

Royal Society for Public Health response to the Labour National Policy Forum (NPF) Policy Commission on Public Services that work from the start.

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.

A preventative approach to health is vital to ensure population-level wellbeing, sustainable public services, and the financial prosperity of the country.¹ We welcome Labour's recent Five Mission statements, across which support for families, economic growth and public health are all interlinked. Tackling health inequalities is central to this approach. Prior to COVID-19, inequalities that impact health were estimated to cost the NHS an extra £4.8 billion a year, with an additional loss of £31 billion in productivity, and £20 - £32 billion a year in tax revenue and benefit payments.² Public Health is therefore a major determinant of economic performance and prosperity.

Evidence shows that for every £1 invested in diabetes prevention, returns £1.28 and increases healthy life expectancy.³ Each additional year of good health achieved through public health interventions are 3.5 times cheaper than NHS interventions, costing £3,800 compared to £13,500.⁴ Inequality not only inflates the costs of healthcare, but also contributes to much poorer health outcomes for millions of people across the country. There are tangible life expectancy gaps (of up to 9 years) and healthy life expectancy gaps (of up to 18 years) across the country between the most and least deprived neighbourhoods and between different socio-economic groups.⁵ There are also inequalities in health linked to gender, ethnicity, geography and disability. Addressing inequalities relieves pressure on public services, whilst improving and supporting health at the community level, stopping illnesses before they develop.

An example of an evidence-based, cost-effective and impactful public health approach is Making Every Contact Count (MECC) for Mental Health. This enables those working across health and to have the skills and confidence to make mental health part of everyday conversations. It equips health and care professionals, including those who are 'non-specialists' to integrate mental health and wellbeing messages and interventions into their day-to-day practice and services.⁶ A similar approach can be taken to support around menopause or financial wellbeing and aim to support people before they reach crisis point.

¹ Masters et al., Return on investment of public health interventions: a systematic review, BMJ, 2017 ² *Health Disparities and health inequalities: Applying all our health* (11 October 2022) *GOV.UK*. Available at: <u>https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health (Accessed: March 16, 2023).</u>

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

⁴ The Health Foundation, Public health grant: What it is and why greater investment is needed, 2022 <u>https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed</u>

 ⁵ Health inequalities theme (no date) NIHR School for Public Health Research. Available at: https://sphr.nihr.ac.uk/category/research/inequalities/ (Accessed: March 16, 2023).
⁶ RSPH - Making Every Contact Count for Mental Health across the North Delivery and Evaluation Report. https://www.rsph.org.uk/about-us/news/making-every-contact-count-for-mental-health-across-the-north-delivery-and-evaluation-report.html

The public health workforce (PHW) works closely with communities, promoting health and wellbeing, preventing illness, and ultimately alleviating pressures on the NHS and social care. Working across a range of preventative areas - including smoking cessation, obesity management, addiction, mental health, and housing– the PHW are key to addressing inequalities and providing on-the-ground tailored support to local populations and communities. The sector has voiced their concerns that public health has slipped off the national agenda, the needs of the workforce remain overlooked, and they have not been empowered to truly tackle rising inequalities and support their communities. ^{7 8} There are concerns that Government approaches, such as Levelling Up, have not delivered on their promises, is not adequately funded and comes too late for effective planning.

Local authorities have reported they do not have the personnel to operate and deliver public health services, with almost 6 in 10 reporting levels of disruption.⁹ 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. Ensuring we have strong public services is crucial to both the health and wealth of the nation.

⁷ Public Health Workforce Week 2022 <u>https://www.rsph.org.uk/our-work/campaigns/public-health-workforce-week-2022.html</u>

⁸ BMJ 2022;379:o2466 Government is ignoring "ticking time bomb" of deteriorating population health, says BMA

⁹ local Government Organisation. Covid 19 Workforce Survey. [Online] January 2022. Available at<u>https://local.gov.uk/sites/default/files/documents/LGA%20Research%20Report%20-%20COVID-</u> 19%20Workforce%20Survey%20-%2014%20January%202022%20Final.pdf Accessed on 16th August 2022