About the UK Health Forum

1. The UK Health Forum (UKHF), a registered charity, is both a UK forum and an international centre for the prevention of non-communicable diseases (NCDs) including coronary heart disease, stroke, cancer, diabetes, chronic kidney disease and dementia through a focus on up-stream measures targeted at the four shared modifiable risk factors of poor nutrition, physical inactivity, tobacco use and alcohol misuse. UKHF undertakes policy research and advocacy to support action by government, the public sector and commercial operators. As an alliance, the UKHF is uniquely placed to develop and promote consensus-based healthy public policy and to coordinate public health advocacy.\(^1\)

2. We appreciate the opportunity to respond to this inquiry.

Summary

3. UKHF has focused our submission on the public health system moving forward, with consideration of the 2013 reforms and current national burden of NCDs. While public health services in England are delivered locally, these functions can only be efficient and effective alongside a fully integrated, nationwide system.\(^2,3,4\) The NHS Five Year Forward View made it quite clear that, ‘the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health’.\(^5\)

4. Key themes of this submission:

   4.1. The public health system in England is still settling down and must be given the space and time to do so and not disrupted by further structural changes.

   4.2. Public health must function within a wider, cross-government system and should be fully integrated with health and social care by 2020.

   4.3. The depth of cuts as a consequence of austerity measures means the Government cannot afford spiralling demands on the health and care services and must prioritise primary prevention of NCDs with sustained investment in applied research and the public health workforce.

   4.4. Given the scale and pace demanded by the rapidly increasing and unsustainable demands from avoidable NCDs on health, social care, economic productivity and health inequalities. The

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\(^1\) To learn more please visit: [www.ukhealthforum.org.uk](http://www.ukhealthforum.org.uk)


\(^4\) UK Health Forum. 2015. UK Health Forum Response to A country that lives within its means the Spending Review. Available at: [http://nhfshare.heartforum.org.uk/RMAssets/NHFMediaReleases/2015/UK%20Health%20Forum_2015%20CSR_FINAL.pdf](http://nhfshare.heartforum.org.uk/RMAssets/NHFMediaReleases/2015/UK%20Health%20Forum_2015%20CSR_FINAL.pdf)

public health system must focus on making the case for national and local government to implement high impact public health measures, supported by the public,

4.5. The Voluntary and Community Sector (VCS) plays a crucial role in the delivery of public health locally and nationally.

**Delivery of Public Health Function**

5. One of the goals of the post-2013 Health and Social Care Act reforms was to provide higher quality public health functions through local provision of services and a restructuring of national level resources. Public Health England (PHE) was established to strengthen a *health in all policies* approach across Government and a focus on health determinants. Therefore, a key aim going forward should be a fully joined-up system that is fit for purpose delivering public health outcomes supported by a skilled workforce (see *Public Health Workforce* para14-16).

6. To fully deliver public health functions in England, UKHF suggests:
   6.1. Action for improved health must be taken at all levels and local public health cannot be successful in improving and protecting the health of the population without being supported by an appropriate legislative and regulatory framework with the employment of a *health in all policies* approach and the appropriate fiscal measures (see *Public Health Spending* para7-10). Scotland and Wales have, in recent years, introduced various pieces of health promoting and protecting legislation such as the Future Generations (Wales) Act and England should follow suit.

   6.2. There must be a public health exemption for the Government’s *One in Two Out* (OITO) policy. Policies and regulations put in place to promote and protect the health of the population should not be de-valued and gambled against those from other sectors perceived to be more supportive of business interests. We recommend that a public health exemption to OITO be considered as a matter of urgency by the Better Regulation Executive Framework Review.

   6.3. There is currently no monitoring of future risks of NCDs. The government should increase investment in new models of national and local monitoring, enforcement, evaluation and sharing of best practice to better future-proof against NCD burdens.

   6.4. The government should establish observatories for the food, tobacco and alcohol industries to monitor developments in the market and marketing practices, and enable rapid measures to be taken to reduce attractiveness and consumption of harmful products. We suggest this could be a role for PHE.

   6.5. The current system for self-regulation of promotion and marketing by the food, beverages and alcohol industries is not fit for purpose and must be reviewed. Any new controls should have the objective of reducing the exposure to food and drink marketing among children, young and vulnerable people.
6.6. PHE’s capabilities must be strengthened and the agency should be given freedom to undertake evidence reviews on what it judges to be public health priorities and irrespective of what is determined by the Department of Health.

6.7. For Local Authorities to be truly effective with regards to the provision of public health, CCGs must have their plans formally approved by Health and Wellbeing Boards to solidify public health in the Government’s on-going plans to fully integrate health and social care by 2020.

6.8. There should be continued and increased investment in national research institutions such as the National Institute for Health Research, Medical Research Council and Economic and Social Research Council and the National Research Prevention Initiative.

Public Health Spending

7. The current cost of healthcare is the biggest risk to our economy. Investing in prevention is an economic imperative which is cost-effective and which will reduce short- and long-term demands on both health and social care services and increase economic productivity. According to the Office of Budget Responsibility, maintaining current levels of healthcare funding will drive the debt-to-GDP ratio to a staggering 187% of GDP - an extra £1.8 trillion - by 2065. Reducing avoidable demand for health and care services through prevention would be prudent management of the health budget, particularly in view of the forecasts that consistently show the potentially catastrophic consequences and unsustainability of continuing poor diets, physical inactivity, smoking and harmful drinking.

8. With current austerity measures and continued cuts to local public health budgets, there is a very limited spend on NCD prevention despite the enormous cost of these diseases to health and social care. One way for the Government to address these issues would be to implement revenue raising, population-level healthy public policies now to achieve short- and long-term cost savings. This could include: increasing the tax escalator for cigarettes to 5% above inflation in the first instance and continuing to consider implementation of the proposed levy on tobacco manufacturers; reinstating the duty escalator on alcohol; and introducing taxes on sugar-sweetened soft drinks, confectionary and snacks. These policies would incur little or no cost to the state and are likely to meet with less public resistance for deficit reduction than other measures.

9. An increase in the tax escalator for cigarettes to 5% above inflation could reduce smoking by an additional 0.57 percentage points per year and deliver a return on investment (ROI) of almost 1100% over 5 years. This measure along with the proposed levy on tobacco manufacturers and importers are excellent examples of raising additional funds that could support interventions such as services to help people stop smoking.

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10 Action on Smoking and Health. 2015.
10. As the OECD reported, harmful alcohol consumption also places significant costs on society. Alcohol taxation in the UK is relatively high compared to other countries but the costs to society far outstrip the revenues raised.\textsuperscript{11,12} Reinstating the duty escalator would not only recoup an estimated £1.2 billion over the next four years, it would help to counter the health risks generated by low alcohol prices.\textsuperscript{13}

11. As the committee is aware, the evidence linking sugary food and drink with overweight and obesity as well as dental decay is accumulating and examples of governments introducing taxes on sugar-sweetened soft drinks, confectionary and snacks are growing in number and providing useful indications of the effect of such taxes.\textsuperscript{14,15} UKHF supports these types of policies for both reducing the consumption of sugar across the population and raising needed revenue to support prevention and care services.

**Effectiveness of Local Authorities**

12. Moving public health to local authorities was the right move at an unfortunate time. Local Authority budget cuts and on-going austerity measures has meant that local public health teams have not been afforded the opportunity to work to optimum levels. To ensure this improves, the Government must maintain the ring fenced public health grant beyond 2018 so local authorities can use this as a catalyst resource to unlock other Local Authority and community investments for public health gain.

13. There is currently limited scope within Local Authorities to address primary NCD prevention with many areas being unaware of the powers at their disposal to address local, primary determinants of health such as licensing, housing, active travel and access to healthy foods. Resources such as the UKHF’s *Healthy Places* website can assist Local Authorities in understanding their regulatory and policy powers to address these determinants and large vested interests.\textsuperscript{16}

**Public Health Workforce**

14. There are a number of ways the public health workforce can be further strengthen and supported as part of the on-going evolution of public health functions in England. Firstly, the Government can increase productivity and efficiency in the public sector by delivering resources to support primary prevention priorities starting with the NHS – which itself has already stated prevention as a priority in the *Five Year Forward View*.\textsuperscript{17} Prevention should also be established as a core element of training for managers and leaders in PHE, the NHS and Local Authorities.

\textsuperscript{11} Organisation for Economic Co-operation and development (OECD). 2015.
\textsuperscript{12} The Alcohol Health Alliance reports that costs to society from alcohol harm exceed £21 billion, which is more than double the tax receipts from alcohol duties (£10 billion).
\textsuperscript{16} UK Health Forum. *Healthy Places*: [www.healthyplaces.org.uk](http://www.healthyplaces.org.uk)
15. Secondly, an increased investment in primary prevention will support a healthier, more productive public health workforce across the country. This includes all those working in the VCS – those providing essential services not always provided by Local Authorities directly. Doing so will start to move the UK to a productive, higher wage, lower welfare, lower tax economy. With prevention there are consequent savings to the Government in terms of reduced disability benefits for the older workforce, better returns on training and investment for business by maintaining the experience of the older workforce.

16. Finally, Local Authorities should foster a culture of professional development for their entire workforce. Currently there is little to no capacity for professional development within Local Authorities. Support for on-going professional development of the public health workforce is critically important as knowledge and skill bases are rapidly growing and the evidence for public health interventions is continually evolving.

14 December 2015