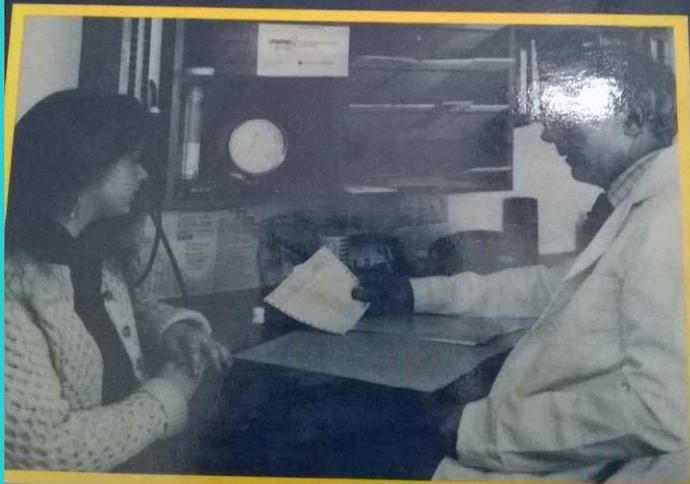


What price public health? The public health system in England post-2013

David Evans

WHAT PRICE COMMUNITY MEDICINE?

The Philosophy, Practice and Politics
of Public Health Since 1919



JANE LEWIS



PUBLIC HEALTH IN ENGLAND

REPORT OF THE COMMITTEE OF
ENQUIRY INTO THE FUTURE
DEVELOPMENT OF THE PUBLIC HEALTH
FUNCTION

Wellcome Witnesses to
Twentieth Century Medicine

VOLUME 26

Public Health in the
1980s and 1990s:
Decline and Rise?

WITNESS SEMINAR TRANSCRIPT
Edited by V. Barraclough, D. A. Christie and E. H. Tesson
Introduction by Virginia Barraclough

Starting questions

- What are the key English national public health priorities and what is the role of local government in delivering these priorities?
- To what extent have local authority public health teams been given the resources and support they need to deliver their public health role?
- Why did the government increase funding for local authority public health in 2013/14 and 2014/15 and cut it significantly from 2015/16 onwards?



“Follow the money”

Data sources

- Department of Health public health documents
- House of Commons Health Committee reports and evidence
- House of Lords Select Committee on the long-term sustainability of the NHS report and evidence
- Government responses to committee reports
- Professional body letters and reports
- Academic studies

Wider policy context

- Government austerity/deficit reduction
- Restructuring public services
 - Emphasis on local decision-making and budgeting
 - A shift in responsibility for outcomes from state to citizens
 - Consistent promotion of the expansion of private and, in some areas, third sector provision
- Ideology or tactical political manoeuvring?

(Taylor-Gooby & Stoker 2011)

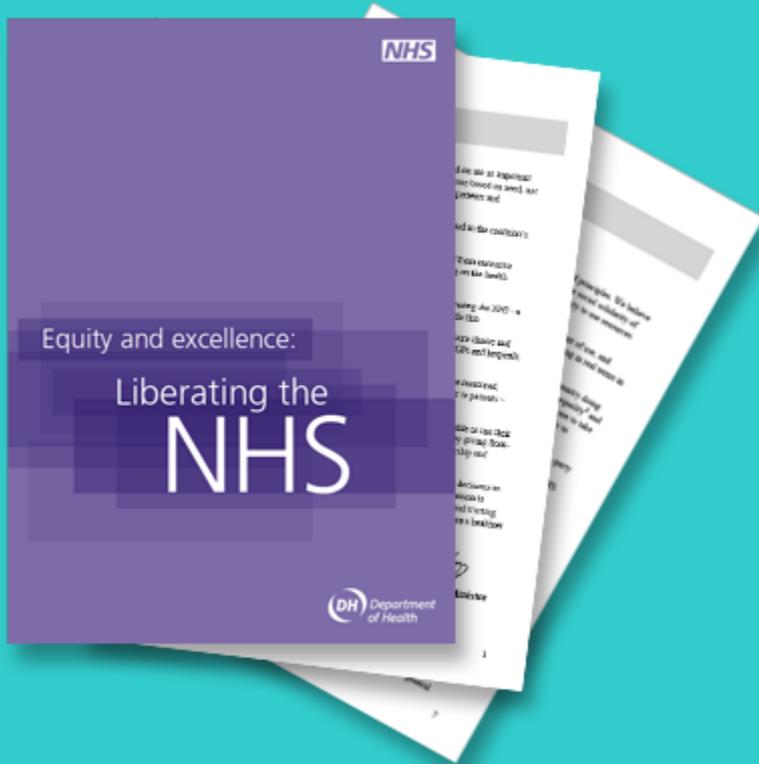


“Health inequalities in 21st century Britain are as wide as they were in Victorian times... We must target resources at the worst-off areas...”
(Cameron 2010)

The Coalition:
our programme
for government

 HM Government

- “We will give local communities greater control over public health budgets with payment by the outcomes they achieve in improving the health of local residents.
- We will investigate ways of improving access to preventative healthcare for those in disadvantaged areas to help tackle health inequalities.”
(HM Government 2010)



“We will ring-fence the public health budget, allocated to reflect relative population health outcomes, with a new health premium to promote action to reduce health inequalities.”

(Secretary of State for Health 2010a)



**Healthy Lives, Healthy
People: Our strategy for
public health in England**

Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
30 November 2010

CM7985

£19.75

“[This White Paper] responds to Professor Sir Michael Marmot’s *Fair Society, Healthy Lives* report and adopts its life course framework for tackling the wider social determinants of health.”

(Secretary of State for Health 2010b)

Marmot (2010) key objectives

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Healthy Lives, Healthy People strategy

- Empowering local government and communities
- Giving every child in every community the best start in life
- Making it pay to work through welfare reform
- Designing communities for active ageing and sustainability
- Working collaboratively with business and the voluntary sector through the Public Health Responsibility Deal

Public Health Responsibility Deal

- Launched 2011
- Controversial: a number of health bodies refuse to sign up or withdraw in first two years
- By 2013, DH claim 500 organisations signed up, pledging voluntary action covering:
 - Alcohol
 - Food
 - Health at work
 - Physical activity
- Evaluated by Policy Innovation Research Unit



Health and Social
Care Act 2012

CHAPTER 7

Explanatory Notes have been produced to assist in the
understanding of this Act and are available separately

“At the local level, the Act gives local authorities the responsibility for improving the health of their local populations. The Act says that local authorities must employ a director of public health, and they will be supported by a new ring-fenced budget.”

(HM Government 2012)

Transfer of public health to local authorities 2013

- General support from public health field
- DH exercise to identify baseline PCT public health spend (never previously done)
- Unsurprisingly wide variation
- 5.5% ↑ funding 2013-14 with substantially more for those > 20% below target
- Further 5% ↑ funding 2014-15

Local authority public health responsibilities

Prescribed functions

1. Sexual health services – sexually transmitted infection testing and treatment
2. Sexual health services – contraception
3. NHS Health Check programme
4. Local authority role in health protection
5. Public health advice
6. National Child Measurement Programme

Non-prescribed functions

7. Sexual health services - advice, prevention, promotion
8. Obesity – adults
9. Obesity – children
10. Physical activity – adults
11. Physical activity – children
12. Drug misuse – adults
13. Alcohol misuse – adults
14. Substance misuse (drugs and alcohol) - youth services
15. Stop smoking services
16. Wider tobacco control
17. Children 5-19 public health programmes
18. Miscellaneous



“The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”

(NHS England 2014)



“That means fighting against the burning injustice that if you’re born poor you will die, on average, nine years earlier than others.”

(May 2016)

George Osborne strikes 2015



- Unexpected £200 million (6.2%) in-year cut to local authority public health budgets 2015-16
- Additional 3.9% average cut each year to 2020-21
- Claimed 'non-NHS health budget' but 50% of spend with NHS
- No initial comment from Health Secretary

Responses from the health field

**ACADEMY OF
MEDICAL ROYAL
COLLEGES**

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22 October 2015

Dear Chancellor,

Public Health Funding Cuts

Our organisations collectively represent the professional interests of the UK's 220,000 doctors, 300,000 nurses, health service leaders, public health specialists and local authority leaders.

We welcome this Government's commitment to increasing NHS spending in real terms by £8bn between now and 2020 and to back implementation of the Five Year Forward View, (FYFV) which you refer to as 'the Stevens Plan'. However, it is universally accepted that to achieve the objectives set out in FYFV we will need to embark on a 'major upgrade' in prevention and public health. As we enter the final consideration of the Spending Review arguments we wanted to reinforce our concern about the decision to cut £200 million from this year's public health grant to local authorities, which was announced in June this year.

This cut will have a direct impact on people and communities who rely on this funding, and it will have a direct impact on the NHS which will have to pick up the pieces by treating preventable ill health. The Faculty of Public Health's own analysis suggests the eventual 'knock-on' cost to the NHS could well be in excess of £1bn. By any measure then, the planned move is a false economy.

On top of this, many of the services delivered through the public health spend via Local Authorities fund clinical NHS care. Cutting this funding reduces NHS revenues so it is misleading to suggest that the NHS budget is being protected.

By reversing the proposed cuts to the public health grant, and investing in prevention and

- Academy of Medical Royal Colleges
- Association of Directors of Public Health
- British Dental Association
- Chartered Institute of Environmental Health
- NHS Confederation
- Faculty of Public Health
- London Councils
- Local Government Association
- Royal College of Nursing
- SOLACE
- UK Health Forum

... and Professor Sir Michael Marmot

“I am very concerned at cuts to the public health budget and cuts to the budget for the areas that I think impact on the health of the public. I am very concerned ... we know that, in general, areas with higher mortality rates, that is, more deprived areas, have had steeper cuts to local government fundingother things being equal, [this] will have an adverse impact on health inequalities.”

(House of Commons Health Committee 2016b p 19)

House of Commons Health Committee

“The cuts to public health budgets set out in the Spending Review threaten to undermine the necessary upgrade to prevention and public health set out in the Five Year Forward View. We believe that cutting public health is a false economy, creating avoidable additional costs in the future.” (House of Commons Health Committee 2016a)

“Cuts to public health are a false economy. The Government must commit to protecting funding for public health. Not to do so will have negative consequences for current and future generations and risks widening health inequalities. Further cuts to public health will also threaten the future sustainability of NHS services if we fail to manage demand from preventable ill health.”

(House of Commons Health Committee 2016b)

Government response to the Health Committee

“The Government fully appreciates the importance of protecting and improving public health. It also believes that taking action to reduce the deficit and promote economic growth is vital to the long-term health of our economy and to all of the public services that it supports.

The duty on local authorities (LAs) to improve the public’s health involves more than delivering a set of narrowly-defined services from a ring-fenced grant. Instead LAs need to address all the determinants of public health – a ‘place-based’ approach, that can bring together funding streams from local government, central government and the NHS.”

(Department of Health 2016)



“I’m afraid I don’t accept that a public health budget being cut automatically means that we are unable to make progress on the big public health issues of the day.”

(Jeremy Hunt evidence to the House of Lords Select Committee on the Long-term Sustainability of the NHS 2016)

House of Lords Select Committee on the Long-term Sustainability of the NHS

“We were totally unconvinced by this assertion, given the weight of evidence to the contrary. Significant cuts to public health budgets struck us as a false economy and clearly at odds with the core aims on prevention contained in the Five Year Forward View.” (Committee comment p 81)

House of Lords Select Committee on the Long-term Sustainability of the NHS

“We are of the opinion that a continued failure to both protect and enhance the public health budget is not only short-sighted but counter-productive. Cuts already made could lead to a greater burden of disease and are bound to result in a greater strain on all services. The Government should restore the funds which have been cut in recent years and maintain ring-fenced national and local public health budgets, for at least the next ten years, to allow local authorities to implement sustainable and effective public health measures.” (Committee recommendation p 82)

Government response to the House of Lords Select Committee

“Public health is about far more than the services funded through the grant. The transfer to local government provided the opportunity to join up public health with decisions on other local services such as housing and economic regeneration in the interests of improving the health of the local population.

We have to take tough decisions to ensure that public finances are sustainable, and that our economy can support the essential public services on which we all rely.

We are aware that many councils have redesigned services, taking a holistic place-based approach and are demonstrating real innovation, which we welcome. Local authorities themselves are best placed to decide their spending based on assessment of local need, and many councils are re-tendering contracts and achieving better value for money than in the past.”

(HM Government 2018)

Wider evidence on the impact of austerity/public health funding cuts

- Inequalities in health were reducing to 2010, and have since been increasing (Barr et al. 2017).
- Changes to public health spending in local areas do not reflect the needs of local populations. Many areas with poor health outcomes are seeing substantial cuts to funding for a range of key public health services (BMA 2018).
- Previous improvements in life expectancy are now stalling (Hiam et al. 2018).
- Children's Centres are now 'hollowed out' - much more thinly spread, often no longer 'in pram-pushing distance'. The focus of centres has changed to referred families with high need ... (Smith et al. 2018)

What else has the government done on public health?

Evidence-based

- 2015 smoking in cars with <18s banned
- 2016 Plain packaging for tobacco
- 2016 'Sugar tax' to be introduced 2018

Against the evidence

- 2010 Public Health Responsibility Deal
- 2013 no minimum unit pricing for alcohol
- 2016 Childhood obesity strategy
- 2017 Sugar tax revenue diverted
- Failure to implement Marmot report

Conclusions

- Cogent critiques of cuts to local public health funding by professional organisations, academics, think tanks and select committees
- No coherent explanation from government for:
 - Two years of increased funding, then five years of cuts
 - Contradiction between cuts and *Five Year Forward View*
- Since 2010, government has ‘talked the talk’ on public health and inequalities, but has not ‘walked the walk’
- Therefore anticipate continuing challenges/crises for local public health in England

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