Royal Society for Public Health response to: A Manifesto for Health

Royal Society for Public Health (RSPH) is an independent health education and campaigning charity, committed to improving and protecting the public’s health and wellbeing. We are the world’s longest-established public health body with over 5000 members committed to supporting the public’s health. Activities include providing qualifications and public health programmes, alongside campaigning on issues to support better health and wellbeing for the public.

1. Introduction

Public Health is pivotal in supporting the wellbeing and growth of the country, and creates the foundation to support all members of our society to thrive creating a fairer society.

Alongside necessary regulation which supports people to make healthy choices, is having a well-supported and a properly funded public health workforce (PHW), to adequately plan and deliver prevention services. The PHW works closely with communities, promoting health and wellbeing, preventing co-morbidities and illness, addressing stark inequalities and ultimately alleviating pressures and costs on the NHS and social care.

Going forward, it is important to view public health as being everyone’s responsibility, including governments, organisations, businesses and communities. Increasingly we are seeing businesses playing a role in public health, ensuring staff and local communities health and wellbeing is supported. Communities also play a key role in prevention and public health, and must be given the tools – including support from the PHW – to do this.

2. Importance of Prevention

A preventative approach to public health is vital to ensure population-level wellbeing, sustainable public services, and the long-term financial prosperity of the country.¹

- Each additional year of good health achieved through public health interventions are 3.5 times cheaper than NHS interventions, costing £3,800 compared to £13,500.²
- Evidence shows that for every £1 invested in diabetes prevention, returns £1.28 and increases healthy life expectancy.³

3. Examples of effective public health approaches and programmes in the UK

Sure Start

Launched in 1998, Sure Start was driven by local partnerships of voluntary groups, parents and local authorities in the most deprived areas. Services were based on locally-defined needs and the objectives included improving social and emotional development, health, learning and strengthening families and communities.

The Sure Start programme had many public health benefits, including positive longer-term health outcomes and significant cost savings to the NHS through prevention.⁴

¹ Masters et al., Return on investment of public health interventions: a systematic review, BMJ, 2017
² The Health Foundation, Public health grant: What it is and why greater investment is needed, 2022
³ Thomas et al. Assessing the potential return on investment of the proposed UK NHS diabetes prevention programme in different population subgroups: an economic evaluation, BMJ Open 2017
• Providing access to Sure Start at the level of the programme’s peak closed about a half of the gap in hospitalisation rates between the 30% poorest and 30% richest areas by the end of primary school.5
• The impacts of this large-scale public health programme persisted even after children were too old for the scheme.6
• The direct savings to the NHS from fewer hospitalisations (as a result of the programme) at ages 5-11 amount to about £5 million per cohort, or just 0.4% of average annual spending on Sure Start.7
• Evidence suggests that programmes such as ‘Sure Start’ are most effective when supporting children from poorer communities and we must, first and foremost, ensure that the most socio-economically vulnerable people are sufficiently supported through these approaches where the benefits can be felt most.

PrEP

PrEP, prevents infection with HIV by stopping the virus from replicating and it has been shown to shown to be a highly effective method for preventing HIV.8 It’s roll-out is part of a UK Government set target to reach HIV elimination by 2030. It had (and continues to have) grass-roots activism input, support from healthcare leaders as well as cross-Government support.

• This drug has been inaugurated into public health campaigns across the UK with a focus on eradicating new HIV diagnosis by 2030. 9
• Evidence demonstrates that PrEP reduces the risk of getting HIV from sex by about 99% when taken as prescribed.10
• However, the effectiveness of PrEP is lower for socio-economically disadvantaged communities,11 likely due to a lack of knowledge, awareness and access to the significant public health benefits it may provide. Black African men and women are less likely to know about PrEP. 12

Smoking harms

In 2019, the UK Government set out the ambition to make England smokefree by 2030 (smoking prevalence of 5% or less).

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The Khan Review provides insight into the possible solutions to combat smoking rates and help deliver on the government’s aim for England to be smokefree by 2030. However, this work has been delayed and there is a very real risk we are falling behind on this goal.

- The effects of smoking have long been a significant detriment to public health, which is estimated to costs the NHS about £2.4 billion per year,\(^\text{13}\) with a further £1.2 billion in social care costs.\(^\text{14}\)
- Economic Analysis estimates that the cost of smoking to society totals £17.04bn for England each year.\(^\text{15}\)
- Smokers are more likely than non-smokers to become ill while of working age increasing the likelihood of being out of work and reducing the average wages of smokers. Smokers are also more likely to die while they are still of working age creating a further loss to the economy which adds up to £13.2bn.\(^\text{16}\)

As set out by these three examples, the importance of prevention is clear and has formed the basis of several successful public health approaches, as the NHS will be better suited to save resources as fewer health costs will be associated with preventable illnesses caused by unhealthy behaviours, such as the harms of smoking.

4. **What mechanisms or politics could make this complex pan-government goal succeed?**

The Covid-19 pandemic has demonstrated how public health is a pan government issue and that it is securing this that supports the economy to enable a stronger, healthier, workforce ensuring that schools, laboratories and services can keep functioning. For this reason, public health must be a pan government goal and have a similar approach. This may include the development of a cross agency approach, such as with the Department for Levelling Up, Housing & Communities (DLUHC) and Department for Digital, Culture, Media & Sport (DCMS), to support better environments, to help tackle the wider determinants of public health. This will subsequently support efforts in the future to ensure that all agencies are more prepared, and have sufficient capacity, to deal with events that can dramatically affect public health, rather than predominantly relying on the Department for Health and Social Care (DHSC). Therefore, this approach may allow more efficient decision making between agencies through established pathways for information gathering and access to services from all partners, which also ensures maximised effectiveness of multi-agency information gathering and decision making. This aids decision making by providing early interventions to limit and prevent, the impacts of any significant threats to public health.

Making a clear link between health, education, work and housing across policies is important for the wellbeing of our citizens and the long-term financial security of the country. The pandemic highlighted how important it is to ensure that everyone has a responsibility to contribute to the country’s public health outcomes. For example, recent suggestions by Labour to link work and public health are a clear example of efforts that could lead to positive impacts to the national economy, as those people who are able to work and want to return to employment are given the right support, including ensuring mental health concerns do not reach a crisis point.\(^\text{17}\) Employment and public health is inextricably linked,\(^\text{18}\) and it is crucial that people do not reach a crisis point which then impacts on

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their long-term health and productivity. It is essential that Governments take public health as a central and inter-linking approach, and that this moves beyond being just a Department for Health and Social Care issue.

5. Importance of the Public Health Workforce – delivering public health and preventative approaches

The PHW working across a range of key prevention and wellbeing areas - including smoking cessation, obesity management, addiction, mental health, and housing. In addition to this, they are focussed on reducing inequalities, which have been highlighted and exacerbated by the lasting impacts of the Covid-19 pandemic and the cost-of-living crisis.

In order to deliver on our preventative approach to health by 2030, alongside national policy measures that promote healthier environments, a renewed focus on supporting the public health workforce (PHW) who plan and deliver prevention services, is essential.

A long-term strategy, and collective workforce plan, is needed to support and grow the PHW. These could overlap with the NHS People Plan and must address the challenges of recruitment and retention which are widespread across the sector, set out clear pathways for career development and address wellbeing.19 Ensuring we have strong public services is crucial to both the health and wealth of the nation.

In a survey of RSPH members, 85% said demand for public health services has increased, and 72% said services do not have the workforce to respond to demand.20 Local authorities have reported they do not have enough personnel to operate and deliver their normal public health services, with almost 6 in 10 reporting levels of disruption.21

6. Gambling Harm

Gambling remains a significant public health issue and we are still waiting for the Gambling Harms White Paper. A more robust approach to gambling must be adopted to reduce the significant harms it can cause, particularly in effecting vulnerable communities currently suffering from health inequalities.22

- Public Health England (PHE) estimated that the annual economic burden of harmful gambling is approximately £1.27 (including £62.8 million in financial harm, £342.2 million in mental and physical health harms, £79.5 million in employment and education harms; £162.5 million in related criminal activity).23
- Research demonstrates that gambling profits often come from the most socially disadvantaged people thereby exacerbating inequality.24

• Therefore, interventions and a focus on gambling harms in relation to public health is necessary to develop effective strategies for harm reduction.\textsuperscript{25}

7. **MECC for Mental Health**

Making Every Contact Count (MECC) for Mental Health is an approach that helps local communities by supporting health services and promoting wellbeing.

MECC for Mental Health reduces the barriers presented by both lack of awareness and confidence in talking about mental health and concerns about asking for help.

It enables those working across health and to have the skills and confidence to make mental health part of everyday conversations and is a good example of a cost-effective and impactful programme of work which takes a public health/preventative approach and does not have to be delivered by mental health specialists.

Rather, it equips a range of people working across health and care, including those who are ‘non-specialists’ to integrate mental health and wellbeing messages and interventions into their day-to-day practice and services.\textsuperscript{26} RSPH and Health Education England (HEE) North have developed a project across the North of England, to up-skill healthcare professionals to become mental health promotion Lead Trainers and Trainers for a Making Every Contact Count (MECC) for Mental Health training programme.\textsuperscript{27}

More broadly, MECC activity can be incorporated as part of existing health improvement or workforce improvement initiatives, for example, when tackling access to healthier food options and supporting people in the workplace who may be experiencing the symptoms of the menopause.

8. **Appropriate and timely funding - Public Health Grants**

The public health grant must not only be sufficient to support the funding challenges facing the PHW, but it must also be given to local authorities to allow them to better plan and deliver services, rather than the current situation where they are often reacting and planning whilst uncertain of the financial future.

The Public Health Grant is vital in ensuring that public services remain sustainable, have sufficient capacity and can plan to effectively support the long-term public health of the UK. Without the right funding, core public health programmes cannot be delivered which will have long-term negative impacts on the health of the country.

• However, the public health grant has been cut by 24% on a real-terms basis since 2015/16 and countless services have faced cuts of up to 41%.\textsuperscript{5}
• Furthermore, experts believe that the £3.53bn public health grant to English local authorities for 2023-24, recently announced by the government, won’t properly fund services.\textsuperscript{28}
• There are fears from across the sector that public health services will have to be cut even though there was strong evidence for their impact and effectiveness. The cost-of-living crisis saw Directors of Public Health

\textsuperscript{27} RSPH (no date) \textit{MECC for mental health training programme}, RSPH. Available at: \url{https://www.rsph.org.uk/our-work/programmes-hub/making-every-contact-count-mecc-for-mental-health-training-programme.html}
voice concerns that funding was going to have to be used for crisis-management for emergency public health services, with the re-purposed funding not replaced.