

*The UK Public Health Network is partly supported by The Health Foundation, an independent charity committed to bringing about better health and healthcare for people in the UK.*

**Notes from UK Public Health Network Workshop: The Comprehensive Spending Review 2021**

**14 September 2021, 14:00 – 15:30**

<b>Presentation 1: Welcome and introduction</b>	
<b>Led by</b>	<b>Summary</b>
<b>Dave Buck, King's Fund</b>	<ul style="list-style-type: none"> <li>• As at May 2021, the Government had committed an estimated £372bn to direct and indirect consequences of COVID-19 – a huge amount, about 2-3x a normal NHS budget in a year.<sup>1</sup></li> <li>• On top of this, a new national insurance tax is being levied, partly to respond to the NHS backlog, partly to reform social care – ahead of the CSR.</li> <li>• The upshot is that the CSR will be very tight for the rest of Government spending.</li> <li>• Spending reviews have in the past followed more of a strict timeline.</li> <li>• Departments must usually make very specific, evidence-based cases, 'we will spend £x and get back outcome y and/or save spending £z by time t'.</li> <li>• Recent Conservative/Coalition Governments have not followed those rules, repeatedly making commitments and announcements outside of normal timetables (even pre-COVID) – especially for the NHS.</li> <li>• Spending reviews therefore have a more fluid meaning now and are not as comprehensive as they were.</li> <li>• Timing: submissions need to be in by end of September, for CSR on 27<sup>th</sup> October.</li> <li>• Likely implication: there will be very limited room for new money and commitments.</li> <li>• Therefore, it will be more important to influence what happens past the spending review, how departments and 'delivery chains' work together, and on what – since it will mostly not be about spending new money, but maximising existing money and its impacts on health.</li> <li>• Building a narrative for future spending reviews needs to start now.</li> </ul>
<b>Presentation 2: Background and purpose of the workshop</b>	
<b>Nicola Close, UK Public Health Network</b>	<ul style="list-style-type: none"> <li>• Public health funding has not been given priority for a long time; budgets locally as well as the NHS have consistently been stripped. Any extra funding that has been announced has been for specific programmes.</li> <li>• It has been consistently difficult to get money for public health despite solid evidence being built up showing that public health is a return on investment and saves costs.</li> <li>• COVID-19 has shown the importance of public health and the urgency of proper investment. COVID-19 has increased the profile of public health to a large extent but funding for public health is, at best, going to stay the same. This might be because public health is somehow seen as not related to health.</li> <li>• COVID-19 has also been framed as an NHS crisis, rather than a public health crisis. Public health advice has been needed during the pandemic, but the public health profession has been downplayed throughout, e.g. use of NHS branding for Test and Trace, despite it being a core public health function.</li> </ul>

<sup>1</sup> National Audit Office

	<ul style="list-style-type: none"> <li>• The question for us today is: What can we say that is innovative and will get public health the investment that it so desperately needs? In the current climate, it isn't about evidence – the evidence has been built but hasn't worked – it is about appealing to what people believe, rather than stating facts.</li> <li>• How can we shape the message now to mean that in 3 years' time we are in a better place?</li> <li>• How can the Network facilitate us as a group to continue to raise the profile of public health?</li> </ul>
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**Discussion 1: The UK Public Health Network's response to the CSR**

<p><b>Dave Buck, King's Fund</b></p>	<ul style="list-style-type: none"> <li>• It was felt that the narrative of the paper aligned overall with the organisations represented at the workshop.</li> <li>• The mental health section of the paper can be improved: the focus in the paper is on mental health services but it is important to also emphasise public mental health and what promotes good mental health. There is both a prevention and promotion argument. Centre for Mental Health happy to help strengthen this by sharing key messages.</li> <li>• During the pandemic we saw the importance of protecting the NHS by addressing health equity, which is different to 'levelling up'. We could perhaps strengthen the narrative of the paper by drawing a parallel with this for health improvement.</li> <li>• It feels like the Government is not working in a joined-up way, and it is important to consider how we can change this. We might want to consider an approach similar to the PSA health inequalities strategy.</li> <li>• The issues highlighted in the paper are not just issues for the DHSC – they are cross-Government issues and relevant to many, if not all, Government departments. This call for cross-governmental working needs strengthening.</li> <li>• It is important to emphasise the need for public recognition and understanding on issues to drive the political spectrum: how we frame this to get public buy-in and encourage a conversation.</li> <li>• There is a wider point about capitalising on the messages national Government has been making noise about, e.g. Smokefree 2030, 5 years added healthy life expectancy, 'building back better'. For instance, linking the 'levelling up' message to economic prosperity; this is the language that will encourage the Treasury to invest. It is not possible to get a prosperous and healthy nation if there is a lack of investment in public health.</li> <li>• RSPH is looking at a public poll to see how much the public would be willing to spend on prevention and screening vs treatment, and to assess whether the public has an over or under-estimated view on Government spending. This will inform RSPH messaging. The results of this poll will be put together by next week and RSPH can share findings across the Network.</li> <li>• Tomorrow (Wednesday 15<sup>th</sup>), the RCP Inequalities Alliance is sending a letter to the Prime Minister calling for an explicit strategy on health inequalities across Government. The Network has signed up to this letter, as well as several organisations represented at the workshop.</li> <li>• This Government has been called populist in its decision-making approach. There might be potential gains in amending our language use to appeal to this, e.g. 'fairness' over 'equality' and stressing the effect on families and children.</li> <li>• It is about how you get the message across to the public: who might be willing to champion the public health agenda more broadly – outside of public health – to make this appeal to politicians. For example, a celebrity like Marcus Rashford. Also, harnessing the appeal of physicians, e.g. through RCP statement on inequalities.</li> <li>• It is becoming clear that this Government is picking winners and losers – for example, drugs and weight management have currency but other issues such as alcohol are falling by the wayside. What is the worth in backing up the issues that have momentum versus championing those that are forgotten? Immediate impact</li> </ul>
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	<p>might be greater in the former, but many organisations have other key priorities which have to come first.</p> <ul style="list-style-type: none"> <li>• The public health workforce needs to be recognised as equally critical to the NHS workforce. Encourage more conversation about the public health workforce, who that is and what that means.</li> </ul> <p>Priorities for other organisations in their responses:</p> <ul style="list-style-type: none"> <li>• CRUK <ul style="list-style-type: none"> <li>• Cancer workforce, more diagnostic equipment</li> <li>• Strengthening UK capabilities in life sciences</li> <li>• Measures to support a Smokefree 2030</li> </ul> </li> <li>• LGA <ul style="list-style-type: none"> <li>• Health protection investment</li> <li>• Core funding</li> <li>• Workforce capacity</li> </ul> </li> <li>• RSPH <ul style="list-style-type: none"> <li>• 5 years healthy life expectancy</li> <li>• Public opinion on prevention vs treatment spending</li> </ul> </li> <li>• FPH <ul style="list-style-type: none"> <li>• Workforce – calling for 30 Specialists per 1 million of the population. HEE working on a bid for additional training places.</li> <li>• % NHS/ICS spending to go upstream to prevention interventions</li> </ul> </li> </ul> <p><b>Follow-up:</b></p> <ul style="list-style-type: none"> <li>• The Network to strengthen the framing of the paper.</li> <li>• The Health Foundation is updating the £1bn figure and will share more on this next week.</li> </ul> <p>Attendees were asked if there are any major changes to the paper that should be made. One area highlighted was sexual and reproductive health, in particular contraception – an area that is often overlooked for funding. Another area was health visitors. Responsibility for health visitors was transferred to local Government, and local authorities commission health visitors. There is a large backlog due to COVID-19 – local authorities have tried to switch to digital, but this service is extremely difficult to do digitally.</p>
<b>Discussion 2: Post-spending review influencing and implementation</b>	
<p><b>Dave Buck, King's Fund</b></p>	<ul style="list-style-type: none"> <li>• We are entering a period of very restrained public expenditure: there will be about £30bn raised from the levy in England over the next 3 years; £16bn for the NHS and £5bn for social care, leaving an unallocated £9bn in DHSC. Some of this is still to bid for, but much of it is likely built in for future COVID-19 pressures. A priority for us will be to find out how much is earmarked for the pandemic and what is left over.</li> <li>• The changing structures and personnel in the new public health system could be a positive thing for us, but we need to leverage this effectively.</li> <li>• How can we maximise synergies across the Network? is a key question the Network should consider. Is it worth the Network undertaking a scoping exercise so we don't find ourselves scrambling to respond to the next CSR?</li> </ul> <p><b>Follow-up:</b></p> <ul style="list-style-type: none"> <li>• Scope what the Network might do to take this work forward in terms of influencing post-CSR. We need to ensure that we do not wait for the next CSR to take forward our agenda, and instead start working on it now.</li> <li>• Look for advocates for public health outside of the sector to get more people and different sectors on board.</li> </ul>
<b>Reflections and summary</b>	

<b>Jonathon Holmes, King's Fund</b>	<p>There is more to be done in framing the language in a way that appeals to the Treasury and captures the public's attention. As was the case with social care, it was difficult to get political leverage until people started to understand the gross inequity in the sector. Pressure grew as a result of the reaction to this. We need to keep focusing our messaging to increase public and political awareness.</p> <p>At the same time, this seems to be a unique moment for public health because of the urgency brought about by the pandemic. Public health is 'due its time in the sun', meaning it's now about finding powerful advocates.</p> <p>The climate we are operating in is one of austerity and stretched resources. There is not a huge amount of new money, but discreet pots of cash are likely to be announced – therefore there is potential but also ambiguity. Particularly, we need to develop our positioning in relation to the Government's tendency to promote certain agendas, such as Smokefree 2030, over others. Organisations need to decide whether to support or resist this.</p> <p>We also need to collectively decide on whether to stick to the £1bn figure or uplift this.</p> <p>In sum, while there is not a lot of room for manoeuvre in the current spending review, there are also reasons to be hopeful of future influence.</p>
<b>Close</b>	