Royal Society for Public Health

Submission to the Comprehensive Spending Review 2020

The Royal Society for Public Health (RSPH) is an independent health education and campaigning charity, dedicated to protecting and promoting the public's health and wellbeing. We are the world's longest-established public health body with more than 6,500 members drawn from the public health community both in the UK and internationally. Our award-winning External Affairs and Digital department develops content, conducts policy research, and creates high profile campaigns on issues including obesity, food and healthy environments – as well as driving change in policy.

As active members of the UK Public Health Network (UKPHN), we would like to express our support for the UKPHN submission to this consultation. We have also supported a joint submission specifically on local public health funding, which has been endorsed by over 50 organisations working in the field of Public Health. In this brief submission we highlight and reinforce our key asks that we believe are most critical to the spending review, focusing primarily on system level issues and on obesity, given the government's recent commitment to addressing this urgent public health challenge.

Long term funding of local public health

The UK government needs to urgently fund local public health at this year's Spending Review. Since 2015, public health grant allocations have fallen by £800 million in real terms, from £4 billion in 2015/16 to £3.2 billion in 2020/21. On a per capita basis, that is a cut from £72.50 in 2015/16 to £56.70 in 2020/21. [1]

Research has shown that the areas which have the poorest health outcomes – and therefore greatest need for public health and economic investment – have in fact had to take on far larger reductions in spending, exacerbating health inequalities. The absolute funding cuts sustained in the most deprived areas have been roughly six times larger than in the least deprived areas. [2] If the government is to fulfil its prevention agenda to 'narrow the gap between the experience of the richest and the poorest,' it will require a reversal of years of sustained funding cuts. [3]

Some key examples of services that have suffered from this period of disinvestment are:

- Tobacco control. Last year, just over half of local authorities provided local smoking cessation services available to all. This follows five successive years in which more than a third of local authorities have had to cut their stop smoking service budgets – despite the strong evidence base behind the effectiveness of these services in improving the chances of smokers quitting. [4] Smoking remains the most important single factor in health inequalities, accounting for half the difference in life expectancy between the richest and poorest deciles. [5]

- Effective prevention and weight management services have seen damaging and inequitable cuts, with the ten most deprived local authorities in England seeing a 50% cut to their budget for obesity services between 2014/15 and 2019/20, compared to a 37% cut in the ten least deprived. [2] Additionally, local authority spending on childhood obesity service fell by over 13% in real terms between 2016/17 and 2018/19. [6]
- Public health workforce. Preventative public health services for children have also seen sustained budget cuts, particularly in England. Despite the government's ambition to ensure every child has the best start in life, and the importance of evidence-based early interventions, there has been a 30% fall in the number of health visitors and a 26% fall in the number of school nurses since 2015. [7], [8]

On top of this, for local authorities there have been unfunded increases in spending and decreases in income streams due to COVID-19 and its policy responses. This is all set against a backdrop of increasing pressures on spending as a result of factors such as demographic shifts, leading to ever greater demands on social care. As a result, the Institute for Fiscal Studies estimates a shortfall for councils in excess of £3 billion in 2020-21. [9]

A multi-year settlement for public health is not achievable within the context of a single year's Spending Round, but is absolutely vital in the long-term. Without sustained funding for the local services that we know address health inequalities, the long-term consequences of the pandemic may undermine the government's levelling-up agenda.

Resource for Public Health at a national level

With the dissolution of Public Health England and formation of the new National Institute for Health Protection (NIHP), it is absolutely vital that sufficient funding and resource for health improvement and health promotion is retained and strengthened. One of the major lessons of the pandemic so far has been the inextricable link between national health improvement goals and health protection capabilities, demonstrating the need for continued national leadership on this front. Whatever the level of staffing that is required for NIHP going forwards, this must not come at the expense of a reduction in resource and expertise in health improvement available at the national level.

Obesity strategy

In one policy area in particular, the government has already signalled its understanding of the importance of investing in health promotion. Indeed, the obesity strategy acknowledged the substantial extra risk from COVID-19 to those who are overweight or living with obesity, [10] and therefore that a healthier population is a population more resilient to the impacts of health protection crises. However, the lack of fiscal policies targeted at reducing overweight and obesity at a population level in the strategy is notable.

RSPH has set out a full response to the obesity strategy policies, [11] informed by our membership, but our key ask on the next stages is to extend the Soft Drinks Industry Levy to target other

unhealthy products – potentially including milk based drinks and foods high in fat, sugar or salt (HFSS).

The levy came into force in April 2018, and studies show the average sugar content in soft drinks reduced by 29% as a result. [12] This compares very favourably in terms of impact to other policies, such as the voluntary sugar reduction programme, which resulted in just a 2.9% reduction in sugar content in products covered, and comes to an end in 2021. [13]

We now have the evidence both at home and abroad to take bold action in trialling an extension of the levy. In Mexico, a sugary drinks levy combined with a high calorie density foods tax led to a percentage decrease in the number of unhealthy products per household of 5% in the first year of implementation, and 7% in the second year. [14], [15] In Hungary, a Public Health tax targeting range of products including sugar, chocolate, and energy drinks was introduced, and after three years 73% of consumers had reduced consumption of these products. [16]

We also call on the government to review the threshold rate for the levy, as it is currently not indexed to inflation.

REFERENCES

[1] Health Foundation response to the public health grant allocations, 17 March 2020, https://www.health.org.uk/news-and-comment/news/response-to-public-health-grant#:~:text=On%20a%20per%20head%20basis,health%20grant%20for%202020%2F21.
[2] IPPR. Hitting the poorest worst? How public health cuts have been experienced in England's most deprived communities. 2019. https://www.ippr.org/blog/public-health-cuts
[3] The Grand Challenge Missions, Department for Business, Energy and Industrial Strategy, 2019. https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/missions#ageing-society
[4] ASH. Many ways forward. Jan 2020 https://ash.org.uk/information-and-resources/reports-submissions/reports/many-ways-forward/
[5] Smokefree Action Coalition. Tackling half the difference. https://smokefreeaction.org.uk/wp-content/uploads/2017/06/BriefingInequalities.pdf
[6] National Audit Office. Report by the Comptroller and Auditor General: Childhood obesity. 9 September 2020. https://www.nao.org.uk/wp-content/uploads/2020/09/childhood-obesity.pdf
[7] NHS Digital. Independent Healthcare Provider Workforce Statistics - September 2019, Experimental. February 2020. https://digital.nhs.uk/data-and-information/publications/statistical/independent-healthcare-provider-workforce-statistics/september-2019-experimental
[8] NHS Digital. NHS Workforce Statistics May 2020. 20 August 2020. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/may-2020
[9] Institute for Fiscal Studies. COVID-19 and English council funding: what is the medium term outlook? September 2020. https://www.ifs.org.uk/publications/15041
[10] Tackling obesity: government strategy, 27 July 2020 https://www.gov.uk/government/publications/tackling-obesity-government-strategy

[11] RSPH statement on government obesity strategy, 27 July 2020 https://www.rsph.org.uk/about-us/news/dismantling-unhealthy-environments-should-be-no-1-priority-for-no-10-obesity-strategy.html#:~:text=RSPH%20has%20welcomed%20publication%20of,a%20number%20of%20missing%20elements.
[12] L.K. Bandy, P. Scarborough, R. A. Harrington, M. Rayner, S. A. Jebb. Reductions in sugar sales from soft drinks in the UK from 2015 to 2018. 2020. BMC Medicine. https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-019-1477-4#Tab2
[13] PHE, Sugar reduction: Report of progress between 2015 and 2018. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839756/Sugar_reduction_yr2_progress_report.pdf
[14] Carolina Batis, Juan A. Rivera, Barry M. Popkin, and Lindsey Smith Taillie. First year evaluation of Mexico's tax on nonessential energy-dense foods: an observational study. 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933356/
[15] Carolina Batis, Juan A. Rivera, Barry M. Popkin, and Lindsey Smith Taillie. Do high vs. low purchasers respond differently to a nonessential energy-dense food tax? Two-year evaluation of Mexico's 8% nonessential food tax. 2017. https://www.sciencedirect.com/science/article/abs/pii/S0091743517302566
[16] WHO. Assessment of the impact of a public health product tax. November 2015 https://www.euro.who.int/__data/assets/pdf_file/0008/332882/assessment-impact-PH-tax-report.pdf?ua=1