



The Association of Directors of Public Health

ADPH Statement: Budget 2017

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 more than 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This statement sets out our key priorities in advance of the Budget 2017.

Investment in public health must be increased

By 2020/21 the Public Health Grant in England will have been cut by £531 million while additional expectations continue to be created. Directors of Public Health have been acting to manage cuts to minimise any adverse impact on outcomes but reductions in services are inevitable if these cuts are not reversed and public health is not funded adequately. Reductions in overall local authority budgets are also likely to be adversely impacting on health and wellbeing locally.

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 and if the NHS does not invest in preventative measures. Local and national public health interventions are cost saving and cuts to public health budgets represent a false economy. A recent systematic review identified the median return on investment for local public health interventions as 4:1.

Urgent clarity is needed on whether implementation of the Business Rates Retention (BRR) system will go ahead as previously announced. The implementation of any new system must not have an adverse impact on health inequality. We urge that the public health grant's ring-fence remains in place until BRR is implemented. We would also like to see a review of mandated services if the ring-fence is to be removed.

We would urge the government to adopt a health in all policies approach to policy making including Budget decisions and to consider the impact of any tax or benefit changes on health and health inequality.

Action needed on alcohol pricing

Harmful alcohol consumption accounts for 10% of the total UK burden of death and disease.ⁱ 167,000 years of working life were lost to alcohol in 2015, and alcohol harm comes at a social cost of between £21 billion and £52 billion per year.ⁱⁱ

The reintroduction of the tax escalator on alcohol alongside the introduction of Minimum Unit Pricing (MUP) has been shown to be the most effective way of reducing alcohol harm.ⁱⁱⁱ The introduction of MUP was the number one policy priority for ADPH members in our most recent policy survey.

MUP would have an imperceptible impact on the overall cost of alcohol consumption for lower risk drinkers and is not expected to lead to any change in pub prices. Research by Sheffield University indicates that 82% of the reduction in deaths would be amongst routine and manual workers.^{iv}

The tobacco industry should contribute to the cost of smoking

The total cost of smoking to society in England is £12.9 billion per year including costs to the NHS and lost productivity to premature deaths, smoking breaks and absenteeism.^v Revenue from tobacco taxation does not cover this cost. Total tobacco revenue is currently around £12.3 billion annually.^{vi}

The government should introduce a tax or levy on tobacco manufacturers to cover the cost of smoking to the NHS and wider society and invest in tobacco control. The APPG on Smoking and Health found that increasing expenditure on tobacco control by an additional £100 million a year could deliver a return on investment of 1100% over five years.^{vii}

ADPH welcomed the decision announced in March 2017 to introduce a Minimum Excise Tax on cigarettes. The government should increase the tobacco tax escalator to 5% ahead of inflation. 81% of Directors of Public Health have said that this is either in their top five priorities or important for them.

Action is needed to reduce child poverty

The Institute for Fiscal Studies projects that the number of children living in relative poverty will be 3.6 million by 2020 as a direct result of tax and benefit decisions taken since 2010.^{viii} Child poverty is associated with poorer health, social, psychological and educational outcomes.^{ix} The government should restore national binding targets to reduce child poverty and introduce a dedicated national child poverty strategy.

Improving air quality should be a budget priority

Outdoor air pollution costs the UK economy £20 billion per year and has an effect equivalent of 25,000 deaths a year in England by increasing risk of diseases such as heart disease, stroke, respiratory diseases and cancer.^{xxi} The government should use fiscal levers such as Vehicle Excise Duty to incentivize the use of electric vehicles and lower polluting vehicles and consider implementing a national diesel scrappage scheme.

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ⁱ Balakrishnan R et al, 'The burden of alcohol-related ill health in the United Kingdom', *Journal of Public Health* Vol. 31., No. 3, 2009

ⁱⁱ Public Health England, *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review* (2016)

ⁱⁱⁱ Angus C., and Ally A, 'Modelling the potential impact of duty policies using the Sheffield Alcohol Policy Model Version 3', Sheffield: SchARR, University of Sheffield (2015)

^{iv} John Holmes et al, 'Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study', *The Lancet*, Vol. 383, No. 9929, 2014

^v Action on Smoking and Health, *The Economics of Tobacco* (March 2017)

^{vi} Action on Smoking and Health, *The Economics of Tobacco* (March 2017)

^{vii} Action on Smoking and Health, *The Economics of Tobacco* (March 2017)

^{viii} Child Poverty Action Group, Child poverty facts and figures, [<http://www.cpag.org.uk/child-poverty-facts-and-figures>] (accessed 20 September 2017)

^{ix} Wickham S, Anwar E, Barr B, et al, 'Poverty and child health in the UK: using evidence for action', *Archives of Disease in Childhood*, Vol. 101, Iss. 8, 2016

^x Public Health England, *Clean Air Day – taking steps to reduce air pollution*, [<https://publichealthmatters.blog.gov.uk/2017/06/15/clean-air-day-taking-steps-to-reduce-air-pollution/>] (accessed 13 September 2017)

^{xi} Royal College of Physicians, *Every Breath We Take: The Lifelong Impact of Air Pollution* (February 2016)