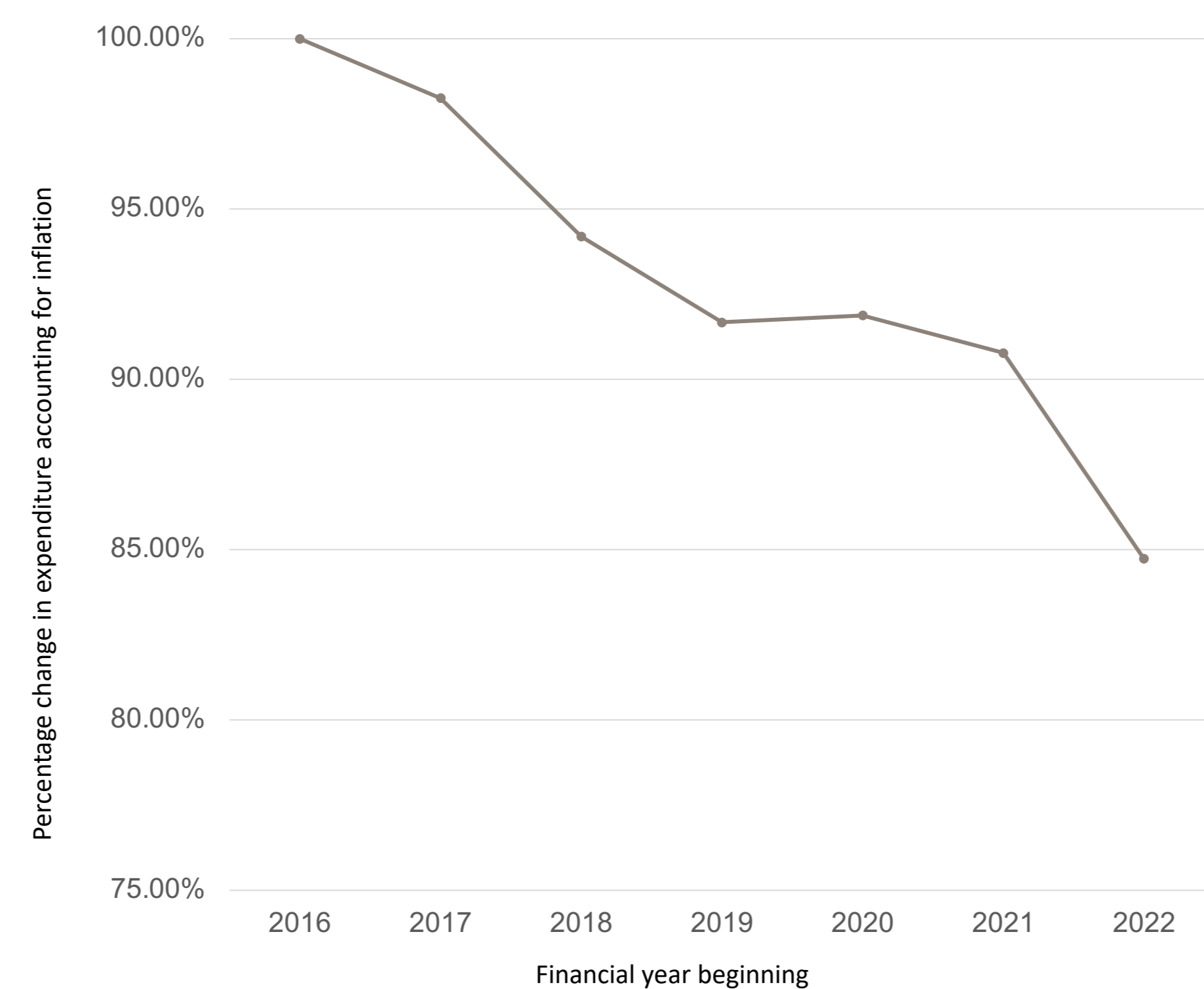


Figure 1. Line chart of annual percentage change in expenditure on health visiting services in England during the period 2016/17-2022/23.

- Between 2016/17 and 2022/23, expenditure on health visiting services has decreased by 15.3% (Fig. 1), equivalent to a real term decrease of £1,135,200.
- Just 24 LAs increased their health visiting service expenditure during the study period, while 5 more than halved expenditure (Fig. 2).

## How is deprivation associated with local authority's differential responses to HV service funding levels?

- There was a linear relationship between the level of deprivation affecting children in an LA (as measured by IDACI) and changes in HV service funding levels.
- LAs with higher levels of deprivation decreased their expenditure by less than those with lower deprivation.

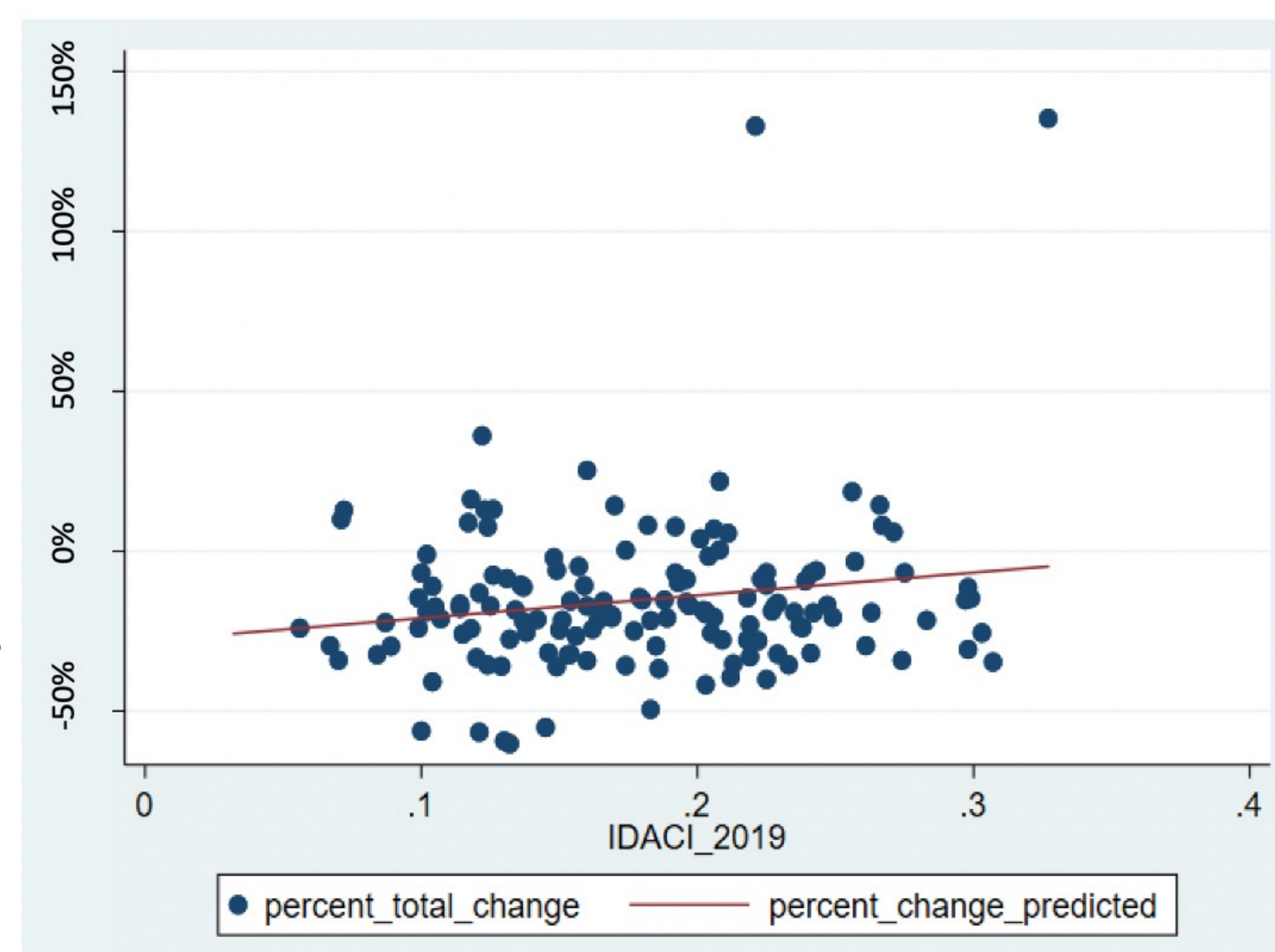
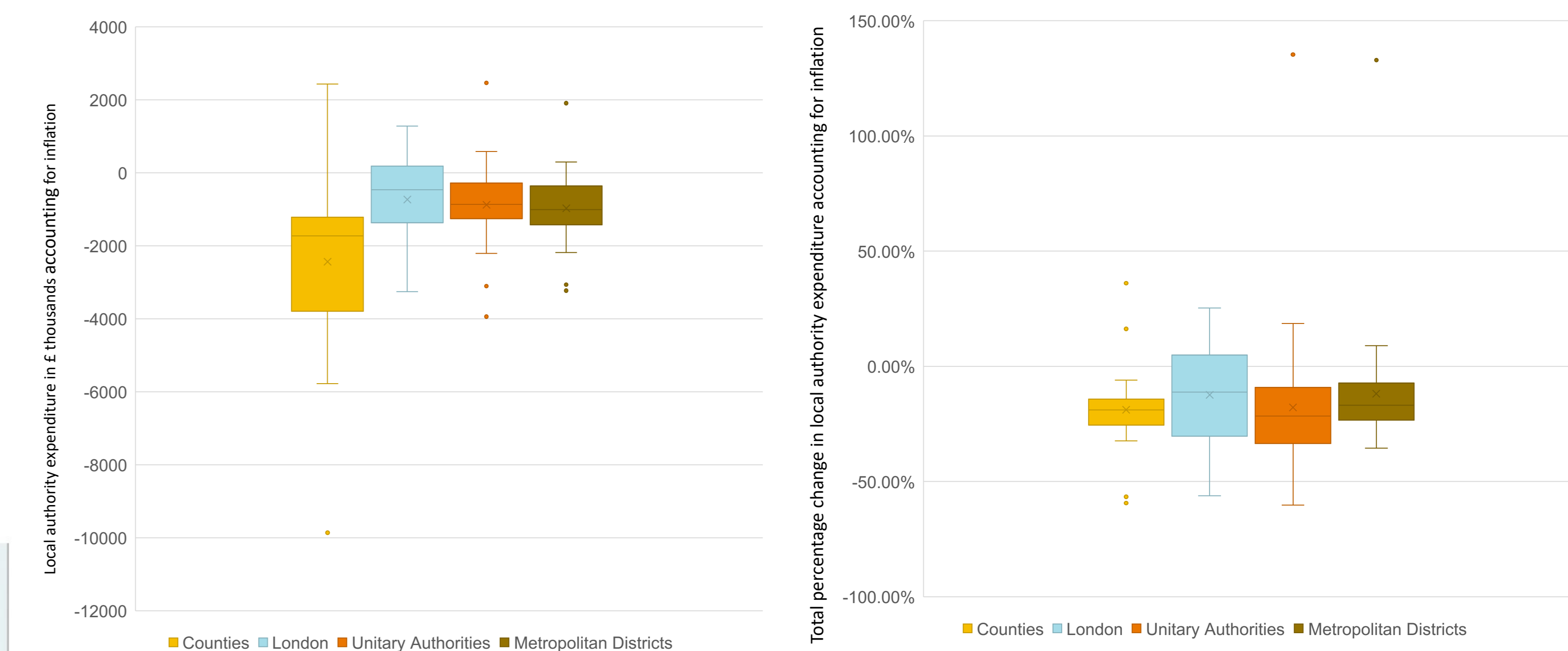


Figure 2. Linear regression model exploring the association between average IDACI and average total percentage change in local authority expenditure on health visiting services in the period 2016-2023.

## Results

### How is region associated with local authority's differential responses to health visiting expenditure?

- Figure 3 and 4 shows expenditure data for LAs grouped the local authorities into four regions: London, Counties, Unitary Authorities, and Metropolitan Districts and then plotted the expenditure data into boxplots.
- London had the lowest median total percentage change at -11.2% and Unitary Authorities had the highest at -21.6%, whilst Metropolitan Districts was -16.9% and Counties was -18.9%.
- London had the greatest variation in percentage change in expenditure (range across LAs: -56.2% to +25.3%).



Figures 3&4. Boxplot of average total change (expenditure and percentage in local authority expenditure on health visiting services in 2016-2023 broken down by region (Counties, London, Unitary Authorities, Metropolitan Districts).

## Conclusions

Local authority funding of health visiting services in England has decreased by 15.3% in the period 2016/17-2022/23, resulting in an average loss of £1,135,200 in real terms, accounting for inflation.

There was considerable variation across local authorities in the level of funding cuts experienced by health visiting services and only 24 local authorities increased their funding during the study period.

Local authorities with higher levels of deprivation affecting children decreased their expenditure by less than those with lower deprivation.