Written evidence submitted by Public Health Specialty Registrars from the North West of England (PHP0057)

1. We the undersigned welcome the opportunity to provide evidence to the Public Health post-2013 Inquiry. This evidence is submitted by a group of Specialty Registrars working within the North West of England.

2. Benjamin Franklin famously wrote than an ounce of prevention is worth a pound of cure. The notion that prevention is better (not to mention cheaper) than a cure is universally accepted amongst colleagues working in public health. The authors of the recent analysis by English regions of the Global Burden of Disease Study state the continuing burden of preventable ill health more than justifies calls for a radical upgrade in prevention and public health (Newton et al 2015). We believe that investing in public health is absolutely key to ensuring the future and prosperity of this country.

3. We are increasingly concerned by the cuts to public health budgets in England. NHS England’s ‘Five Year Forward View’ repeatedly highlights the necessity of improving the health of the nation by investing in prevention. We fail to understand, however, how the Government will deliver on prevention when public health teams face the most significant funding cuts in living memory. The supposedly ring-fenced public health budgets have, in many local authorities, been raided to bolster losses from other parts of council budgets. To further compound this, there are government cuts of 200m in year during 2015/16 and 3.9% cuts annually thereafter to the public health grant. These losses impact public health jobs and may be impacting on funding for ‘NHS’ services like stop-smoking services, and sexual health.

4. Specialty Registrars in Public Health are well placed to understand the complexity and challenges faced by the wider public health workforce, as we are based in a wide range of organisations; from Local Authorities, Universities, and Hospitals to Public Health England and NHS England. We see the low-morale first hand, coupled with the challenges faced by commissioners who attempt to find millions of pounds worth of savings from in-year budgets. Do they save the obesity programme from the cuts, or the suicide prevention programme? Both are priorities, and yet challenging decisions must be made very quickly.

5. Such a challenging environment presents incredible pressures for local teams. Morale is low, highly skilled staff are leaving, specialist staff are being de-skilled, posts are being down-graded, and teams are shrinking. This has been going on for a number of years now, and shows no sign of abatement.

6. Specialty Registrars in Public Health are from a range of backgrounds, including medicine and allied health professionals. We have a wide range of skill sets and are highly and expensively trained via the postgraduate medical training scheme. We are the Public Health Consultants, Directors of Public Health, and Consultants for Communicable Disease Control of the future. We join the training scheme with passion and commitment to improving the health of the public, yet our futures are increasingly uncertain. Many of us are considering whether there is any future at all for us in public health in this country. As a consequence of this, a great deal of Government-funded skills-investment could be lost through those choosing to re-train, change career-paths, or leave the country to find work.
7. If the issues we have outlined are not addressed, the future cost to the NHS and the wider economy will be huge. Work by public health professionals within the North West has shown that the £200m cuts to the public health grant will generate future costs of £1bn to the NHS, and £1bn to the wider economy. This analysis is highly conservative as it only considers cuts to public health interventions aimed at reducing cardiovascular disease, therefore the cuts are likely to yield a higher future costs in health and social care.

8. **Recommendations:**

- Carry out a case-study evidence review on Public Health staffing issues, especially regarding de-professionalization within the local authority context, and wider fragmentation of the workforce between local government and Public Health England
- Consider investigating the nature and impact of public health funding cuts that have already taken place in local authorities

9. **Signatories**

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