The Association of Directors of Public Health

Autumn Statement 2016: Position Paper

Introduction

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) 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.

This paper sets out our case for investing in prevention in advance of the forthcoming Autumn Statement.

Investing in prevention

The most urgent priority for the Autumn Statement is to increase investment in public health.

The decision to cut spending on public health through the local authority grant creates short-term savings by ignoring much larger long-term costs. If the government is to achieve the vision set out in the NHS Five Year Forward View, it needs to 'get serious about prevention'. This cannot happen if public health budgets continue to shrink. With the current proposed annual cuts of 4% in train up to 2020/21, the vital preventative work that public health professionals do is under serious threat.

The Health Select Committee has recently warned that cuts to public health funding are a false economy, with recognitions that further cuts to public health will threaten the future sustainability of NHS services. Furthermore, Sarah Wollaston, Chair of the Health Committee recently commented that the figure of an extra £10bn in the NHS is incorrect and that the real figure is closer to £4.5bn, an assertion backed up by the King's Fund. In fact, a substantial part of the 'extra' funding for the NHS comes from cuts to other areas such as public health.

We are all aware that the NHS is under enormous financial pressure, which is in our opinion due in part to long term underfunding of public health. Further cuts to public health will only serve to make the situation worse. Much of the local government public health budget pays for NHS services, including sexual health, NHS Health Checks, and drug and alcohol services. Cuts to local public health budgets can therefore be seen as cuts to NHS services. Seeing NHS funding as separate from public health funding is a false dichotomy.

We understand that a cheaper more efficient service is not necessarily a worse service and efficiencies can be made in local authorities. Directors of Public Health have strong skills in commissioning and will always seek to deliver services that meet population need and are cost effective. However, in some areas public health initiatives are being reduced or discontinued completely as a result of financial pressures rather than based on needs.

According to our survey on the impact of public health cuts which we carried out in January, 71% of DsPH are having to reduce their drugs and alcohol services in 2016/17. 12% are entirely decommissioning weight

management services and 4% are decommissioning smoking cessation services. This is reflective of the extremely difficult financial situation that local authorities are having to deal with including public health funding. Harrow Council recently consulted on cutting its entire stop smoking service to create a saving of £279,000. When we consider that smoking costs Harrow Council £1.7m a year because of the need for smoking-related care in later life it throws into light the harsh reality of attempting to improve and protect health in the face of budget cuts. These decisions are not being taken lightly.

Recent analysis from the King's Fund has found that the biggest local authority public health cuts (as a percentage of local authority spend compared between 2015/16 and 2016/17) are on smoking cessation, public health advice to NHS commissioners and obesity. Cutting these services will only cost more money further down the line in different parts of the system – predominantly in the NHS (the very thing the government is seeking to protect) and in social care.

The cost of diabetes is currently £10 billion a year, with diabetes drugs alone costing the NHS nearly £1 billion each year. The NHS already spends 70% of its budget on managing long-term conditions, many of which are entirely preventable – with sufficient investment in preventative services. The social care system is currently under a huge amount of pressure with a £1.9bn funding gap this year. The more we reduce public health budgets, the more likely it is that the health of the population will worsen, and therefore the more likely people are to need social care. For example, councils incur an additional £600m spending on social care as a result of smoking-related illnesses.

The arguments for savings to the NHS through prevention are not the only ones for increasing investment in public health. Cuts to public health may present risks to heath protection work, when last year we saw the largest rise in deaths in England and Wales in over a decade partly as a result of a 'flu outbreak early in the year. There is a clear link between good population health and economic growth, with work proven to be good for health and vice-versa. Investing in the health of our population will improve our economic prosperity and will help to keep people out of the benefits system. As we enter a period of economic uncertainty with inflation expected to rise next year, we could see inequalities widen which would inevitably impact upon the health of some of the most vulnerable in our society.

Continued cuts to public health budgets act as a disincentive for partnership working and an inhibitor to system transformation. Not appropriately resourcing public health will lead to cuts in the amount of advice public health can provide to CCGs and the wider NHS, meaning partnership working will be adversely affected. This may have a knock-on effect on the development and delivery of Sustainability and Transformation Plans.

It is vital to increase investment in public health. We look forward to more detail from the government on how the future business rates retention system will work in practice with mechanisms for redistribution so that poorer areas do not suffer negative impacts. In the meantime, we urge the government to increase public health budgets and to recognise the return on investment that can be achieved through investment in public health – not just for the NHS but for all parts of society.

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