The Association of Directors of Public Health

ADPH Submission: Comprehensive Spending Review 2020

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

Summary and recommendations

The ADPH welcomes the opportunity to make the case for significant and sustainable investment in public health as part of the Comprehensive Spending Review.

ADPH has identified two overarching priorities for the Comprehensive Spending Review:

- **Preventing and managing COVID-19 effectively for as long as necessary**; and building a stronger health protection system to respond to future pandemics, including local public health capacity.

- **Enabling economic and social renewal that puts the health and wellbeing of people and communities first**; and reducing the health inequalities which have been exposed and exacerbated by COVID-19.

The ADPH is calling for the Comprehensive Spending Review to commit to funding and action across three areas:

1. **Reducing health inequalities and improving wellbeing through cross-government action.**

   Too often health is a second order priority when it should be the foundation on which to build individual flourishing and economic prosperity. Across all government departments, improving health and wellbeing should be considered as a key outcome. The levers of tax, regulation and policy should be fully utilised to tackle the biggest public health challenges – including excessive alcohol consumption, smoking, poverty, poor air quality, obesity and mental health – in a coherent way. COVID-19 has shone a light on health inequalities and the Comprehensive Spending Review should focus on addressing the social determinants of health in a coherent way UK-wide, learning from the wellbeing-based approaches adopted by Wales, Scotland and New Zealand.

Recommendation: Wellbeing should be built into the fabric of Government decision-making both when it comes to policy development and funding allocation. A Health Inequalities Strategy should be developed and binding national targets to reduce child poverty established.

2. Resourcing the health protection system at all levels to manage COVID-19 effectively; including building capacity in local public health teams for the long-term.

Cutting funding for local public health over the last five years has meant fewer staff and resources to respond to COVID-19. This capacity should be rebuilt to protect and save lives now; and in the years ahead. The Government must invest in all parts of the system and ensure that local government is properly resourced to carry out its responsibilities (both current and future) working in collaboration with partners, including the National Institute for Health Protection.

Recommendation: Funding for Local Outbreak Plans should be made available in each year of the Comprehensive Spending Review period to meet the full costs of the continuing work of public health teams in responding to COVID-19 and establishing long-term health protection resilience. Any new responsibilities for councils in respect of the NHS Test and Trace Service must be fully funded.

3. Valuing the role of place and local public health leadership

The case for local government being the home of public health is stronger than ever. Independent reports consistently set out the benefits - and strong outcomes - of this move. Even more progress is possible; however, the cause has been hampered by years of cuts; both to local government as a whole and public health specifically.[1]

As a minimum, the Government should commit to restoring what will amount to £1bn in cuts to the Public Health Grant by 2021/2.[2] Local government must also be placed on a sustainable footing for the future by addressing the £6.5 billion black hole.[3]

Recommendation: The Government should invest at least £1 billion more a year in the Public Health Grant. Any new responsibilities devolved to local public health teams as a result of the dissolution of Public Health England should be fully funded in addition.

Introduction

In 21st century Britain, life expectancy is stalling and health inequalities are rising; with the gap in life expectancy between the richest and poorest areas of England and Wales widening over the past decade.[45] COVID-19 has further exposed and exacerbated the inequalities in our society and should strengthen our collective resolve to level up and increase our commitment to public health.[6]

While the Comprehensive Spending Review takes place against a backdrop of uncertainty over the future structure of the public health system and the footprint and funding model for local government, there should be no doubt about the clear and compelling argument for more significant investment at

national, regional and local levels to improve public health in the years ahead.

Directors of Public Health, rooted in place and local communities, have demonstrated the value of their skills, knowledge and experience throughout the response to COVID-19 and delivered reformed services and good outcomes for their populations through the Public Health Grant. However, the lack of financial support for local public health during COVID-19 has been deeply concerning and must be addressed as an urgent priority. After years of cuts, it is now time for public health teams and responsibilities to be properly resourced so that they can play their part in creating healthier people, places and economies across the UK.

The written submission to the Comprehensive Spending Review from the ADPH focusses on three areas:

- Reducing health inequalities and improving wellbeing through cross-government action;
- Resourcing the health protection system at all levels to manage COVID-19 and future pandemics effectively;
- Valuing the role of place and local public health leadership.

The case for investing in public health

1. Reducing health inequalities and improving wellbeing through cross-government action

- In 21st century Britain, life expectancy is stalling and health inequalities are rising; with the gap in life expectancy between the richest and poorest areas of England and Wales widening over the past decade.[78] Between 2015 and 2017, the gap in life expectancy between the most and least deprived areas of England was 9.4 years for males and 7.4 years for females.[1] Recent data also shows wide inequalities across all indicators related to child health, mental health, smoking, alcohol misuse and tuberculosis and there is no indication of any narrowing of these inequalities.

- COVID-19 has further exposed and exacerbated the inequalities in our society and should strengthen our collective resolve to reduce them and increase our commitment to public health. Research has shown that BAME communities have been disproportionality affected by COVID-19, as well as those from disadvantages background and people with existing health conditions. [9]

- Health inequalities cost, in both human and financial terms. The 2010 Marmot Review estimated the economic costs of health inequality per year as being: productivity losses of £31–33 billion, lost taxes and higher welfare payments in the range of £20–32 billion, and additional NHS health care costs in England in excess of £5.5 billion.[10] A detailed analysis for the year 2011/12 of how average NHS costs varied by age, sex and neighbourhood deprivation quintile estimated that the total cost associated with inequality was £12.52 billion.[11]

- A modest proportion of our health and wellbeing – just 10-20%[12] - is determined by access to traditional health services, like the NHS. The remainder is shaped by what are often referred to as the social determinants of health. These factors include: our income, the education we receive, the housing we live in, the transport we use and the air we breathe.

- The circumstances that create good health are more social than personal.[13] While genetics, individual behaviour and medical services, like those provided by the NHS, are notable factors, they are over-represented when it comes to public policy and investment decisions. The Comprehensive Spending Review is a unique opportunity for this government to deliver its priorities (e.g. a smoke-free society by 2030, reducing childhood obesity by 50% by 2030) and set a course of reducing inequalities through a commitment to tackle the social determinants of health.

- A thriving economy is only possible with a healthy population. A healthy population is good for the economy because:
    - Healthier children have better educational outcomes, which positively impacts productivity in adulthood.[14] [15]
    - A healthy person is enabled to continue to work as they get older, whereas poor health can lead to forced early retirement.[16]
    - A healthy working-age population can lead to economic prosperity by being more engaged and productive.[17]

- Wellbeing should be built into the fabric of Government decision-making when it comes to both policymaking and funding allocation. Wales has already made a vital step towards realising this ambition, through the introduction of the Future Generations Wellbeing Act. Similarly, in Scotland, there is now a vision for national wellbeing in the form of the National Performance Framework. These efforts must be matched in England – the proposal to create a 'health index', alongside existing wellbeing data collected by the Office for National Statistics, could provide a framework to drive change and embed accountability across Whitehall.

- The Government should take a whole system and place-based approach to health inequality. 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, expanding the use of the 'Polluter Pays' principle. Poverty is the most significant determinant of children and young people's health in the UK. Currently, 4.1 million children in the UK are living in poverty – binding targets are needed. [18]

- Evidence supports spending and collaboration across a variety of different departments to improve public health e.g.
    - Green space and childhood – High levels of green space presence during childhood are associated with lower risk of a wide spectrum of psychiatric disorders later in life. Risk for subsequent mental illness for those who lived with the lowest level of green space during childhood was up to 55% higher across various disorders compared with those who lived with the highest level of green space.[19]
    - Transport - Cycling schemes can achieve more for less, with benefit-to-cost ratios in the range of 5:1 to 19:1 – some as high as 35.5:1. A typical "cycling city" could be worth £377 million to the NHS in healthcare cost savings in 2011 prices.[20]

Recommendation: Wellbeing should be built into the fabric of Government decision-making both when it comes to policy development and funding allocation. A Health Inequalities Strategy should be developed and binding national targets to reduce child poverty established.

2. Resourcing the health protection system at all levels to manage COVID-19 effectively; including building capacity in local public health teams for the long-term.

- The local public health system has been undervalued as part of the 'team of teams' ADPH has consistently advocated for to effectively manage the COVID-19 pandemic. The response to the pandemic and in particular, the limited engagement with DsPH in the early stages, reflects the historic lack of understanding of the importance of public health and the role of DsPH in creating healthy populations and places. As a society we tend still to think that a healthy population is created by the NHS – it is not. COVID-19 has raised the public interest in and awareness of the importance of public health.

- Recently there has been increasing recognition about the value of local leadership as a vital component of an effective response to COVID-19. The Secretary of State for Health and Social Care has praised "local directors of public health and their teams, who are the unsung heroes of health protection." DsPH provide a local perspective and have led on the development of Local Outbreak Plans, which are intended to build on existing plans to manage outbreaks in specific settings, ensure the challenges of COVID-19 are understood and consider the impact on local communities.

- DsPH have had a significant – and expanding – role in the response to COVID-19 and are working relentlessly to ensure that the local response is as effective as possible across the UK. In the early stages of the pandemic, DsPH produced local guidance and information for other council departments, elected members and the wider community, as well as adapted local services to ensure resources were focused on the task at hand e.g. sexual health and drug treatment services have enhanced their online offer. DsPH have been the 'go-to' source of knowledge and information for numerous agencies when it comes to planning and providing local analysis, and have been working closely with the local media and community groups to promote clear public health messages and advice.

- ADPH welcomed the government's announcements of two allocations of £1.6bn of additional funding for local government including to help manage public health pressures. However, the Local Government Association (LGA) estimates that the total cost pressures of responding to COVID-19 will be three or four times more than the £3.2bn allocated to local government so far.

- The extra £300m announced for Local Outbreak Plans was also welcomed. However, this does not reflect the full pressures faced by public health and other parts of local government and is especially disappointing when compared to the significant sums of money which have been provided to the NHS Test and Trace Service. Also, if this is a one-off sum, then a medium-term response will be challenging in terms of resource and capacity. Without sustainable funding, DsPH cannot invest in the skills and people their local populations need.

- The reality is that a decade of cuts to local government and public health budgets has left local public health in a less resilient place than would have otherwise been the case. Even prior to COVID-19, local authority public health was operating under significant financial pressures and it has now become critical.

- One key lesson we need to learn from this pandemic is that maintaining a well-resourced local public health system, including health protection, data and public health analysis functions, is not a "nice-to-have" but a "must-have".

Recommendation: Funding for Local Outbreak Plans should be made available in each year of the Spending Review period to meet the full costs of the continuing work of public health teams in responding to COVID-19 and establishing long-term health protection capacity. Any new responsibilities for councils in respect of the NHS Test and Trace Service must be fully funded.

3. Valuing the role of place and local public health leadership

- A spotlight has been shone on the unique role of place and of DsPH, and their teams, throughout the response to COVID-19. However, this expertise and knowledge also exists across the full range of local public health services and functions. 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.

- Numerous reports have demonstrated the reformed services, integrated approaches and strong outcomes that public health in local government has delivered since the transfer of responsibilities.[21] Most recently, a report by the King's Fund notes "that the move to local government for many public health services was the right one" and concludes by saying "the overall story is one of a successful transition, and an increasing penetration of public health into the work of local government, beyond being commissioners of public health services through the public health grant."

- Directors of Public Health have delivered despite what is an increasingly unsustainable financial balancing act. For example, in England, The Public Health Outcomes Framework (PHOF) tracks 112 health indicators. In the last six years, 80 percent of those have been level or improving; notable, particularly as they have been achieved in a context of year-on-year cuts to the Public Health Grant. However, so much more could be achieved with more long-term investment.

- The case for investing in public health programmes is clear. In 2017, Masters et al undertook a systematic review of 2,957 relevant titles and ultimately included 52 studies published over four decades in their report.[22] The median return on investment (ROI) for local public health interventions (such as fall prevention, smoking cessation and water fluoridation) was 4.1 to 1, and the median cost-benefit ratio (CBR) was 10.3.

- Local public health has played a crucial role in some significant public health successes since

2013 including[23]:

- Sexually transmitted infection testing and treatment: attendances up, new diagnoses down.
- 98 per cent of people waited three weeks or less from first being identified as having a substance misuse treatment need to being offered an appointment to start an intervention, with 82 per cent of first interventions having zero days waiting time.
- The teenage conception rate dropped by 23 per cent from 2013/14.
- The overall number of adults smoking cigarettes in England between 2011 and 2017 fell by around 1.6 million, to 6.1 million.
- Between 2012/13 and 2016/17, suicides steadily decreased in England, with the male suicide rate of 15.5 deaths per 100,000 the lowest since 1981.
- There has been a reduction in illicit drug use among adults aged 16 to 59 years in England and Wales compared with a decade ago, from 10.5 per cent using illegal drugs in the financial year 2005/06, to 8.5 per cent in 2016/17.
- Local authority commissioned services measured more children than at any time in the last ten years, at less cost than the NHS did, and put more money than the NHS did into tackling child obesity.

- There has been much debate about the funding model for local authorities and what this might mean for public health. ADPH has supported, in principle, the move towards Business Rate Retention (BRR) and the inclusion of the Public Health Grant within the reforms. However, this would be dependent on whether appropriate assurances (e.g. minimum spend on public health) and monitoring could be put in place. DsPH have highlighted the potential for greater local flexibility to influence the wider Council budget and build stronger links between the economy and health.[24] The main challenges reported, are around the potential for further cuts to public health funding, as well as the potential widening of inequalities. It seems reasonable to judge that these risks have been exacerbated by COVID-19.

- Local public health has a record to be proud of, but progress has been hampered by years of cuts to both the Public Health Grant specifically and local government generally. According to the Health Foundation, the Public Health Grant, which funds local authorities in England to deliver functions and services that promote health and prevent ill-health, has been cut by more than a fifth (22%) since 2015/16 despite a growing and urgent need for investment in public health and prevention. In 2020/21 the public health grant was valued at £3.2bn – around 2.6% (£80 million) higher than the previous year's grant. While this increase is some recognition of the need to fund local public health, it falls far short of the estimated £1 billion needed per year to simply restore cuts since 2015/16. [25]

- The Government has expressed several ambitious targets to make the 2020s a 'decade of prevention' including '5 more years of healthy, independent life by 2035 while reducing the gap between richest and poorest'. If the Government values the role of place and of local leadership in improving health and wellbeing, it needs to invest in it.

- As the conversation about the future of Public Health England functions not transferred to the

National Institute for Health Protection continues, Directors of Public Health would welcome additional responsibilities for health improvement provided that appropriate additional funding accompanied any transfer. Directors of Public Health already work collaboratively across boundaries and within regions – on joint commissioning and Sector-Led Improvement- and there is an opportunity to build on these ways of working as part of the future system.

- The case for local government being the home of public health is stronger than ever. Even more progress is possible; however, the cause has been hampered by years of cuts; both to local government as a whole and public health specifically. The breadth of responsibilities for many services and functions that can drive improvements in health and wellbeing - such as leisure centres, libraries, parks and planning – mean it is crucial that local government finances overall are placed on a sustainable footing for the future by addressing the £6.5 billion black hole.

Recommendation: The Government should invest at least £1 billion more a year in the Public Health Grant. Any new responsibilities devolved to local public health teams as a result of the dissolution of Public Health England should be fully funded in addition.

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