The Association of the Directors of Public Health, Cancer Research UK, Mind and Terrence Higgins Trust, as part of a wider group of over 70 other public health and local interest groups, are calling on Government to increase investment in public health at the 2019 Spending Review. Local authorities must be provided with adequate funding to deliver services that prevent ill health, reduce health inequalities and support a sustainable health and social care system.

1. **Public health is facing a funding crisis.** The NHS Five Year Forward View argued 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”. Despite this, the Government has continued to cut the public health grant year-on-year since 2015.

2. In the 2015 Budget, the Chancellor announced a £200 million in-year cut to the public health grant, followed by a further real-terms cut averaging 3.9% each year (until April 2020) in the 2015 Spending Review. Overall, the public health grant will have seen a **£700 million real terms reduction between 2014/15 and 2019/20**—a fall of almost a quarter (23.5%) per person. In 2019/20, every local authority has less to spend on public health than the year before. According to analysis by the Health Foundation, almost all local authority public health services faced cuts between 2014/15 and 2019/20: For example, spending on stop smoking services and tobacco control are expected to fall by 45%; sexual health spending is expected to fall by 25% and specialist drug and alcohol services for young people is expected to be cut by over 41%.

3. **Because of the sustained programme of cuts, local authorities’ ability to provide the vital functions that prevent ill health are being severely compromised.** Local authorities have made efficiencies through better commissioning, but cuts are nevertheless impacting frontline prevention services. Local authorities have been forced to make difficult decisions about which services they prioritise with diminishing funds, and the impact has been felt across a wide range of public health functions and services, including smoking cessation and tobacco control, and public sexual health and mental health services.

4. Locally-commissioned stop smoking services and wider tobacco control is integral to support smokers to quit smoking, and to reduce the number of people who start. These services are fundamental to achieving the Government’s vision of a smokefree generation, where smoking prevalence is at 5% or below. However, following continued reductions to the public health grant since 2015, 38% of local authorities that still had a budget for stop smoking services cut this budget in 2018, following similar cuts in 50% of local authorities in 2017. As a result, around 44% of local authorities are no longer able to offer a stop smoking service for all smokers in their area, despite these services delivering the best outcomes for smokers.

5. Sexual health services funded by local authorities are essential if we are to end new HIV transmissions, tackle sexually transmitted infections and enable individuals to achieve good sexual health. However, these vital services are at crisis point and no longer able to meet current levels of demand. **Demand for sexual health services are rising—there has been a 13% increase in attendance of sexual health services between 2013 and 2017.** Over the same time,
sexual health budgets have been cut by 25%.3 As a result, sexual health doctors are reporting that they are having to turn people away from sexual health services, including individuals with symptomatic sexually transmitted infections.

6. Public mental health plays a vital role in prevention, early detection and supporting recovery for those of us with mental health problems.7 However local authorities are not investing enough in public mental health because of significant reductions to local authority budgets. In 2017/18, only 1.51% of local authority public health budgets were spent on public mental health—less than £53.5 million.8 The failure to invest in public mental health, as well as wider cuts to public services, is having a significant knock-on effect on other mental health services. In 2018, 91% of mental health trusts surveyed highlighted cuts to local services as a factor contributing to increasing demand for their service.9

7. Taking funds away from public health is a false economy, putting pressure on our overburdened NHS. In his speech on 5th November 2018, the Health and Social Care Secretary Matt Hancock highlighted the “need to focus more on prevention to transform our health and social care system, save money, eliminate waste and make the extra £20.5 billion we’re putting in [to the NHS] go as far as it can.”10 Following on from this, the recent NHS Long Term Plan made some important commitments to prevention, but action in the NHS is only part of the solution; local authorities must be sufficiently resourced to deliver public health. Unless we restore public health, our health and care system will remain locked in a ‘treatment’ approach, which is neither sustainable nor protects the health of the population as it should.

8. Preventable ill-health accounts for an estimated 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days.11 In fact, 40% of the uptake of health services may be preventable by taking action on smoking, drinking alcohol, physical inactivity and poor diet alone.12 In the UK, smoking caused an estimated 115,000 deaths in 2015,13 whilst alcohol caused around 7,700 deaths in 2017.14 In England, there were around 617,000 hospital admissions where obesity was a factor in 2016/17.15 These preventable factors increase the risk of certain cancers, type 2 diabetes, lung and heart conditions and poor mental health. Obesity alone is estimated to cost the NHS £5.1bn every year, with wider costs estimated to be around three times this amount.16

9. The Government must equip local authorities with the necessary resources to provide effective vital public health functions and services. The Government currently plans to phase out a number of funding streams, including the public health grant, by April 2020, after which they propose to fund these services via 75% local business rates retention. At its 2019/20 value of £3.1 billion, the public health grant would be the single biggest revenue steam replaced by business rates retention.17

10. Alongside the significant year-on-year cuts to dedicated public health funding, local authorities face an overall funding gap of £3.1 billion in 2019/20, which is expected to rise to £8 billion by 2024/25 under the move to business rates.18 These cuts will undoubtedly threaten local authorities’ ability to deliver functions and services that support public health and the needs of local people.

11. Whatever model of funding is ultimately implemented, it must: (1) generate enough funding for local authorities to deliver their public health responsibilities to meet the needs of the population, (2) enable transparency and accountability and (3) be equitable so that areas with greater health needs receive sufficient funding.
12. **The Government must deliver upon its commitments to prioritise prevention.** In her speech on 18th June 2018, the Prime Minister called for a renewed focus on the prevention of ill-health: “Whether it is cancer, heart disease, diabetes or a range of mental illnesses, we increasingly know what can be done to prevent these conditions before they develop – or how to ameliorate them when they first occur. This is not just better for our own health, a renewed focus on prevention will reduce pressures on the NHS too.”

We urge the Government to deliver on this promise by increasing investment in public health so that local authorities can deliver important functions and services to meet the needs of the local population.

April 2019

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19. Prime Minister’s Office. *Prime Minister’s speech on the NHS.*