

UK Public Health Network Submission to the Comprehensive Spending Review 2020

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Key recommendations (detailed recommendations are listed under each section of the paper)

- **Increase investment in public health services by strengthening the public health system at national, local and regional levels, including investing in the public health workforce.**
- **Task the Office of Budget Responsibility with reviewing existing and future risks to the public's health and the impact on the economy and public services to inform fiscal and economic policy.**
- **Increase investment in public health research, particularly on high threats and high impact health improvement functions.**
- **Increase public spending in the following ways, through the following mechanisms:**
 - **Place greater emphasis on primary prevention and tackling the social, economic, commercial and environmental determinants of health**
 - **Ensure that population health and reducing health inequalities is considered in all public policies**
 - **Implement the Marmot recommendations to initiate an ambitious and world-leading health inequalities strategy.**

Opening statement and summary

The Covid-19 epidemic has exposed, and shone a spotlight on, the UK's underinvestment in public health and now provides a compelling case for addressing future investment so that fit for purpose and resilient public health systems are established across the UK.

Given the economic and social damage caused by the pandemic, it is essential that the Government moves quickly to strengthen the nation's health protection and population health functions and capacity and making them more resilient in readiness for tackling future pandemics. Making the necessary investment should be undertaken at national, regional and local levels.

It is important to acknowledge that the impact of Covid-19 was made considerably worse by the UK's poor health status caused by the high prevalence of NCDs (non-communicable diseases such as cancer, diabetes, cardiovascular diseases etc) and their risk factors, poverty and wider social inequality determinants and thus iniquitous health inequalities, including particularly among many

BAME communities. The pandemic has occurred against the backdrop of a slowing of gains in life expectancy in the UK. Since 2010 life expectancy has stalled with the impact of poor health greatest in the UK's less affluent regions.

Investing in the population's health is an essential pillar in the levelling up of those sections of society who have been left behind (a manifesto commitment by the present Government). In one strategic policy area – tackling obesity – the Government has already signaled its intention to act. The promised investment in health protection and setting up of the new National Institute for Health Protection should not be at the expense of improving population health – adopting, and investing in, a balanced whole system approach is essential.

Further, the CSR should address the issue of adverse climate change, environmental degradation and pollution as these are major public threats with major public health implications.

It is therefore imperative that the CSR looks at strengthening health protection, health improvement and environmental health systems because of the nature of existing and future health threats which will, if not addressed, have increasing and devastating macro-economic and social consequences.

The point has been reached when a lack of investment now at this potential turning point will be judged badly by future generations. Covid-19 offers a 'burning platform' and opportunity to bring about much-needed and overdue change and investment.

Strengthening UK economic recovery

Key goals

To ensure economic success it is essential to invest in enhancing the public's health via a comprehensive well-resourced public health system which will:

- Reduce health inequalities
- Increase healthy life expectancy
- Reduce avoidable demand on public services such as health and social care
- Increase the productivity of the workforce and their contribution to economic recovery, through promoting healthy workplaces
- Ensure sustainable prosperity to optimise long term growth and building health and social capital.

Background

The Government has pledged to lead a 'levelling up' of prosperity across the UK. Health inequalities are driven by economic inequality – they influence one another and create a vicious cycle if one is not addressed at the expense of the other. Covid-19 has further exposed and exacerbated the inequalities in our society and should strengthen our collective resolve to reduce them and increase our commitment to public health. Research has shown that BAME communities have been disproportionately affected by Covid-19,ⁱ as well as those from disadvantaged backgrounds and people with existing health conditions.

We voice an aspiration for the levelling up of inequalities across the UK and propose additional investment in public health for the geographic regions with the worst health and most profound inequalities.

Cutting local public health services has meant fewer staff and resources to respond to COVID-19. This capacity should be rebuilt to protect and save lives in the years ahead. The Government must invest in all parts of the system and ensure that local government is properly resourced to carry out its responsibilities (both current and future) working in collaboration with partners in the NHS and elsewhere. The Government should commit to restoring what will amount to £0.9bn in cuts to the Public Health Grant by 2021/2.ⁱⁱ

For many IFIs (independent fiscal institutions), Covid-19 is the first crisis they are facing within the last decade. As IFIs work to assess the economic and fiscal layout, legislatures are dealing with operational disruptions arising from physical distancing and illness. IFIs have been playing, and will continue to play, a crucial role in supporting legislatures during these challenging times.ⁱⁱⁱ

An Office of Budget Responsibility for Population Health could provide independent fiscal and economic analysis of the value of health capital to the country.^{iv} This function should be undertaken independently to evaluate the impact of policies on the public's health, and utilisation of public services. Ideally, analysis should be undertaken by the Office of Budget Responsibility, in preference to setting up a new agency. This needs urgent consideration in order to establish reinvestment in public health post Covid-19.

NCDs are a risk factor for Covid-19; people with pre-existing NCDs appear to be more vulnerable to becoming severely ill with the virus. NCDs also link with health inequalities; vulnerable and socially disadvantaged people are at greater risk of being exposed to harmful products and have limited access to health services. Their socioeconomic status also means they are more likely to have poorer diets, are more likely to smoke, and are more likely to experience alcohol harm, which in turn leads to NCDs including diabetes, heart disease and cancer. A whole systems approach that integrates action on the social determinants of health is essential to reduce the burden of NCDs.

Many in public health have suggested that economic growth should be based on sustainable prosperity to include public and planetary health, which are intimately entwined. Health is a catalyst for economic growth; economists estimate that about one-third of economic growth in advanced economies in the past century could be attributed to improvements in the health of global populations. Research focused on more recent years has found that health contributed almost as much to income growth as education.^v

The stalled Brexit negotiations suggests that the UK is heading towards a no-deal – the loss of the EU market will risk making other efforts futile and the rush for economic recovery will provide more opportunities for the unhealthy commodities' industries to push for US:UK mini-trade arrangements to remove, marginalise, or dilute public health standards before the US presidential elections in November and Brexit in December 2020. The UK is a trade dependent economy, but support must be directed to industries that make a positive contribution to the nation's public and environmental health, as well as those that pay their due taxes.^{vi}

It is also important to support cooperation between all UK devolved nations and neighbouring countries to provide appropriate support for cross-border public health cooperation.

Society will never be truly 'post-pandemic'; there will be further pandemics and other major health emergencies. In addition, there will be future threats that are not immediately apparent or foreseeable today. World Health Organization chief Tedros Adhanom Ghebreyesus has said COVID-19 "will not be the last pandemic" and the world must better prepare for the next one, as he called for greater investment in public health. We must ensure we have a system more prepared than this one was and one that has, at its core, a whole-of-government and whole-of-society approach.

Recommendations

- **Task the Office of Budget Responsibility with reviewing existing and future risks to the public's health and the impact on the economy and public services to inform fiscal and economic policy.**
- **Set up a cross-Government or Treasury mechanism to ensure that public health and reducing health inequalities is considered in all public policies, and that the risks identified by DHSC, OBR and the national strategic health register are addressed.**
- **Consider a National Institute of Health Improvement, equivalent to the National Institute for Health Protection, and ensure close working relationships and a system-wide approach with the wider health system.**
- **Ensure that PHE's function of reviewing national, nationwide, international health threats and effective interventions is continued and strengthened.**
- **Ensure the national strategic risk register is further developed and properly utilised across all Government departments.**

- **Ensure that the professional and civil service national public health functions of PHE continue and are strengthened across Government departments and with high level cross Government co-ordination and clear accountability arrangements.**
- **Strengthen local public health services by increasing investment in workforce and technologies and ensure closer collaboration between the NHS and Local Government.**
- **Ensure that trade and investment agreements protect and promote public health to the highest attainable standards, and that opportunities are grasped to add greater protections especially for the prevention of NCDs.**
- **Establish a mechanism to assess the impact on the public's health of new and existing policies and interventions.**
- **The existing data and intelligence functions of Public Health England should continue to be undertaken nationally and links to the work of the National Institute of Health Protection, and any new health improvement body, with close links and data flows with local systems.**
- **Government focus should shift from public health reorganizations to developing existing resources and improving productivity through recruitment, retention and development of an enhanced public health workforce equipped with the requisite skills.**

Case for health protection

As Covid-19 continues on its course, we are learning that investment in prevention may be the best insurance policy for human health and the global economy in the future. Irrespective of the final bill for coronavirus, we can say with certainty that action now will save us billions in future costs and avoid the tremendous suffering from loss of lives and the need for long term care. For all epidemics, the earlier the measures are put in place to restrict transmission, the smaller the total size of the epidemic, the concomitant morbidity and mortality.

Covid-19 has shown us that human beings and our economic activity depend on the planet's ecological balance: the key drivers for diseases that move from wild animals to humans are the destruction of nature, the intensification of agriculture and livestock production, as well as the trading and consumption of high-risk wildlife.^{vii} The cost of preventing further pandemics over the next decade by protecting wildlife and forests would equate to just 2% of the estimated financial damage caused by Covid-19.^{viii}

Recommendations

- **Embrace a just, healthy and green recovery and kickstart a wider transformation towards a model that values nature as the foundation for a healthy society. Not doing so, and instead attempting to save money by neglecting environmental protection, health systems, and social safety nets, has already proven to be a false economy.**

Case for health improvement

NCDs account for over 80% of mortality, morbidity and disability in the UK. They are the main contributor to the social gradient of health outcomes. Social determinants are also responsible for disability and mortality arising from NCDs – if you are socially disadvantaged, you are more likely to suffer with severe symptoms and die from an NCD than if you are socially advantaged. The 2010 Marmot review into health inequalities made a strongly evidenced case that health inequalities have social determinants and established a political imperative to tackle inequalities from a health perspective. His follow-up report in 2020 lamented the lack of progress and further deterioration of the public's health.

NCDs pose a major challenge for OECD healthcare systems. Changes in population lifestyle combined with socio-demographic changes have determined an epidemiological shift that made NCDs the first cause of death and burden of diseases. This cannot be addressed solely through treatment but requires a well-coordinated, whole systems approach. Stronger public health systems can help reduce the burden of avoidable diseases and deaths, and can contribute to more sustainable healthcare systems by keeping people healthy and away from hospitals, which in turn contributes to greater economic growth.^x

The majority of NCDs are avoidable or preventable, and can be minimized to occurring later in life, therefore maximizing health expectancy. Most public resources are focused on treatment, secondary and tertiary, rather than prevention. This is inverse logic as public health investments generate a better outcome than the next best alternative use of resources. Cardiovascular disease and cancer cost the countries of the European Union €169 billion and €124 billion respectively each year. Tobacco use reduces overall national incomes by up to 3.6%, while obesity accounts for 1–3% of total health expenditure in most countries.^x

To effectively tackle the high levels of avoidable and preventable NCDs with maximum impact in a short timescale, the commercial risk factors must also be addressed. Primary prevention interventions on the commercial determinants of health need to have a much higher priority within public policy.

We support the Government's comprehensive plan on tackling obesity and we would suggest building on this to tackle the other determinants of avoidable NCDs.

Public health policies to prevent disease and tackle the social determinants of health have been frustratingly slow and chronically underfunded in the UK. Consequently, the UK lags behind many other industrialised countries in reducing premature mortality from NCDs, a poor starting point for a pandemic as challenging as Covid-19.

The demand for NHS services continues to grow due to the ageing population, as well as the prevalence of long-term conditions including NCDs. The NHS Long Term Plan states that improving upstream prevention of avoidable illness is one way to modify this demand.

The Long Term Plan sets out new commitments for action that the NHS will take to improve prevention while recognising that a comprehensive approach to preventing ill-health also depends on health being hardwired into social and economic policy. The extra costs to the NHS of

socioeconomic inequality have been calculated as £4.8 billion a year in greater hospitalisations alone.^{xi}

Recommendations

- **Greater emphasis should be given to primary prevention and tackling the social, economic and environmental determinants of health.**
- **Systematically tackle the commercial determinants of disease by focusing on these high impact measures as these are likely to be the most effective in the shortest timescale, in line with WHO Best Buys evidence and PHE's national public health reviews.**

Levelling up

The Government has pledged to lead a 'levelling up' of prosperity across the UK which aims to reduce regional disparities within the country.

Covid-19 has further exposed and exacerbated the inequalities in our society. Research has shown that BAME communities have been disproportionately affected by COVID-19,^{xii} as well as those from disadvantaged backgrounds and people with existing health conditions.

The pandemic has also shone a light on the unique role of place. Not only has the health gap grown between wealthy and deprived areas, it has also grown between deprived areas. Place and context matter. To reduce health inequalities and 'level-up' it will be essential to enable local leadership and decision making based on the needs and challenges of a local population. This includes wide-ranging action on the social determinants of health (including housing, the environment and skills), as well as acting on health inequalities caused by the commercial determinants of health such as smoking, alcohol use and obesity.

Levelling up will require the Government to go further than investment in infrastructure such as building bridges, train lines and new hospitals. 'To 'level up' the country as the government seeks to do, it must take action to level up the health and wellbeing of the population. A focus on a wellbeing economy, learning from wellbeing approaches taken by New Zealand, would move away from the use of GDP as the key measure of progress and enable a more holistic approach across Government.

Areas that need immediate investment include addressing child and in-work poverty, the public health grant to local authorities, and reinstating children's services like Sure Start.

Reducing health inequalities and maintaining people's health cannot be achieved solely from the health system – decisions taken across national and local government, including transport and housing policies, can create conditions for people to live healthy lives. Public policies across all sectors should take into account the health implications of decisions and should seek to avoid harmful impacts on health, in order to improve population health and health equity.^{xiii}

Recommendations

- **Implement Marmot recommendations to initiate an ambitious and world-leading health inequalities strategy across the life course and lead a Cabinet-level cross-departmental committee charged with its development and implementation.^{xiv}**
- **Implement the NHS Long Term Plan (England). To help tackle health inequalities, NHS England will base its five-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need. As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years.^{xi}**
- **Greater emphasis should be given to primary prevention through tackling the social, economic and environmental determinants of health. Long-term conditions can be managed more at home, in communities and in primary care. Digital and other technological developments will support these objectives as well as helping break down barriers to poor mental wellbeing such as isolation.**

Improving outcomes in public services

The wider value of public health must be recognized in order to address the economic crisis and ensure a smooth recovery. Investing in prevention is cost-effective; it provides value for money and gives return on investment in long and short terms. Population-level approaches are estimated to cost on average five times less than individual interventions. Promoting health and wellbeing enhances resilience, employment and social outcomes.^x

Sufficient high-quality public health experts for both health protection and health improvement, as well as the wider PHE functions, should be sustained and established. There is a lack of public health analysts as well as health protection experts in local government. The public health system was not utilised at the first stages of the pandemic because of this lack of resource. The public health specialty training programme should be strengthened – increased funding will allow for an increase in training numbers. It is essential to invest in qualifications as this is the channel for specialist capacity in the future.

The synergies between public health goals and climate change goals are evident. Exposure to air pollution causes 7 million deaths worldwide, and in the 15 countries that emit the most greenhouse gas emissions, the health impacts of air pollution are estimated to cost more than 4% of their GDP. Climate change threatens the basic elements we all need for good health - clean air, safe drinking water, nutritious food supply and safe shelter - and will undermine decades of progress in global health. Meeting the goals of the Paris Agreement could save about a million lives a year worldwide by 2050 through reductions in air pollution alone.^{xv}

A new Public Health and Wellbeing Act for England that is centred on the requirement to address health inequalities and health improvement across all public bodies, at all levels, should be considered. Admired models include the Welsh Future Generations Act. This has seven wellbeing goals, including sustainable prosperity, equality and resilience, and offers huge opportunity to make a long-lasting positive change to current and future generations.

Recommendations

- **Invest more in public health services. Restore the 2010 cuts in funding and increase investment in communicable disease pandemic health protection at least.**
- **Strengthen the public health system at national, local and regional levels.**
- **Review the case for a new Public Health and Wellbeing Act that bestows a duty to tackle health inequalities and health improvement across all public agencies.**
- **Improve the management and delivery of the Government's commitments.**
- **Emphasise the importance of implementation and the need to support this at all levels. It is not enough to identify the problem and solution but to ensure that effecting sustainable change happens.**

Making the UK a scientific super power

Public Health Research aims to shed light on the influence of the determinants of health, i.e. genetic, environmental, social factors, which determine population health. This knowledge is used to propose interventions and policies, based on scientific evidence, to help improve health and wellbeing and reduce health inequalities. The UK is much admired for the quality of its public health research. The results of the 2014 REF demonstrate the high quality and enhanced international standing of public health research conducted in UK HEIs mostly rated 4 stars.^{xvi} However, the amount of public health research is minute in comparison to the expenditure on medical research and in terms of population level impact. Only 4% of the overall health research budget goes to public health.^{xvii}

The Government has published a plan for strengthening science, research, and innovation to help the economy and society recover from Covid-19 and to “build a greener, healthier and more resilient UK”. The plan reiterates the government’s commitment in March to increase UK investment in research and development (R&D) to 2.4% of GDP by 2027 and to increase public funding for R&D to £22bn (€24.4bn; \$27.4bn) a year by 2024-25.^{xviii}

If the UK wants to increase economic productivity and population health, there needs to be an increase in research and development in public health research to ensure smart investment. Also, it is essential to focus on getting research evidence into policy and practice through incentivising research impact and knowledge translation. Initiatives like the UKPRP are central to this task.^{xix}

Recommendations

- **Increase investment in public health research especially on health threats, high impact health improvement interventions, horizon scanning and forecasting.**

Strengthening the UK's place in the world

Health and development are totally interdependent; throughout the world, vulnerable and socially disadvantaged people have less access to resources, get sicker and die earlier than people in privileged positions. These unfair gaps are growing globally.

The UK is valued for its health development work in developing economies and the UK Government has for many years promoted more effective and streamlined global aid for health, with development assistance 'owned' by developing countries.^{xx} With the decline in the US CDC investment in global health, the UK has the opportunity to be number one in this arena. There are also cross-border health gains from cooperation and shared services of differing systems and policies.

UK institutions have valuable expertise and experience in the health sector and sharing this with developing countries has mutual benefit. However, to do this the UK needs to re-establish its reputation after Covid-19 and build on its international work on Ebola, climate change and sustainable development. Health development is ideal for international diplomacy and international health systems are essential for combatting cross border health threats through international, governmental and NGO organisations.

The UK can also set public health standards in new trade and investment agreements and has many opportunities now it is departing the EU. Such measures will improve the health of the UK and its trading partners with the opportunity to strengthen public health provisions beyond the standards set through the EU mechanisms, for example on food labelling and duties on alcohol.

Recommendations

- **Increase investment in public health as part of international development and diplomacy.**
- **Ensure the highest public health standards in all trade and investment agreements.**

Next steps

1. The public health community, including public health experts, can readily help with any further analysis to take forward any public health threat and intervention analysis. Public health expertise must be sustained and enhanced for health protection, health improvement, and PHE's wider functions.
2. Action on Smoking and Health has developed a joint statement, endorsed by a wide range of public health organisations, setting six tests that Government proposals must pass to deliver truly world class outcomes in leveling-up health and securing a population resilient to future health risks. These are the overarching tests that we believe any future and existing proposals should be judged by.^{xxi}
3. The WHO published a report on leading health system transformation to the next level,^{xxii} to provide insights from health system policy-makers on how to initiate reforms and how to accelerate or improve their implementation, and how any barriers or inhibitors may be overcome. The process of transferring and applying learning to health reforms should be used to strengthen the health improvement system to tackle population-wide health inequalities and social inequalities.

This submission does not necessarily reflect the position of all member and observer organisations of the UK Public Health Network as its membership includes statutory agencies. This submission is supported by members who are third sector public health organisations.

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