Written evidence submitted by the sexual health charity, FPA (CSR0030)

About
FPA is one of the UK’s leading sexual health charities.
Our mission is to champion people’s right to sexual and reproductive health and wellbeing through advocacy, information, education and campaigning.
We do this through providing evidence-based sexual health information to the public and professionals, running specialist sexual health and sex and relationships education programmes, and campaigning for high-quality education and sexual health services.

Introduction and summary
FPA welcomes the launch of the Health Select Committee’s inquiry into the impact of the Comprehensive Spending Review. As much of sexual health commissioning falls outside of NHS England’s remit, we particularly look forward to the Committee’s investigation into the effect of cuts to non-NHS England health budgets and their impact on the *Five Year Forward View*.

Since the reforms of 2012, many sexual and reproductive health services fall under the responsibility of local government through their ring-fenced public health budgets. In June, the Chancellor announced plans to cut this in-year grant by £200 million,\(^1\) resulting in every public health commissioner having to make a 6.2% reduction in spending. We are concerned that the measures announced the in Spending Review (which include an additional average annual real-terms savings of 3.9% over the next 5 years to the public health system) will add to the increasing strain on frontline, clinical sexual and reproductive health services.

We believe that decreasing spend on prevention is in direct opposition to the case made in NHS England’s *Five Year Forward View*, which calls for a ‘radical upgrade in prevention and public health’\(^2\) in order to secure the sustainability of the UK’s health service. FPA’s own research\(^3\) has shown the long term costs of a reduction in spending on (and therefore access to) sexual and reproductive health services is significantly higher than initial savings, due to higher treatment costs for sexually transmitted infections (STIs) and increased demand for maternity and abortion services.

As such, our response to the following areas:

- The impact on clinical service provision in sexual and reproductive health.
- FPA’s research into the long term cost to the NHS of cuts to public health.
- The future of the public health ring-fence.

Service provision in the UK

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Recent Public Health England (PHE) statistics\(^4\) show that incidences of syphilis and gonorrhoea are at their highest levels in 30 years, which is of particular concern given antibiotic resistance in certain sexually transmitted infections (STIs).\(^5\) Despite the Teenage Pregnancy Strategy’s success in achieving the lowest rates of pregnancy among under-18s on record, the UK still has some of the highest incidences in Europe\(^6\). In order for NHS England to deliver a sustainable health service, the *Five Year Forward View* rightly prioritised prevention as a key area for improvement in order to reduce cost and it is clear that the scale of the challenge means that sexual health services can ill afford further cuts.

Even before the full impact of the Spending Review is realised, the scale of savings being made by commissioners are significant. In January 2016, a British Medical Journal (BMJ) investigation found that ‘millions of pounds have been stripped from frontline public health services in England as a result of the government’s cuts.’\(^7\) After issuing Freedom of Information requests, 152 local authorities in England, 40 councils (out of 132 that replied) said they had applied cuts to frontline services in 2015-16. The BMJ identified that, of the savings made by councils in 2015-16, £1.4m came from sexual health. The investigation also identified a further £26m of proposed service cuts from 2016-17, including an additional £3.3m on sexual health. However, most councils said they had not yet produced their savings plans for 2016-17 and beyond, which means more savings could be to come.

A further BMJ article\(^8\) points out that, thus far, sexual health has been somewhat protected partly because many councils are tied into hospital contracts. However, when these contracts expire, the BMJ highlights that ‘local authorities are taking the opportunity to cut costs’. This is likely to have significant consequences, including:

- **Restriction in access to services to community clinics**, through closures or reductions in operating hours. As councils seek to focus on groups most at risk of sexually transmitted infections (STIs) (identified by Public Health England\(^9\) as young people under-25 and men who have sex with men), restrictions may appear in who is able to access the service. For example, the Advisory Group on Contraception illustrated this when they reported\(^10\) that, in an audit of commissioners in England, they found that over 3.2 million women of reproductive age (15-44) were living in areas where fully comprehensive services are restricted by age, place and type of contraceptive.

- **Increasing pressure on primary care** as people use their GP to access sexual and reproductive health services, including long acting reversible contraception.

*We urge the Committee to highlight the need for the Government to monitor the progress it is making in sexual health (with reference to Framework for Sexual Health*  

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\(^4\) Sexually transmitted infections (STIs): annual data tables (PHE, 2015)  

\(^5\) Antibiotic resistance in gonorrhoea remains a concern (PHE, 2014)  

\(^6\) International comparison of teenage births (ONS, 2014)  

\(^7\) Public health—the frontline cuts begin (BMJ, 2016)  
[http://www.bmj.com/content/bmj/352/bmj.i272.full.pdf](http://www.bmj.com/content/bmj/352/bmj.i272.full.pdf)

\(^8\) Sexual health services: divided and unprotected (BMJ, 2016)  
[http://www.bmj.com/content/bmj/352/bmj.i309.full.pdf](http://www.bmj.com/content/bmj/352/bmj.i309.full.pdf)

\(^9\) Sexually transmitted infections (STIs): annual data tables (PHE, 2015)  

\(^10\) Sex, Lives and Commissioning II (AGC, 2014)  
Improvement in England\textsuperscript{11)} and review the impact of the cuts on the confidential, open access services local authorities are mandated to provide.

We also call on the Committee to request that Government review the impact of public health cuts on primary care, particularly in relation to the provision of contraceptive care and long acting reversible contraception.

Unprotected Nation

Towards the end of last year, FPA commissioned \textit{Unprotected Nation: An Update on the Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services} in order to map the future costs of the reduction in service provision, following our concerns about the cuts to local authority public health grants.

To generate the findings, the report undertook:

- a review of national demographic trends, including rates of conception, abortion, miscarriage, still births and live births over the 2000–2014 period
- a review of trends in the transmission of sexually transmitted infections
- a review of up-to-date estimates of health and other relevant aspects of public expenditure across the UK and (where expenditure is devolved) its constituent countries.

In a consideration of future costs, the report describes two scenarios; one in which the 2015 level of service availability is maintained (‘current access’) and a ‘reduced access’ scenario, which considers the potential longer term health and wider public expenditure implications of a 10% cut in sexual health and contraceptive services expenditure across the UK.

Even if current funding is maintained, the report found that unintended pregnancies and STIs are expected to cost the UK’s health budgets around £11.8 billion over the 2015–2020 period and over £24 billion over the 2015–2025 period.

In the ‘reduced access’ scenario, the total cost of unintended pregnancies and STIs could be as much as £77.750 billion over the period 2015–2020 and £259.012 billion over the period 2015–2025. This includes increased health costs, as well as expenditure on social welfare programmes including social services, public housing and education costs.

Although we cannot say the extent to which councils will cut sexual and reproductive health services, it is clear that these projections are important in understanding the potential long term cost to the NHS. The impact of unintended pregnancies and STIs described in the current access scenario show the enormous costs the NHS already faces from STIs and unintended pregnancy, without the added burden of creating even more expense through the short term reductions in spending arising as a result of the Spending Review.

It is also worth noting that, although our report looks at the UK as a whole, cuts to sexual health services may vary council-by-council, leading to regional disparities in the quality of care.

\textit{We urge the Committee to stress to Government the importance of ensuring NHS England’s requirement of a ‘radical upgrade’ in public health is not compromised by cuts and recommend that budget cuts are reversed.}

\textsuperscript{11} Framework for Sexual Health Improvement in England (Department of Health, 2013)

We also call on the Committee to push Government to ensure that there are not regional disparities in the quality of care.

Public health ring-fence

The Spending Review also announced the public health grant to local authority will be protected until 2018. Even before the additional savings which have to be found as a result of the Spending Review, a British Medical Journal (BMJ) investigation\(^\text{12}\) in March 2014 raised concerns that many local authorities are diverting public health funds to plug gaps in wider council services, despite the fact that public health funding is protected by a ring fence.

Post-2018, local authorities will most likely have to use the revenue generated through business rates. We are concerned that the removal of funding will lead to a reduction of spend on sexual and reproductive health services, particularly when considered within the context of the £6.1 billion grant reduction by 2019/20 for local government also announced in the Spending Review.

*We call on the Committee to ensure that frontline, clinical services are protected, before and after the proposed changes to the ring-fenced public health grant.*

22 January 2016

\(^{12}\) *Raiding the public health budget* (BMJ, 2014) [http://www.bmj.com/content/348/bmj.g2274](http://www.bmj.com/content/348/bmj.g2274)