



## Cuts to public health are cuts to the NHS

The need for continued investment in public health and prevention services

### Actions to take

- Write to the Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government; asking for a commitment that public health services, including sexual and reproductive health services, will be fully funded within the Government's Budget and Spending Review
- Raise the need for fully funded public health services within the parliamentary debates following the Government's budget on 29<sup>th</sup> October
- Ask oral and written questions on public health funding
- Show your support on social media

### Key messages

- Prevention is common sense and promoting good health/preventing ill health benefits the UK economy, and saves money for the NHS, social care and the broader public sector.
- Public health includes sexual health and reproductive health services – delivered by NHS organisations, in hospital settings, in primary care and in the community.
- Other services funded from the public health budget include smoking cessation, children's health services, substance misuse services, obesity prevention and more.
- Public health spending is a tiny proportion of the overall spending on health in England – **just 2.8%** – and is falling year on year.
- Local authority public health grant funding is being cut by £600 million between 2015/16 and 2019/20 and delivering the public health functions is now

unsustainable with current funding. This equates to a 7% in-year cut in 2015/16 and an average of 3.9% in real terms per year until 2020.

- Demand for sexual and reproductive health services are rising - Public Health England data has indicated a 13% increase in attendance of sexual health services between 2013 and 2017.
- The result is that sexual and reproductive health services are at crisis point and no longer able to meet current levels of demand.
- There is no future funding settlement for the local authority public health grant past 2019/20 and no solution from the government to the very urgent demand being seen in sexual and reproductive health services now.
- We want to see an increase in investment in public health. This includes a scale up of investment through the upcoming Government Spending Review, alongside allocation of resources to public health from the long-term NHS funding settlement.
- Prevention must be at the heart of the NHS 10 Year Plan. There must be a clear commitment from all stakeholders in the health and social care sector to work together to ensure public health is also at the heart of the national health and social care system.

### **What are public health services?**

Public health is about preventing disease, prolonging life and promoting good health in everyone in our communities. Public health is therefore the first step towards promoting a healthier population and thus reducing downstream costs to the NHS.

Public health includes sexual and reproductive health services, ranging from providing information and advice on how to maintain good sexual and reproductive health, to providing contraception and methods to prevent sexually transmitted infections; to testing for HIV and other sexually transmitted infections and the treatment of infections when they do occur through sexual contact.

Sexual and reproductive health services provide support to anyone who needs them and to people of all ages.

### **Who is responsible for funding public health services?**

The [Health and Social Care Act 2012](#) transferred responsibility for local public health services from the NHS to local authorities. The [Local Authorities \(Public Health Functions and Entry to premises by Local Healthwatch Representatives\) Regulations 2013](#) sets out

in more detail the public health functions of local authorities. These changes came into being from April 2013.

Sexual and reproductive health services are one of a number of services that are specifically mentioned in the local authority regulations. The regulations state that “each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area.”

### **Local authority public health funding cuts**

Local authorities receive an annual ring-fenced public health grant from the Department of Health and Social Care. The core condition of this grant is that it should be used only for the purposes of the public health functions of local authorities.

### **Local authority public health grant funding is being cut by £600 million between 2015/16 and 2019/20.**

These cuts are directly having an impact on frontline public health services, including sexual and reproductive health, with organisations including the Local Government Association (LGA), Terrence Higgins Trust, The British Association of Sexual Health and HIV (BASHH), the British HIV Association (BHIVA), the Association of Directors of Public Health (ADPH) and National AIDS Trust stating that “sexual health services are at crisis point”.

Data collected by South East London sexual health clinics, indicated that in a one-month period (November 2017), 1,094 people were turned away from sexual health clinics in that area as clinics did not have enough capacity to see everyone who needed their services. **Over half (54%) of those turned away reported that they had symptoms of a sexually transmitted infection.**<sup>1</sup>

Public Health England data has indicated that **demand for sexual health services is rising – a 13% increase in attendance between 2013 and 2017** – but with no rise in resources to deal with this demand. Rates of many sexually transmitted infections, including gonorrhoea and syphilis, are skyrocketing with both seeing at least a 20% rise in number of infections between 2016 and 2017.

Non-mandated primary prevention services are also being significantly harmed as evidenced by the fact that HIV prevention funding has reduced by nearly a third in high prevalence areas in two years from 2015/16<sup>2</sup>.

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<http://www.bhiva.org/documents/Conferences/2018Edinburgh/Presentations/180418/AideenDunne.pdf>

<sup>2</sup> [https://www.nat.org.uk/sites/default/files/publications/NAT\\_PREVENTION%20REPORT\\_V2.pdf](https://www.nat.org.uk/sites/default/files/publications/NAT_PREVENTION%20REPORT_V2.pdf)

Responses by local authorities to a Freedom of Information request by the Advisory Group on Contraception in 2018 found **that two thirds of local authorities are reducing their spending on contraceptive services**. This has led to reductions in the number of contraceptive services in half of all councils since 2016/17.<sup>3</sup> More data is available in Cuts and Closures<sup>4</sup>, Time to Act<sup>5</sup> and Feeling the Squeeze<sup>6</sup>

Cuts to local authorities' budgets also have unintended effects on healthcare services that fall outside their mandate but are, nevertheless, essential to the delivery of holistic sexual and reproductive health services. This is the case with cervical screening and contraception for the purposes of managing gynaecological issues.

### **NHS 10 year plan and long-term funding settlement**

On 18<sup>th</sup> June 2018, the Prime Minister and Jeremy Hunt announced new five year funding for the NHS and an ambition for a new 10 Year Plan. The NHS will receive increased funding of £20.5 billion per year by the end of five years. **Yet the funding DOES NOT include local authority public health funding. A future public health settlement will have to wait for the next spending review when it will be up against other government departments – who are also calling for an increase in resources.**

On public health, the Prime Minister said in her speech: “We also know we need to... support prevention and public health, both for the benefits they bring in themselves and to relieve pressure on NHS care.”

In the House of Commons debate on the funding announcement, the then Health Secretary Jeremy Hunt said: **“there cannot be a transformation of the NHS without a proper emphasis on public health”** and went on to say **“I do not believe there is a sustainable long-term solution to NHS funding pressures unless we have an equally sustainable solution for public health.”**

The NHS 10 year plan will be released in November 2018. It will include priorities on prevention. It is vital that this focuses on public health including sexual and reproductive health. Poor sexual and reproductive health impacts both physical and mental health and wellbeing. Sexual and reproductive health is an issue for most of the population and across the life-course.<sup>7</sup>

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<sup>3</sup> Advisory Group on Contraception document due for publication 12<sup>th</sup> September

<sup>4</sup> AGC 2017. Cuts and Closures

<sup>5</sup> RCGP 2017. Time to Act

<sup>6</sup> BMA, 2018. Feeling the squeeze: the local impact of cuts to public health budgets in England [<https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/public-health-budgets>]

<sup>7</sup> Public Health England, 2018 A consensus statement reproductive health is a public health issue [[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/731890/A\\_consensus\\_statement\\_reproductive\\_health\\_is\\_a\\_public\\_health\\_issue.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731890/A_consensus_statement_reproductive_health_is_a_public_health_issue.pdf)]

And public health services save money. In an economic analysis of the Return on Investment of spending on contraception published in August 2018, Public Health England calculates that £1 spent on contraception now will result in £9 in savings over 10 years: savings which are shared across the public sector including NHS and local authority budgets.<sup>8</sup>

The rhetoric from Government is that public health must be considered alongside NHS England functions. But in reality the Government is not putting this into practice. Public health services including sexual and reproductive health services are in crisis and there is no commitment to increase (or even sustain) public health funding, and no plan to address those services that are in crisis.

### **What we want to see**

- **Public health, including sexual and reproductive health services need to be fully funded to meet local need. The Government's Spending Review should include an uplift in public health funding to fully fund local prevention services. In addition, there should be an allocation of resources to public health from the long-term NHS funding settlement.**
- **Prevention must be at the heart of the NHS 10 year plan. Public health interventions keep people healthy so that they can play an active part in the economy, and prevent additional pressure on NHS and social care system. The NHS 10 Year Plan must include concrete actions focused on preventative interventions including sexual and reproductive health and HIV services that promote good sexual health.**

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<sup>8</sup> Public Health England, 2018. Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England  
[[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/730292/contraception\\_return\\_on\\_investment\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf)]