

# Health Select Committee: Impact of the Comprehensive Spending Review on health and social care

Royal College of Physicians' submission

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## Introduction

1. The Royal College of Physicians (RCP) welcomes this opportunity to respond to the Health Select Committee's inquiry on the impact of the Comprehensive Spending Review on health and social care. This response is based on the experiences of our members and fellows (primarily hospital-based doctors).

## Summary

- Preventing ill health and improving health are amongst the most effective and cost effective ways to ensure our health service is fit for future generations.
- Cuts to spending on public health will have serious and lasting implications for both the health of communities across England and the long term sustainability of the NHS.
- Local public health teams help people to stop smoking, lose weight, reduce their alcohol consumption, and take more exercise. Reducing funding to these services is likely to inhibit the ability of these services to enable people to live healthier lives.

## Evidence

2. The RCP strongly welcomes the additional £6 billion of funding for the NHS. This additional funding is desperately needed if the NHS is to continue to deliver the highest levels of patient care, provide timely access to treatment and continue to lead the world in research and innovation all while transforming the way that care is delivered. Additional healthcare resources however, are only one element to building a sustainable NHS. We must also reduce the number of patients requiring care. This can only be done through investment in prevention. The RCP's response to this call for evidence has focused on the impact of cuts to spending on public health.

### The impact of cuts to spending on public health

3. However, the RCP has severe concerns regarding the government's announcement of annual real-term savings of 3.9% in councils' public health budgets over the next five years<sup>1</sup>. This reduction will incur serious and lasting implications for both the health of communities across England and the sustainability of the NHS. Furthermore, there is a lack of clarity over how these savings will be implemented. We also believe that the planned £200m funding reduction represents poor value for money as a short term saving that will incur greater costs to the NHS and wider society in the longer term.

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<sup>1</sup> Spending Review and Autumn Statement 2015. p.88, para 2.47

4. The RCP believes that it is false to differentiate between 'NHS' services and local authority funded public health services: a substantial proportion of local authority public health monies are spent on services delivered by healthcare providers.

#### The impact of reducing funding to vital services

5. Vital local services such as smoking cessation services, weight management services and sexual health services are likely to be cut. These services are vital to preventing long-term health conditions. Data collected from local authorities shows that a substantial proportion of public health funding is spent on services delivered by NHS providers. In some councils, this is as much as 80% of the total public health budget<sup>2</sup>. This means the planned £200 million funding reduction will have an immediate impact on the health service. The explicit function of local public health services is to prevent ill health and improve health. Funding reductions will impede local authorities' ability to achieve these goals, thereby increasing the burden of ill health on the NHS.
6. Overall cuts to public health budgets at a national level have already had a negative impact on the provision of stop smoking services. Since responsibility for smoking cessation services was transferred to local authorities, the number of smokers accessing these services and setting a quit date has fallen by half – from 816,000 in 2011/12 to 451,000 in 2014/15<sup>3</sup>. Part of this decrease can be attributed to low spending on media campaigns. However, cuts in funding at a local level and competition for funding with other local services are a significant factor for the fall in accessing these services.
7. The public health benefits of key interventions are under threat from funding cuts. For example, sexual health interventions include partner notification in HIV and sexually transmitted infections, easy access to HIV testing to avert late diagnosis, and community support for people living with HIV/AIDS to sustain contact with clinical services. The UK has some of the best retention rates for care and treatment of HIV in the world, but we lag behind many countries in detection and testing rates. The UK's place as a world leading care centre for HIV and AIDs services may be significantly undermined by financial pressures on public health budgets.
8. Reductions to public health funding poses a serious barrier to delivering the Five Year Forward View. The RCP strongly supports the ambitions of the Five Year Forward View for a 'radical upgrade in prevention and public health'<sup>4</sup>. We also warmly welcome commitments made by both the Prime Minister<sup>5</sup> and the chief executive of the NHS<sup>6</sup> to prioritise public health and place prevention at the heart of a sustainable NHS. These developments established a mandate for prevention as a core strategy for improving health. The planned £200 million reduction will directly impact on the ability of the health and care sector to turn these ambitions into reality.
9. Reductions to public health funding risk widening existing inequalities in health. It is unacceptable that there is a gap in life expectancy of ten years between our most deprived and most affluent

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<sup>2</sup>Taken from a survey of directors of public health conducted by the Association of Directors of Public Health.

<sup>3</sup>Health and Social Care Information Centre. [Statistics on NHS Stop Smoking Services in England - April 2014 to March 2015](#)

<sup>4</sup>NHS England. Five Year Forward View. London: NHS England, 2014.

<sup>5</sup><https://www.gov.uk/government/speeches/pm-on-plans-for-a-seven-day-nhs>

<sup>6</sup><http://www.england.nhs.uk/2015/05/18/fit-for-future/>

communities<sup>7</sup>. Local health promotion and health improvement work is pivotal in closing this gap. By cutting the funding available to these services, we will threaten the progress made to improve the health of the poorest fastest, and undermine local authorities' ability to meet their legal duties as to promoting equality and reducing health inequalities. More specifically, the planned funding reduction risks undermining the government's own aspirations to get more people into work through a reduction in ill-health-related unemployment, as health improvement services are amongst those which will be affected.

10. The NHS faces unprecedented financial pressures, continued growth in demand, and an increasingly complex range of patient need. It is therefore a false economy to impose funding reductions that will directly and adversely impact on the health service and the health of the people who rely on it. Funding reductions will impede local authorities' ability to fulfil public health responsibilities, thereby increasing the burden of ill health on the NHS.

## Conclusion

11. The RCP is gravely concerned that planned cuts to local authority public health allocations will cause serious and lasting adverse implications to both the NHS and the health of the people it serves. The cuts announced in the Comprehensive Spending Review will have a major impact on the many prevention and early intervention services carried out by councils. These include tackling the nation's obesity problem, helping people to stop smoking and tackling alcohol and drug abuse. The RCP strongly opposes the introduction of these savings and the £200 million in-year reduction planned for this year and we urge against any further cuts to public health funding. Investing in prevention ultimately saves lives and improves long term patient outcomes. This is in addition to saving money for other parts of the NHS by reducing demand for hospital, health and social care services.

## About the RCP

12. The RCP plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing almost 32,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high quality care for patients.

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<sup>7</sup> The Marmot Review. *Fair Society, Healthy Lives*. London: The Marmot Review, 2010.