

Royal Society for Public Health response to the consultation: Local authority public health allocations 2015/16 in-year savings.

The Royal Society for Public Health (RSPH) is an independent, multidisciplinary charity dedicated to the improvement of the public's health and wellbeing. We have a membership of over 6000 public health professionals encompassing a wide range of sectors and roles including health promotion, medicine, environmental health and food safety. Our vision is that everyone has the opportunity to optimise their health and wellbeing, and we seek to achieve this through our qualifications, conference and training programmes and policy and campaign work.

Response overview

It is estimated that one in four deaths in England and Wales could be avoided, amounting to more than 110,000 avoidable deaths per year, a considerable proportion of which are attributable to unhealthy choices, such as smoking, a lack of physical activity or poor dietary choices.¹

The NHS is stretched to breaking point. Lifestyle-related conditions such as type-2 diabetes and chronic obstructive pulmonary disease place a huge financial burden on the NHS, the welfare system and employers due to productivity losses. It is estimated that diabetes alone costs the NHS almost £10 billion per year, a figure expected to rise exponentially in coming years.²

The sustainability of our healthcare system is now dependent on effective action being taken to stem the tide of avoidable illness. Prevention is key, a fact recognised in the NHS Five Year Forward View which calls for a 'radical upgrade in prevention and public health'.³

The £200 million worth of cuts in public health funding, however, would seem to fly in the face of this. These cuts represent a false economy, a short-term solution which is likely to have disastrous consequences for levels of preventable illness, demand on healthcare services and, ultimately, health inequalities.

These cuts will also have a more immediate impact on the NHS. Local authorities commission many services through the NHS, estimated by the Association of Directors of Public Health (ADPH) to be between 40-80% of public health services, such as sexual health services, NHS health checks and drug and alcohol treatment programmes.⁴ It is therefore very likely that these cuts will directly affect the NHS, a situation the Government pledged to avoid.

Whilst we recognise the need for savings to be made, RSPH has serious concerns about the long-term impact of these cuts for the progress made in many public health indicators and the innovative work taking place at the local level. We also call for reassurance that this will not be a recurring cut to the public health budget.

Question 1: How should the Department of Health (DH) spread the £200 million saving across the local authorities (LAs) involved?

We agree that, of the four options provided by DH, the option to reduce every LAs allocation by a standard, flat rate percentage of 6.2% is the preferred choice. Whilst we have concerns that this option may exacerbate health inequalities, it is vital that LAs are provided with a decision quickly, thus enabling them to plan for the coming year with greater certainty. Options A, B and D would be more time consuming, potentially prolonging the unpredictability around their future funding.

Question 2: How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

It is firstly vital that LAs are given as much flexibility as possible. The transition of public health to LAs was motivated by the recognition that they have a greater understanding of the needs and issues faced by their communities and are therefore ideally placed to plan and implement public health services. LAs must now be given the freedom to choose where is most appropriate for these savings to occur.

It is also crucial that a decision is reached quickly and whilst we would call for this not to be a recurring cut, if future cost-savings are to be made, LAs must be informed as soon as possible, ensuring that they are provided with enough time to plan and identify where cuts can be made without major disruption to services.

Question 3: How best can DH assess and understand the impact of the saving?

It is vital that DH undertakes a comprehensive and robust impact assessment of these savings on local authorities, and the options suggested by DH provide a useful way of doing this. We would urge Government, however, to ensure that this includes an examination of the direct impact on the public's health and health inequalities by assessing changes in public health indicators such as smoking rates, obesity rates, levels of physical inactivity among others.

Alongside this, DH must also utilise this opportunity to gather examples of more efficient ways of working and potentially facilitate the sharing of best practice.

¹ Office for National Statistics. Avoidable mortality in England and Wales, 2013. Available online at: <http://www.ons.gov.uk/ons/rel/subnational-health4/avoidable-mortality-in-england-and-wales/2013/stb.html> (2015, last accessed 28th August 2015)

² Diabetes UK. The cost of diabetes report. Available online at: <https://www.diabetes.org.uk/Documents/Diabetes%20UK%20Cost%20of%20Diabetes%20Report.pdf> (2014, last accessed 28th August 2015)

³ NHS England. The Five Year Forward View. Available online at: <https://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch2/> (2014, last accessed 28th August 2015)

⁴ Local Government Association. Local Government Association (LGA) briefing, public health funding. Available online at: <http://www.local.gov.uk/documents/10180/5533246/LGA+briefing+in+advance+of+Public+health+debate+15+July+2015/c2eadea2-73bf-4da1-bd99-31ad8da04254> (2015, last accessed 28th August 2015)