

Royal Society for Public Health response to the Health and Social Care Committee (HSCC) inquiry into prevention.

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. 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. Prevention and addressing inequalities are the bedrock of public health

A preventative approach is crucial to ensure population-level wellbeing and the financial prosperity of the country.¹ To deliver on this 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.

The PHW works closely with communities, promoting health and wellbeing, preventing morbidities, 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, that the needs of the workforce remain overlooked, and they have not been empowered to truly tackle rising inequalities and deliver for communities.^{2,3} They are concerned that Government approaches, such as Levelling Up, have not delivered on their promises.

Recommendation 1: Prevention is the bedrock of public health, and this narrative needs to be considered across all relevant policies.

2. Prevention saves money

Public health works and is cost effective. Evidence shows that for everyone £1 invested in diabetes prevention returns £1.28, and increases healthy life expectancy, with obese people benefiting the most.⁴ Each additional year of good health achieved by public health interventions are 3.5 times cheaper than NHS interventions, costing £3,800 compared to £13,500.⁵ Despite this, 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%.⁵

¹ Masters et al., Return on investment of public health interventions: a systematic review, BMJ, 2017

² RSPH Public Health Workforce Week 2022 <https://www.rsph.org.uk/our-work/campaigns/public-health-workforce-week-2022.html>

³ BMJ 2022;379:o2466 Government is ignoring "ticking time bomb" of deteriorating population health, says BMA

⁴ 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

⁵ The Health Foundation, Public health grant: What it is and why greater investment is needed, 2022 <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed>

Recommendation 2: Investigate whether current levels and purpose of public health grants, and local government funding for public health, are fit for the future.

3. The wider public health workforce needs support through a long-term plan

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.² 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.⁶

To meet the challenges of the future, robust evidence is needed on both the size of the PHW, and how it can be best supported to grow. HEE publish public health specialist capacity reviews,⁷ which provide helpful data but do not currently capture all those delivering public health.

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. RSPH have previously worked on this.⁸

The PHW were vital through the pandemic. These threats are not over and an adequate plan for the PHW is needed if our health system is able to withstand current and future pressures.

Recommendation 3: Data is needed to determine the number of those who are delivering public health, recognising they work across multiple settings.

Recommendation 4: Explore the need for a long-term public health workforce strategy, including a focus on current and future needs.

⁶ Local Government Organisation. Covid 19 Workforce Survey. [Online] January 2022. Available at <https://local.gov.uk/sites/default/files/documents/LGA%20Research%20Report%20-%20COVID-19%20Workforce%20Survey%20-%2014%20January%202022%20Final.pdf> Accessed on 16th August 2022

⁷ Health Education England. Public health specialist capacity review. [Online] 2021. Available at <https://www.hee.nhs.uk/our-work/public-health-specialist-capacity> Accessed on 26th October 2022.

⁸ <https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/rethinking-the-public-health-workforce.html>