Written evidence submitted by the Association of Directors of Public Health [FSR 086]

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

Summary

- The ADPH welcomes the opportunity to respond to the Housing, Communities and Local Government Committee’s inquiry into local government finance and the 2019 spending review.
- The public health grant has been cut by £700 million since 2014/15 and between 2010 and 2020, councils will have lost almost 60p out of every £1 the Government had provided for services.
- These funding cuts have taken place in the context of rising demands, including for social care and public health, which councils have strived to manage as effectively as possible – this position is no longer sustainable.
- To improve the public’s health and wellbeing, the Government needs to take a ‘health in all policies’ approach and invest in tackling the social determinants of health across national government departments, as well as properly funding local government, and the public health function specifically.

Recommendations

- The Government must make significant and sustainable investment in public health a priority at the upcoming spending review.
- The Government should adopt a ‘health in all policies’ approach to decision-making and policy development, assessing the long-term health impact for all policies and allocating funding accordingly.

Financial challenges for public health in local government

1.1 According to the Health Foundation, the Government has cut the public health grant in England by £700m between 2014-15 and 2019-20 (including £85m during this financial year).

1.2 At the same time demand has increased – for example, councils have seen a significant 13% increase in the numbers of attendances at sexual health services (between 2013 and 2017 attendances at Sexual Health Services increased from 2.9 million to 3.3 million). While it is good to see more people are taking responsibility for their sexual health, the rise in the number of people attending sexual health clinics is placing a significant strain on councils’ resources.

1.3 Directors of Public Health have been acting to manage the cuts and the increasing demand and
at the same time modernise services. Since taking over responsibility for public health in 2013, councils have maintained or improved 80 per cent of the public health outcomes of the nation.

1.4 However, this cannot last. Reductions in services are now inevitable if the spending review does not deliver significant and sustainable investment in public health. Reductions in overall local authority budgets are also adversely impacting on health and wellbeing locally. Councils nationally have had their funding cut by 49 per cent in real terms, between 2010/11 and 2017/18.

1.5 Reductions to funding for public health represent a short-term approach and ignore the much larger long term costs associated with not investing in public health. Inversely, there are great dividends to be paid, both to the economy and society, through investing in public health initiatives. A recent systematic review identified the median return on investment for local public health interventions as 4:1.

1.6 The step change towards a more prevention driven NHS is hugely welcome. The stark reality though is that the Long Term Plan is simply undeliverable without investment in local council led public health. Directors of Public Health are key partners in delivering this plan and engagement is critical to ensuring integrated local services that improve people’s health and wellbeing. For example, extra help for people who are alcohol dependent or smoke is positive. However, it is crucial that new services are integrated with existing local authority led stop smoking services and alcohol interventions – which then need to be funded properly - and supported by national policy and tax change.

1.7 In addition, the Government needs to fund the policies, services and leadership which will tackle the social determinants of health, for example in respect on violent crime and clean air.

1.8 There is a strong case for the establishment of an OBR for Population Health to provide a strategic approach to planning when it comes to health and social care spending. It could also provide independent forecasts of diseases and trends in risk factors as well as evaluate the economic return on investment and the impact of public health interventions.

Recommendation: The Government must make significant and sustainable investment in public health a priority at the upcoming spending review.

Future funding model

2.1 There is a lack of clarity about the future of the funding landscape which is adding to uncertainty for public health. Business Rates Retention (BRR) reform risks having an adverse impact on health inequality. We urge that the public health grant’s ring-fence remains in place at least until BRR is implemented.

2.2 We would stress the importance of continued and increased investment in public health whatever the details of the new system may look like. Our members are united in their concerns that reforms should enable public health to be funded appropriately so that local authorities can properly carry out their duty to improve and protect population health.
2.3 There is an opportunity for public health in the new system to help drive the inclusive growth agenda, establish better links with businesses and local employers and position itself as a key partner in activities centred around regeneration and economic development.

2.4 However, there are still many issues and questions surrounding the design of the new system that must be addressed. Directors of Public Health are concerned about the potential impact on health inequalities or what the Government’s intentions are in relation to the future of the public health ringfence.

2.5 On a connected point, there is also a need for the Government to consult on mandation of public health services at the earliest opportunity.

2.6 Proposals for reform to the model of funding for councils and public health services must be considered in the context of the years of cuts to public health funding – amounting to £700 million since 2014/15. Significant and sustainable investment in public health is needed to deliver essential frontline health services, help address inequalities and the social determinants of ill health and contribute to the successful implementation of the NHS Long Term Plan and other Government policies, such as in respect of reducing serious violence.

Health in all policies

3.1 Improving public health is about more than the public health grant and local government spending. Other national policy areas are critical too, as is policy development. After all, as little as 10% of a population’s health and wellbeing is linked to access to health care.

3.2 We would urge the government to adopt a health in all policies approach to policy making including, spending decisions, and to consider the impact of any tax or benefit changes on health and health inequality. We need to see a shift in focus across government to prevention and early intervention.

3.3 This is not only because of the expense and distress caused by preventable disease but also because of the importance to individual lives, communities, the economy and the sustainability of the health and care system. We must invest in enabling people and communities to prioritise their long-term health and wellbeing.

3.4 DsPH want to see a shift across the system towards prevention and tackling health inequality. Prevention should be seen in its widest sense and go well beyond the health system to the wider determinants of health. A whole system approach will deliver greater population-level improvements.

3.5 To advocate for the most effective interventions, a clear understanding about the level of prevention (primary, secondary, tertiary) and appropriate interventions for key health needs and population groups is needed. Achieving prevention impact at a population level needs not only an emphasis on personal health and care and community engagement, but also population level
policies. To do this will require a range of partners to support the delivery of prevention from workplaces and schools to homes and hospitals.

3.6 Public health teams have a detailed understanding of all stages of prevention and often lead on developing system wide prevention strategies. DsPH have a critical role in leading work on prevention, shifting the focus of systems to prevention where real health and wellbeing gains can be made.

3.7 Integration provides a key opportunity to re-orientate systems to be more preventative. Prevention should be embedded strategically and operationally in all pathways with the use of outcomes frameworks and financial incentives to deliver population prevention at scale. Directors of Public Health are working with council colleagues to commission and deliver integrated services, including between universal public health services for 0-19 year olds and children’s services.

3.8 While the rhetoric of prevention is now widely accepted this is rarely matched by investment. Investment in prevention approaches will lead to greater returns in health and resources saved in the long term. Equally as important, the public’s well-being depends on preventing ill health.

Recommendation: The Government should adopt a ‘health in all policies’ approach to decision-making and policy development, assessing the long-term health impact for all policies and allocating funding according.

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