

2020 Comprehensive Spending Review

Joint representation on local public health funding to HM Treasury

The below submission is supported by the following organisations:

Action on Salt	Health Action Campaign
Action on Sugar	Henry
Alcohol Change UK	Homeless Link
Alcohol Health Alliance UK	Institute of Health Promotion and Education
Alzheimer's Research UK	Institute of Health Visiting
Association for the Study of Obesity (UK)	Kidney Research UK
Association of Directors of Public Health	LGBT Foundation
Asthma UK and British Lung Foundation	Local Government Association
Breastfeeding Network	Mental Health First Aid England
British Association of Sexual Health and HIV	Mental Health Foundation
British Dental Association	Mind
British Dietetic Association and the Association of UK Dieticians	National AIDS Trust
British Heart Foundation	National Kidney Federation
British HIV Association	New NHS Alliance
British Liver Trust	NHS Confederation
British Medical Association	Northern Health Science Alliance
Brook	Obesity Health Alliance
Cancer Research UK	Patients Association
Centre for Mental Health	Positive East
Chartered Society of Physiotherapy	Release
Children's Liver Disease Foundation	Royal College of Nursing
Collective Voice	Royal Society for Public Health
County Councils Network	School and Public Health Nurses Association
Diabetes UK	SMMGP
Faculty of Public Health	Society of Radiographers
Faculty of Sexual & Reproductive Healthcare	Terrence Higgins Trust
First Steps Nutrition	Versus Arthritis
Food Active	World Cancer Research Fund

Despite continued rhetoric that “prevention is better than a cure”,¹ funding for the functions and services that prevent ill-health, improve population health and enable community health creation continues to be threatened. Even before the COVID-19 pandemic hit the UK, local public health services were struggling to keep up with growing demand and health inequalities were widening.² With the continued focus on responding to and recovering from COVID-19, improving and sustaining the health and wellbeing of our population and levelling up health experiences and outcomes must be a core priority for the UK Government. A strong commitment to prioritise and adequately fund disease prevention and health improvement functions locally, regionally and nationally must be at the core of the government's spending priorities. Sustainable investment in local public health functions and services is a vital part of this.

The public health grant, which funds local authorities in England to deliver functions and services that promote health and prevent ill-health, has been cut by more than a fifth (22%) since 2015/16³ despite a growing and urgent need for investment in public health and prevention. Furthermore, it is the most deprived areas, that have poorer health outcomes and therefore are in the greatest need of local public health activity and funding, which have had the greatest

reductions in spending. Research shows that absolute cuts in the poorest places have been around six times larger than in the least deprived,⁴ further compromising the delivery of equitable care and the government's levelling up agenda.

In 2020/21 the public health grant was valued at £3.2 billion – around 2.6% (£80 million) higher than the previous year's grant.³ While this increase is some recognition of the need to fund local public health, it falls far short of the estimated £0.9 billion needed per year to simply restore cuts since 2015/16, and fails to provide a sustainable footing for long term investment in public health, prevention and health creation.

At the forthcoming Comprehensive Spending Review, the UK Government must deliver an increased, sustainable, long term funding settlement for local public health in England. Based on analysis by the Health Foundation, taking into account the modest uplift in 2019/20, this means providing at least an extra £0.9 billion per year to restore the cuts made since 2015/16. However, to support a greater focus on preventing ill-health and reducing health inequalities, supporting the sustainability of the wider health and care system, and in turn improving economic productivity, an even greater level of investment is needed.

“If we get prevention right, it holds the key to longer, healthier, happier lives and a sustainable, high quality health and care system guaranteed for generations to come”.⁵

Matt Hancock, Secretary of State for Health and Social Care, 5 November 2018

Locally commissioned public health services are key to supporting the government's prevention agenda to “ensure people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and the poorest”.⁶ However, years of disinvestment have threatened local authorities' ability to deliver the important functions and services that prevent ill-health. For example:

- Comprehensive **tobacco control** functions, which reduce smoking uptake and support existing smokers to quit, are essential to achieve the government's ambitious 'smokefree' commitment by 2030. Despite political support for tobacco control remaining strong, local investment has decreased over recent years. Among the local authorities that still had a budget for stop smoking services, 35% had cut this budget between 2018/19 and 2019/20; the fifth successive year in which more than a third of local authorities had cut their stop smoking service budgets.⁷ More than three quarters of local authorities report that the biggest threat to their tobacco control budgets were funding cuts.⁷ In 2019, local smoking cessation services, which offer people the best chance of quitting for good, were only universally available in just over half of local authorities.⁷
- **Overweight or obesity** is a risk factor for a range of diseases including type 2 diabetes, cardiovascular diseases, and 13 types of cancer, and the most deprived areas have disproportionately higher rates of obesity compared with the least deprived.⁸ Yet effective prevention and weight management services have seen damaging and inequitable cuts, with the ten most deprived local authorities in England seeing a 50% cut to their budget for obesity services between 2014/15 and 2019/20, compared to a 37% cut in the ten least deprived.⁴ In addition, the National Audit Office found local authority spending on childhood obesity services fell by more than 13% in real terms between 2016/17 and 2018/19.⁹ The government's commitment to addressing obesity as a key priority in their recent obesity strategy was welcome and included a promise to expand weight management services available through the NHS. However, to be effective local authorities will need to be provided with sustainable public health funding to ensure they can deliver these and other vital services at a local level.
- **Alcohol treatment** is paramount in reducing alcohol harm: every £1 invested yields £3 in social return.¹⁰ Despite this, Public Health England estimates that, even before the COVID-19 pandemic, only 1 in 5 alcohol dependent people in England were receiving treatment.¹¹ This is in part due to significant spending cuts: services in England have typically seen spending cuts of around 30% since 2012.¹² With a clear positive return on investment these cuts represent a false economy; especially when we have seen rising numbers of alcohol-related hospital admissions in England.¹³ Investment is urgently needed, including the establishment of alcohol care teams in all acute hospitals. In addition to treatment priority needs to be given to prevention, including action on price, promotion, and availability as the three most cost-effective ways of reducing alcohol harm.¹⁴
- The COVID-19 pandemic has highlighted the underfunding of **community physical rehabilitation** required to meet the growing demand on services. Further cuts will impact physiotherapists' opportunities to initiate wider public health conversations with patients on physical activity, weight management and exercise.

Currently, 1.8 million in England live with moderate or severe frailty, and all would benefit from the expansion of strength and balance programmes. This frail population will have become deconditioned as a result of the COVID-19 lockdown, significantly increasing their risk of falls and fractures. In the UK, around £2 billion is spent annually on treating hip fractures,¹⁵ a cost which could be significantly reduced through access to high quality strength and balance programmes. People would also remain independent and functionally able for longer reducing readmissions to acute services, lowering social care needs and helping prevent disability. These physical rehabilitation programmes will also help to reduce the number of referrals to the acute setting and therefore reduce demand on already overstretched imaging services, where there are workforce shortages, and reduce wait times for other patients requiring imaging and acute care.

- England is currently at a pivotal moment with regard to **sexual and reproductive health**. The country is seeing an alarming increase in sexually transmitted infections (STIs) with new gonorrhoea diagnoses at their highest since records began in 1918.¹⁶ Within sexual and reproductive health services, for every £1 invested in contraception, £9 is saved.¹⁷ Yet these services, funded through the public health grant, have seen funding cuts of 25% between 2014 and 2020.¹⁸ Although HIV transmission rates are declining, there is a risk of this changing given the rise in other STIs. If we are to meet the government's target of ending new HIV transmissions by 2030, reverse the spread of STIs and enable women to avoid unplanned pregnancies, access to fully funded, accessible sexual and reproductive health services is essential.
- The economic and social cost of **mental ill health** in England was £11.9 billion per year before the outbreak of coronavirus in the UK.¹⁹ Given that rates of depression have doubled since the pandemic,²⁰ and that recessions have a further negative impact on mental health, greater investment is urgently needed to prevent people developing mental health problems and reduce pressure on the NHS. There are some excellent evidence-based local authority public mental health and suicide prevention initiatives that are helping to support our communities. Broader public health initiatives promoting better physical health and wellbeing can also help improve population mental health. Yet public health budgets overall remain significantly lower than they were in 2015, and local authority spending on public mental health is very low, making up only 1.8% of public health budgets in 2019/20.
- Inequalities in **children's dental health** are persistent and stark, with the latest Public Health England survey of five-year-olds²¹ showing almost a three-fold difference in prevalence and a more than ten-fold difference in severity of dental decay between those in more and less deprived local authority areas. Although preventable, dental disease has a profound impact on children's quality of life, school-readiness, speech development and ability to eat, sleep and socialise. This picture is expected to have worsened during the pandemic, particularly for the most deprived, due to poor diets, lack of access to dental care and suspension of public health programmes such as school-based supervised toothbrushing. Sustained cuts in public health budgets have led local authorities to squeeze dental public health spending, such that some are not even able to fulfil their statutory requirement to survey the dental health of five-year-olds in order to target interventions cost-effectively to those most in need. Programmes including supervised brushing and water fluoridation are known to generate a return on investment,²² and plans to expand them²³ must not be put at risk by under-funding.
- The government has committed to ending **rough sleeping** by 2024. This will require sustained investment in local homelessness services, that go beyond fragmented tranches of short-term funding and takes public health into consideration in light of the current pandemic. However, research from Homeless Link and others has documented drastic and sustained revenue funding cuts to the sector over the past decade, which have created inefficiency and instability, and left the sector struggling to plan, innovate or offer longer-term housing options.²⁴ Research commissioned by Homeless Link and St Mungo's found that the sector already faced an annual shortfall of £1 billion for supporting single homeless people, many of whom live with multiple disadvantage, before the COVID-19 pandemic.²⁵ In 2018/19, nearly £1 billion less was spent on support services for single homeless people than was spent in 2008/9. While real-terms spending increased slightly since 2017/18, spending still sits at just over half of 2008/9 levels, despite the fact that rough sleeping more than doubled in the same period.
- An adequate, resilient and sustainable **health and care workforce** which meets population demand is essential to successfully prevent ill health, improve population health and wellbeing and build public health capacity and resilience in England. However, cuts to the public health grant and uncertainty around public health funding in England have impacted on public health specialist posts and specialist nursing posts, such as health visitors and school nurses. For example, if governments want to achieve world-class public health systems, the Faculty of Public Health recommends aiming for 30 full time equivalent public health consultants per million population spread locally, regionally and nationally;²⁶ however in England in 2019, there were only

15.4 per million population.²⁷ Frontline workforce posts including specialist public health nurses have also been impacted by local funding cuts. Despite the government's ambition to "level up" society and ensure that every child has the best start in life, preventative public **health services for children** have experienced sustained budget cuts. Since 2015 there was a 26% reduction in NHS school nurses²⁸ and a 30% reduction in the number of health visitors^{28,29} in England. despite evidence highlighting the importance of early intervention across the life-course and the benefits of interrupting the impact of adverse childhood experiences. What happens during the first years of life matters — the effects of early disadvantage are cumulative and associated with health, economic and social inequalities which can pass from one generation to the next in the absence of effective measures to tackle these. Inequalities are not inevitable. However, despite overall improvements in child health, the UK lags behind other countries on many key health outcomes; infant mortality reductions have stalled, our breastfeeding and obesity rates are amongst the worst in Europe and health inequalities are seen across all child health indicators.

Public health and prevention services delivered by local authorities play a vital role in **tackling health inequalities** and "levelling up" health and wellbeing experiences and outcomes across the population. This has come into sharper focus since the COVID-19 pandemic, which has exposed the fault lines where public health and prevention services have fallen behind. Across England, death rates from COVID-19 have been higher among people of Black and Asian ethnicity than any other ethnic group, as well as those living in more deprived areas compared to those living in the least deprived areas.³⁰ People in the most deprived areas are not only at greater risk of exposure to COVID-19, but the poorer health outcomes for this group also place these individuals at greater risk of more severe outcomes if they contract the virus, exposing the structural disadvantage and discrimination faced by the country's most vulnerable.³¹

The **pressures on infrastructure and workforce** continue to plague our health and social care system, with NHS workforce shortages even before the COVID-19 pandemic predicted to be as high as 200,000 by 2023/24.³² The squeeze on the public health grant over recent years, while protecting NHS expenditure in the short term, is likely to negatively impact health outcomes.³³ Research suggests that public health expenditure is not only cost effective, but investment in these local functions and services will be more productive than NHS expenditure.³³ Investing in local public health functions and services would help to reduce this pressure in the longer term by improving the overall health of the population and reducing the need for costly treatment services.

The **economic impact** of preventable disease is significant, further strengthening the case for investment in local public health and prevention now to prevent significant economic costs in the future. Alcohol harm costs the UK between £21–£52 billion annually,³⁴ overweight and obesity cost UK society at least £27 billion a year,³⁵ and in England alone smoking is estimated to cost society £12.5 billion a year.³⁶ Moreover, a healthy population translates to a healthy, productive workforce and is vital for a strong economy. Even before the COVID-19 pandemic, ill health amongst working-age people costs the economy around £100 billion a year,³⁷ with smoking and alcohol estimated to cost the economy around £8.9 billion³⁶ and £7.3 billion³⁸ in lost productivity alone, respectively. Continued disinvestment in local public health functions and services will therefore have a detrimental impact on businesses and economic output.

The UK Government must place public health, prevention and health creation at the heart of policy and our nation's recovery from the COVID-19 pandemic. As part of this, local authorities in England need an increased, long-term (multi-year) and sustainable funding settlement to ensure they can appropriately plan and deliver effective public health functions and services that meet the changing needs of their populations and supports the evolving and increasingly important prevention agenda. Based on analysis by the Health Foundation, this means restoring £0.9 billion per year in public health funding cuts at a minimum.

It will not be possible to increase healthy life expectancy, reduce health inequalities and appropriately respond to and recover from the COVID-19 pandemic if local authorities are unable to provide vital public health and preventative functions and services.

The UK Government must sustainably fund local public health as a priority at this year's Comprehensive Spending Review.

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