The Association of Directors of Public Health

ADPH Statement: Budget 2018

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 2018.

Investment in public health must be increased

By 2020/21 the Public Health Grant in England will have been cut by £531 million in cash terms. At the same time additional expectations continue to be created, for example, attendances at sexual health services have increased by 13% over the last five years which is the equivalent of an extra 210 a day or 1,471 a week.

Directors of Public Health have been acting to manage the cuts and the increasing demand and at the same time modernise services but reductions in services are now inevitable if these cuts are not urgently reversed and public health is not funded adequately. Reductions in overall local authority budgets are also adversely impacting on health and wellbeing locally.

Reductions to funding for public health represent a short-term approach and ignore the much larger long-term costs associated with not investing in public health. Inversely, there are great dividends to be paid, both to the economy and society, through investing in public health initiatives. A recent systematic review identified the median return on investment for local public health interventions as 4:1.

As an example, work is an important determinant affecting the health and wellbeing of the population. Supporting people into work not only benefits their wellbeing but supports a healthy national economy, with approximately £100 billion annually lost in the UK through sickness absence and productivity losses.[1] The cuts directly affect the role public health can play in prevention, supporting people into work and workplace health and wellbeing.

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 at least until BRR is implemented.

Recommendation: Investment in public health must be increased. There must be no further cuts to the public health budget. Existing cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.

Health in all policies

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. We need to see a shift in focus across government to prevention and early intervention**.** This is not only because of the expense and distress caused by preventable disease but also because of the importance to individual lives, communities, the economy and the sustainability of the health and care system. We must invest in enabling people and communities to prioritise their long-term health and wellbeing.

Recommendation: The Government should adopt a 'health in all policies' approach to decision-making and policy development, assessing the long-term health impact for all policies.

NHS long-term plan

The extra £20 billion for the NHS is very welcome and a real opportunity to think longer term and invest in helping people not to get ill in the first place. However, the financial challenges facing the NHS, while clearly needing to be tackled, can sometimes overshadow the need to invest in preventive initiatives. The NHS will not succeed in reducing waiting times and improving outcomes unless it tackles the demand and prioritises support for prevention and early intervention.

In her speech on 18th June 2018, the Prime Minister called for a renewed focus on the prevention of ill-health: "*Whether it is cancer, heart disease, diabetes or a range of mental illnesses, we increasingly know what can be done to prevent these conditions before they develop – or how to ameliorate them when they first occur. This is not just better for our own health, a renewed focus on prevention will reduce pressures on the NHS too*."[2]

The NHS Five Year Forward View identified some actions, but this has not been delivered and efforts need to be substantially stepped up. Prevention needs to be at the centre of the long-term plan.

Many prevention services are also delivered by local authorities through the public health grant. The continuing under-investment in public health jeopardises efforts and contributes to pressure on the health and social care budget. A sustainable NHS cannot be achieved without a sustainable social care system and investment in public health.

The NHS is too reliant on national one size fits all approaches. The role of national action must be to empower local communities and individuals to achieve their best possible wellbeing and health. NHS investment should complement local action on public health and social care. The test should be of effectiveness in delivering our common objective of improving healthy life expectancy faster than, but at the same time as increasing life expectancy. Where financial savings accrue primarily to the NHS, there is an obligation upon the NHS to invest across the system.

Local partnerships are essential to deliver sustainable changes. Local authorities have a clear and distinct role in improving the health of their population and in convening the local system to work together through Health and Wellbeing Boards. The third sector also has an important role to play. Local accountability matters and actions which have the support of communities and which are actively promoted by councils have the greatest chance of being sustained. There should be greater accountability on both Clinical Commissioning Groups and Sustainability and Transformation Partnerships/Integrated Care Systems to work with local authorities. The Director of Public Health provides a key link between the NHS and local authority.

Recommendation: Prevention must be at the centre of the NHS Long Term Plan and NHS investment should complement local action on public health and social care.

Action needed on alcohol pricing

Harmful alcohol consumption accounts for 10% of the total UK burden of death and disease.[3] 167,000 years of working life were lost to alcohol in 2015, four in ten violent crimes are linked to alcohol and the annual cost of alcohol to society is estimated to be up to £47 billion.[4] Alcohol related harm is placing a strain on our families, communities, police services and health services.

As local commissioners of drug and alcohol treatment services, Directors of Public Health are only too aware of the devastating impacts that alcoholism can have on individuals and families. Tackling harms associated with the consumption of cheap alcohol is a tangible way in which the government can improve the health of many people, especially the most vulnerable.

Minimum Unit Pricing (MUP) is a proven policy mechanism to do this and is the number one policy priority for Directors of Public Health. The introduction of MUP in England would prevent over 19,000 hospital admissions and almost 35,000 crimes every year. The most vulnerable in society would benefit the most, with eight of ten lives saved predicted to come from the poorest groups. MUP would not affect pub prices, and moderate drinkers would barely notice the difference as most of alcohol they buy is above the proposed minimum price level of 50p per unit. [5] [6]

ADPH supports the findings of the recent evidence review of alcohol policy that concludes that reducing the affordability of alcohol through both taxation and MUP is the most effective and cost-efficient way of reducing alcohol harm.[7] The government should also reintroduce the tax escalator on alcohol at 2% per annum ahead of inflation.

Recommendation: The Government should implement a minimum price of 50p per unit of alcohol.

Recommendation: The Government should reintroduce the tax escalator on alcohol at 2% per annum ahead of inflation.

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.[8] Revenue from tobacco taxation does not cover this cost. Total tobacco revenue is currently around £12.3 billion annually.[9] 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.

ADPH welcomed the decision announced in 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.

Recommendation: The Government should implement a tax or levy on tobacco manufacturers to help cover the cost of smoking to the NHS and wider society.

Recommendation: The Government should increase the tobacco tax escalator from 2% to 5% above inflation.

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.[10] Child poverty is associated with poorer health, social, psychological and educational outcomes.[11] The government should restore national binding targets to reduce child poverty and introduce a dedicated national child poverty strategy.

Recommendation: The Government should reintroduce binding national targets to reduce child poverty.

Improving air quality should be a budget priority

Outdoor air pollution costs the UK economy £20 billion per year and has an effect equivalent to 25,000 deaths a year in England by increasing risk of diseases such as heart disease, stroke, respiratory diseases and cancer.[12] [13] A recent WHO report attributed a mortality rate of 25.7 per 100,000, the 15th worst in Europe, to air pollution in the UK. This is higher than mortality rates in Spain, Portugal, and France.[14]

The government should use fiscal levers such as Vehicle Excise Duty to incentivise the use of electric vehicles and lower polluting vehicles and consider implementing a national diesel scrappage scheme. The government should lead the way by switching to lower polluting vehicles for the NHS and other government fleet vehicles.

At the same time the government should prioritise active travel in transport policy and invest in infrastructure for active travel. Prioritising initiatives that maximise the benefits to both health and the environment represents best value for money as well as having a greater positive impact overall.

Recommendation: The Government should incentivise the use of low-emission vehicles and Vehicle Excise Duty should be adjusted to reflect the impact of diesel vehicles on levels of nitrogen dioxide in the atmosphere.

Recommendation: The Government should commit to a cost-benefit analysis of a national diesel scrappage scheme in England.

Recommendation: The Government should prioritise active travel in transport policy and continue to invest in infrastructure for active travel.

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[2] Prime Minister's Office. PM speech on the NHS.
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[6] 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
[7] Rabinovich L, Brutscher P, de Vries H, Tiessen J, Clift J, Reding A. The affordability of alcoholic beverages in the European Union. Understanding the link between alcohol affordability, consumption and harms. (2009)
[8] Action on Smoking and Health, The Economics of Tobacco (March 2017)
[9] Action on Smoking and Health, The Economics of Tobacco (March 2017)
[10] Child Poverty Action Group, Child poverty facts and figures, [http://www.cpag.org.uk/child-poverty-facts-and-figures]
[11] 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
[12] Royal College of Physicians, Every Breath We Take: The Lifelong Impact of Air Pollution (2016)
[13] Public Health England, Clean Air Day – taking steps to reduce air pollution, [https://publichealthmatters.blog.gov.uk/2017/06/15/clean-air-daytaking-steps-to-reduce-air-pollution/]
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