



## Written evidence submitted by

Alcohol Health Alliance UK, Association of Directors of Public Health, British Association for Sexual Health and HIV (BASHH), British Heart Foundation, British Lung Foundation, British Medical Association, Cancer Research UK, Faculty of Sexual and Reproductive Healthcare, Royal College of Nursing, School And Public Health Nurses Association, Terence Higgins Trust and Versus Arthritis

## to the UK Government's open consultation: 'Advancing our health: prevention in the 2020s'

### A joint statement on public health funding

1. The Government's prevention green paper, 'Advancing our health: prevention in the 2020s',<sup>i</sup> outlines a vision to put prevention at the centre of all our decision-making to **"ensure people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and the poorest"**. The paper focuses on action across the services and conditions in which people live, work and grow to improve healthy life expectancy and reduce the unfair differences in health that exist today. **Local authorities are integral to the delivery of public health; if the Government is to achieve this prevention vision, restoring local public health funding to provide for staff and services that meet the needs of local populations is paramount.**
2. **Since 2015/16 local authorities have experienced a sustained programme of cuts which is severely compromising their ability to provide the vital functions and services that prevent ill health.** In the 2015 Budget, the Chancellor announced a £200 million in-year cut to the public health grant, followed by a further real-terms cut averaging 3.9% each year (until April 2020) in the 2015 Spending Review.<sup>ii</sup> Overall, the public health grant is £850 million lower in real terms than initial allocations in 2015/16.<sup>iii</sup> The 1% real terms uplift announced by Chancellor Sajid Javid in the recent Spending Round, while a welcome change, will not be enough to fill the funding gap. Moreover, it is important that this increase does not come with additional responsibilities for local authorities, which would render the uplift null.

3. **Several important new proposals in the prevention green paper rely on adequate services being delivered locally. These additional commitments require extra funding, or they risk compounding the existing funding issues. Some specific examples include the following:**

- 3.1 Comprehensive **tobacco** control functions, which reduce smoking uptake and support existing smokers to quit, are essential to achieve the ambitious 'smoke-free' commitment by 2030 outlined in the green paper. Despite political support for tobacco control remaining strong, local investment has decreased over recent years primarily due to cuts to the public health grant.<sup>iv</sup> Local smoking cessation services, which offer people the best chance of quitting for good, were only universally available in just over half of local authorities in 2018.<sup>iv</sup>
- 3.2 The green paper reiterates the Government's commitment to halving childhood **obesity** by 2030 and outlines their commitment for action to "support people to achieve and maintain a healthier weight". However, to achieve this bold ambition people must have access to help and support with their weight management, including to behavioural support which evidence shows is important. However, councils are under increased pressure to deliver public health services due to significant cuts to public health funding, which could threaten the availability of local weight management services and result in cuts to other important local obesity prevention measures. A whole systems approach that changes the environment and supports individuals to be healthier is needed in order to both prevent and treat obesity. This should involve relevant policy changes as well as supporting individual behaviour change.
- 3.3 The green paper recognises that for the last 30 years, problems with joints, bones and muscles (**musculoskeletal conditions**) have been the most common cause of years lived with disability in England. Much of the population is at increased risk of developing a long-term musculoskeletal condition due to their physical inactivity.<sup>v</sup> However, keeping physically active can help maintain musculoskeletal health by strengthening muscles, keeping bones healthy and prolonging the life of joints, as well as helping to maintain a healthy body weight. Local authorities provide physical activity and weight management services (see 3.2 above) for both adults and children, which support people with musculoskeletal conditions to manage their health and maintain quality of life. However, cuts to funding for these services is concerning; for example, between 2010 and 2015, £42 million was cut from councils' sports and leisure budgets.<sup>vi</sup>
- 3.4 **Alcohol** treatment is paramount in reducing alcohol harm: every £1 invested brings an annual return of £3, which rises to £26 over 10 years.<sup>vii</sup> However, Public Health England estimates that only 1 in 5 alcohol dependent people in England are currently receiving treatment.<sup>viii</sup> This is partly due to the significant cuts to public health budgets, which hit alcohol services especially hard. Responding to this unmet need will require a significant increase in treatment capacity: To have the same proportion of access to treatment as in Scotland would require an additional £170 million annually.
- 3.5 England is currently at a pivotal moment with regard to **sexual and reproductive health**. Rates of HIV transmission are on the decline<sup>ix</sup> but the country is seeing an increase in other sexually transmitted infections (STIs) with particularly worrying rises in syphilis and gonorrhoea.<sup>x</sup> Debilitating indicators in reproductive health evidence an unmet need for contraceptive services—almost half of pregnancies in Britain are unplanned or ambivalent<sup>xi</sup> and abortion rates are now the highest on record.<sup>xii</sup> If we are to end new HIV transmissions,

reverse the spread of STIs and enable women to avoid unplanned pregnancies, access to fully funded sexual and reproductive health services is essential. These services, funded through the public health grant, have seen cuts of 25% since 2014.<sup>xiii</sup> The funding cuts, combined with increased demand, has left sexual and reproductive health services overstretched and placed a considerable strain on the workforce as a result. A national cross-system sexual and reproductive health strategy is needed to guide the future of sexual and reproductive health. This must include a commitment to put prevention first and fully fund sexual and reproductive health interventions.

- 3.6 Action across government is needed to create the healthy spaces outlined in the green paper which protect vulnerable people from **air pollution**—the top environmental risk to human health in the UK. People must be empowered to take steps to protect their own health, so we urgently need the government to provide funding for locally delivered public health campaigns on air pollution. Proper support is also needed for local authorities to deliver a network of charging clean air zones, so they can ensure the infrastructure and funding schemes are in place to encourage public transport use and upgrade public sector fleets.
- 3.7 Achieving the ambitions of the green paper will require an adequate, resilient and sustainable **health and care workforce** which meets the demands of the population. But years of successive cuts to the public health grant and the resulting pressure on commissioning has meant cuts to vital specialist nursing posts across public health and prevention services, such as **health visitors and school nurses**. For example, there are around 30% fewer school nurses this year than in 2009,<sup>xiv</sup> despite evidence demonstrating the importance of early help across the life-course and the benefits of interrupting the impact of adverse childhood experiences. Without the right number of staff with the right level of expertise, those services that are still delivered are not safe or effective. It is essential that there is a long-term plan and funding settlement to ensure the necessary significant increase in the overall domestic supply of nurses and other vital health and care staff, including health visitors and school nurses.
4. **Leading charities have called for the Government to urgently restore £1 billion to the public health grant to ensure services can be delivered to protect and improve health.**<sup>iii</sup> With the 2019/20 public health grant valued at over £3 billion,<sup>xv</sup> the 1% real terms uplift to the public health grant is estimated to be in the tens of millions of pounds for the 2020/21 financial year, which brings the grant in line with 2018/19 levels. This falls significantly short of the extra £1 billion required to restore funding for preventative services to the levels of 2015/16.<sup>iii</sup>
5. **Local authorities need a long-term, increased and sustainable public health settlement to ensure they can appropriately plan and deliver public health functions and services that; (i) meet the changing needs of their population, and (ii) meet the ambitions outlined in the prevention green paper.** It will not be possible to increase healthy life expectancy and reduce health inequalities if local authorities aren't resourced to provide vital preventative services.
6. **Signatories to this submission are calling for Government to deliver a long-term, increased and sustainable funding settlement for public health as a matter of urgency at the next Spending Review. Without this, local authorities will not be able to provide important preventative functions and services, and the Government's ambitions in 'Advancing our health: prevention in the 2020s' will not be realised.**

## References

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- <sup>xv</sup> UK Government. [Guidance: public health grants to local authorities: 2019 to 2020](#). Published 20 December 2018.