

# UK Public Health Network

## Autumn Budget and Spending Review 2021

### Representation

The UK Public Health Network enables public health organisations and agencies to coordinate activities, share opinions and exchange knowledge on what works across England, Wales, Scotland and Northern Ireland.

<https://ukpublichealthnetwork.org.uk>

*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.*

#### Summary (200 words)

The UK cannot afford *not* to invest in its public health system. Prevention and early intervention represent good value for money. Well-chosen interventions implemented at scale help avoid poor health, ease the burden on public services and support economic growth, all of which are key to the country's COVID-19 recovery.

The Conservative Government's pledge to lead a 'levelling up' of prosperity across the UK and to reduce health inequalities (p. 10, Conservative Party Manifesto) are dependent on public spending being utilised efficiently. The UK Public Health Network recommends that the Treasury prioritise:

- Reversing the £1.4 billion cut to the Public Health Grant
- Committing spending towards the public health workforce, aiming to fund 30 Specialists per 1 million of the population
- Increasing per head investment in health improvement
- Reversing the £20 reduction in Universal Credit to prevent millions from falling into poverty.

Committing greater resources to public health, particularly amid a major system reorganisation, is essential to ease the burden on the NHS, increase productivity and reduce regional disparities in health and economic outcomes.

The pandemic has shown the importance of protecting, improving, and caring for the public's health; the Treasury must act now or else lose these gains.

#### Place public health on a sustainable footing

To truly level up the country's health and economic prosperity, the Government must commit to restoring the £1.4 billion (following updated analysis from the Health Foundation) real term reduction to the Public Health Grant.

The disinvestment in local government has affected every area of local economies. Spend per capita at local level is a quarter per capita lower than it was at its high point in 2015/16. The contribution of local government to the determinants of health is critical; less investment has led to cutting services, slower and reversing progress

and poorer outcomes. The Singapore Health Promotion Board has been cited by Government as an example of success for the Office for Health Improvement and Disparities (OHID) to model itself on, but its per head investment is more than double that currently in place in England.

COVID-19 has made enormous demands on the public health community and particularly on Directors of Public Health and their usually small teams. The increase in demands and ambitions on public health means that a flat settlement, or even a modest funding increase is a cut to public health funding.

Public health, local government and the NHS must all be placed on a sustainable footing. To ensure sufficient investment in public health services, we recommend dedicating a percentage of NHS spending to investment in local public health. This aligns with the commitments set out in the NHS Long Term Plan to improve prevention.

### **COVID-19 recovery**

The wider value of public health must be recognised to ensure a smooth economic recovery from COVID-19.

Investing in prevention is cost-effective; it provides value for money and gives return on investment in both long and short terms. This [York Centre for Health Economics research paper](#) demonstrates and quantifies that prevention is cheaper than cure, by a margin of threefold on average. The paper is a clear articulation that the value of average spending on public health grant-funded services is more valuable (outcome wise) than NHS spending, by a factor of three.

An Office of Budget Responsibility for Population Health could provide independent fiscal and economic analysis of the value of health capital to the country. This needs urgent consideration to establish reinvestment in public health post COVID-19. The UK Public Health Network has published work on this – [see here](#).

The Government's commitment to levelling up the country's health and economic prosperity can only be achieved if public health is given sufficient investment. Reaching its ambitions of a Smokefree 2030 and an added five years of healthy life expectancy in the UK will require sustainable funding to ensure that local authorities, the NHS, and national agencies can work in tandem to improve the outcomes for individuals, families, and communities across the country.

Recovery from the pandemic must be both economic and health focused. The cost effectiveness of prevention investment and proven effectiveness of local authorities in reaching their communities, demonstrate clearly that the Treasury must consider public health, alongside the NHS and social care in its spending, to save costs later down the line.

### **Public health workforce**

COVID-19 has placed countries' public health systems under sustained pressure – the most seen in a generation. The successes of the UK's vaccination campaign and leadership in genomics have been lauded worldwide.

Equally important is the UK's public health workforce, which has worked tirelessly alongside NHS and social care staff to respond to the pandemic and continue to protect and service the nation's health under the most pressing circumstances. They have had to do so under the strains of workforce shortages and with less recognition for their work than their healthcare or social care colleagues.

A public health workforce crisis is looming, and further investment is urgently required. Key elements of the public health workforce are in short supply: [more than half of local authorities report unfilled vacancies in their environmental health teams lasting six months or more](#), and a third report statutory responsibilities being at risk due to resource issues.

We are calling for a funded workforce plan which tackles both the short-term staff shortages we already see, as well as the ones that are storing up for the future. The Faculty of Public Health estimates that 30 Public Health Specialists would be needed per 1 million of the population. Public health specialists have the technical skills and knowledge, combined with leadership abilities, to deliver public health priorities at national, regional, and local levels.

The Government must also secure sufficient health protection professionals, including environmental health capacity, at the local, regional, and national levels. Public health in local government provides skills and expertise that are fundamental to strong place-based coordination of health protection. Sustainable health protection capacity at a local level will enable continued work on the COVID-19 response.

The CSR should provide adequate investment to resource the public health workforce; this will prevent serious risks to the delivery of Government priorities and will ensure the country is protected to the best extent possible against future infectious diseases and other health threats.

Without immediate material action to solve public health workforce issues, our population will continue to be vulnerable to future pandemics and other health threats, and the Government will be unable to reduce inequalities effectively and prevent the burden of chronic ill health overwhelming the NHS.

### **Levelling up to tackle health inequalities**

The Government has pledged to lead a 'levelling up' of prosperity across the UK, which aims to reduce regional disparities in health and wellbeing across the country. Despite this, the Government is planning to reverse the £20 increase in Universal Credit made during the COVID-19 pandemic.

Modelling from the Joseph Rowntree Foundation suggests that reducing Universal Credit support by £20 a week for around six million families will result in half a million people, including 200,000 children, being pushed into poverty. Many more will be pulled into increasingly deeper levels of poverty and hardship. Addressing poverty,

rather than scaling back support for those who most need it, should be a central concern of the CSR.

COVID-19 has exposed and exacerbated the unacceptable level of inequality in our society. Research shows that BAME communities were disproportionately affected by the pandemic, as well as those from disadvantaged backgrounds and people with existing health conditions. There has been recognition by the Government that action needs to be taken on reducing health inequalities, and some Government departments have already begun work in this area. However, to effectively tackle inequalities the Government needs to adopt a coherent, coordinated, and strategic approach.

‘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 improve 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 policy.

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. Marmot’s follow-up report in 2020 lamented the lack of progress and further deterioration of the public’s health. We recommend implementing the 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.

### **The unique role of place**

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, but 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.

Cross-governmental strategies and effective joined-up working will be necessary to level up the nation's health, providing an opportunity for other departments (such as DLUHC, DWP and MoJ) to meet their targets by investing in public health.

Meeting the Government's target of adding five years of healthy life expectancy to the nation's population will be impossible without addressing inequalities.

### **Children’s health**

Levelling up the population's health, wellbeing and economic opportunities should start with our children and young people. Investing in the foundations for health and wellbeing during pregnancy and in the early years is crucial to ensure every child is given the very best start in life. [The best start for life: a vision for the 1,001 critical days policy paper](#) focuses on the period of conception to the age of two and outlines six areas for action to improve the health outcomes of all babies in England.

The public health community widely supports the recommendations set out in the policy paper and asks the Treasury to invest now and invest more in support services for babies, parents, and carers to avoid the burden of costs of late prevention (estimated £16.6 billion in England and Wales in 2016, p. 116) and the negative outcomes experienced by our children as they grow up as a result of failures in their earliest years.

The impact of COVID-19 on children highlights the urgent need to focus on reducing vulnerabilities and addressing health inequalities, as well as the need for a comprehensive approach to identify and address the needs of children and families. Investment in improving early years health outcomes must be made to ensure families and communities are supported through the indirect impacts and 'hidden harms' of COVID-19, especially in deprived communities.

### **Obesity and other non-communicable diseases**

The Treasury has already acted with urgency to address the significant backlogs in the health and social care system. However, ignoring the huge burden of preventable ill-health will only mitigate short-term consequences.

Non-communicable diseases (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.

Public health policies to prevent disease and tackle the social determinants of health have been chronically underfunded in the UK. 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.

NCDs 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.

We support the Government's plan on tackling obesity but believe further measures are necessary to reduce the impacts from diet-related diseases and cut back on the £18 billion the Government currently spends on conditions related to this. A Sugar and Salt Reformulation Tax would be a highly effective means of breaking the junk food cycle and incentivising industry bodies to play their part in tackling obesity. We would also suggest building on the current strategy to tackle the other determinants of avoidable NCDs.

## **Mental health**

COVID-19 has had a devastating effect on mental health and wellbeing across the entire population – for those with pre-existing mental health problems, as well as those who never suffered from mental ill-health before. And many of the biggest impacts have been felt by those with the poorest health, least wealth and greatest disadvantages in life.

Rates of mental illness were already high prior to the pandemic but are likely to be greater still in the aftermath. A report from the NHS Confederation states that some mental health services saw a 20% increase in patients, despite being forced to cut their capacity by 10-30% due to infection control and social distancing measures. This comes after Centre for Mental Health estimated an additional 10 million people could require support for mental health over the next three to five years because of the pandemic.

Sustainable funding should also be directed towards improving public mental health through local initiatives which build resilience in individuals and communities. Investing in preventative action improves people's lives, reduces health inequalities and saves money.

Preventative action can reduce people's exposure to the risk factors for poor mental health and boost wellbeing to protect mental health, including action to support families, communities, schools, and workplaces. Local councils are already taking steps to boost wellbeing in their communities, but often with very limited and precarious funding. There is great potential for initiatives to grow and to make a big difference post-pandemic, but this will only happen with adequate resourcing from central Government.

It is essential that promoting good mental health is a top priority; investment must be awarded to preventative initiatives to protect mental health, especially in communities most affected by the pandemic and its aftermath.

The pandemic has also highlighted the lack of investment in mental health services. Too many people are unable to get early help for their mental health or face long waits for care. For many, this means help is not available until they reach crisis point. So mental health services need investment to boost support in communities and speed up access to effective treatment where and when it's needed.