British Association for Child and Adolescent Public Health response to

Department of Health consultation on Local Authority Public Health allocations 2015-2016

Key points

- **The proposed £200 million cuts to public health funding will harm the health of children now and impair their health as adults.**
- ***Increased* funding for public health is required to implement current Government commitments to improve child health outcomes and reduce future burdens on the NHS.**
- **The proposed cuts to public health funding are not supported by BACAPH.**

About BACAPH

The British Association for Child and Adolescent Public Health (BACAPH) is an organisation whose members work in the fields of public health, community child health and paediatrics whose shared purpose is to improve policy, advocacy and knowledge by:

- *promoting* the development and implementation of evidence-based child public health programmes nationally and locally,
- *acting* as advocates on significant issues requiring multi-disciplinary co-ordinated responses, such as health inequality and child poverty,
- *supporting* research that brings new science to long standing questions, and provides training for the skills and knowledge needed to tackle the diverse and growing challenges in child public health.

Collaborative partners include the Faculty of Public Health and the Royal College of Paediatrics and Child Health.

Response to the proposal

BACAPH does not support the proposal for £200 million of savings from Public Health grants to Local Authorities. Greater investment in effective public health strategies is required for the UK to improve its poor performance in child health relative to comparable European countries (1-5).

The Department of Health's proposed cuts to public health funding run counter to evidence, national and international policy, as outlined below.

The UN Convention on the Rights of the Child (UNCRC) (6), to which the UK is a signatory, makes the following pledges:

- protection from all forms of harm
- promotion of health, happiness and well-being
- prevention of ill health
- provision of high-quality health services

The proposed cuts in public health funding are not consistent with the UNCRC.

T**he Council of Europe Declaration for Child Friendly Health Care (7)**, which the UK government endorsed, pledges a life-course approach to preventing disease and death which strongly emphasises disease prevention and health promotion.

The proposed cuts in public health funding are not consistent with Child Friendly Healthcare.

The **WHO, OECD, and European Observatory on Health Systems and Policies report Promoting Health, Preventing Disease (8)** concludes that:

- health promotion and disease prevention have a major role to play in health policy, and are underused
- market failures create a compelling economic rationale for government intervention in public health including health promotion and disease prevention
- reducing inequalities and poverty, investing in early life interventions, and tackling social determinants, are essential for societal and individual health and wellbeing

The proposed cuts in public health funding are not consistent with WHO, OECD and European Observatory on Health Systems and Policies evidence and recommendations.

The **Chief Medical Officer's report Our Children Deserve Better**: **Prevention Pays (9)** sets out the health and economic evidence for early intervention and prevention, and concludes that:

- Early intervention in the life-course is effective and cost-effective
- Children and young people are disproportionately disadvantaged and therefore need specific focus
- Health visitors and the Healthy Child Programme are vital components of a proportionately universal approach to improving child health, and need support
- Targeted programmes such as Family Nurse Partnership and the Social Mobility and Child Poverty Commission are important and need support

The proposed cuts in public health funding are not consistent with recommendations made in the CMO's 2012 report

UCL Institute of Health Equity's report "Social Inequalities in the Leading Causes of Early Death, A Life Course Approach (10)" concludes:

- There are marked social inequalities for the leading causes of early death including socioeconomic variations such as access to resources; unemployment rates; housing quality; quality of work, the physical environment, social isolation, lifestyle behaviours, breastfeeding rates, disease awareness and the use of health services.
- If the UK had the same death rate for all of the leading causes of death as the countries with the lowest rates, and if mortality rates for each of the leading causes of death across the life course matched rates for the highest socioeconomic groups, many lives would be saved each year.
- Evidence-based and cost-effective interventions to reduce social inequalities in the leading causes of premature mortality across the life course need to be embedded in policy and practice.

The proposed cuts in public health funding are not consistent with UCL Institute of Health Equity's evidence and recommendations.

NHS England's Five Year Forward View and **Secretary of State for Health** support "the move to prevention, with a much bigger focus on public health"

The proposed cuts in public health funding are not consistent with the Five Year Forward View or stated ambitions of the Secretary of State.

Response to consultation questions

Question 1. How should DH spread the £200 million saving across the LAs involved?

BACAPH does not support the DH plans to reduce public health funding. The plans are not in the public interest and will cause harm to child health and development.

If DH perseveres in implementing cuts to funding, there must be efforts to protect those communities most affected by poor determinants of health and poor lifestyles. We would not support reducing Local Authorities application by a standard flat rate percentage as this will generate greater inequalities between communities. We would support funding allocations based on a formula which prioritises deprived communities and local authorities to receive allocations significantly above a baseline in accordance with need in their communities.

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

BACAPH does not support the DH plans to reduce public health funding. The plans are not in the public interest and will cause harm to child health and development.

If DH perseveres in implementing cuts to funding, greater differential investment in evidence-based cost-effective programs is essential. This requires alignment and synergy between policy and practice, particularly between government departments responsible for different elements of effective public health campaigns. Further evidence-based reviews such as those undertaken by NICE would be helpful in order to create service delivery models that will support effective delivery of outcomes in the NHS and Public Health Frameworks. Given the funding cuts and transition to Local Authorities, a high level review of the workforce capacity in public health is advised, to ensure a sustainable future workforce.

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

BACAPH does not support the DH plans to reduce public health funding. The plans are not in the public interest and will cause harm to child health and development.

If DH perseveres in implementing cuts to funding, it is essential to invest in effective monitoring, reviewing, and remedying mechanisms. These require having "measures that matter" which are valid and comparable across local communities. BACAPH is willing to engage with a process to determine relevant measures that reflect child and family health, and the delivery of effective public health programs relevant to children and families.

Conclusion

Disinvestment in public health is inadvisable, especially at a time when the burden of diseases caused and influenced by factors amenable to public health interventions is rising. Public health policies and practices to prevent future morbidity and mortality require investment and a clear long-term strategy and sustained investment.

Evidence, national and international policy strongly supports increased investment in public health as an effective and cost-effective means to improve child health and wellbeing.

References

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