

1 **Government changes place public health in jeopardy**

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54 The new OECD Health at a Glance publication compares the UK's health with similar
55 countries. In some respects, the UK is doing well, such as in access to health services.
56 However in many risk factors for health, for example alcohol consumption and poor diet, and
57 in some population outcomes such as child health, the UK fares poorly. It is, for example,
58 32nd out of the 34 OECD countries for childhood obesity.^{1,2} 'Prevention is better than cure'
59 forms a central argument in the NHS Five Year Forward View strategy, yet the Health and
60 Social Care Act 2012 and recent austerity budgets have reduced the power of public health
61 and instituted measures that further diminish the specialist workforce, thus jeopardising the
62 health of the public.³

63

64 **Reduced resources**

65 Under the Health and Social Care Act, English public health departments moved from the
66 NHS to Local Authorities. While there are advantages to this change, such as increasing the
67 opportunity for coordination and integration of policies and services that concern
68 determinants of health, there are also significant drawbacks. For example, while the NHS has
69 nominal funding protection, public health budgets do not. The £200 million cuts in public
70 health funding unexpectedly announced in June 2015 were in-year cuts and represent a 6.2%
71 reduction in the annual public health budget.⁴ Further public health cuts of 3.9% per annum
72 till 2020 are also planned.⁵ Public health budgets were initially ring-fenced but this protection
73 is likely to cease and pressure on these budgets will grow. Indeed a BMA investigation
74 showed that half of Local Authorities had used public health money for pre-existing services.⁶
75 These cuts are already being felt at the front line, as reductions in smoking cessation, sexual
76 health, child health and other services that promote health and reduce risk factors for poor
77 health.^{7,8} Certain activities, such as health checks are mandated, but even these do not have
78 protected budgets. Cuts in local government and public health budgets affect people's health
79 and wellbeing and will add to NHS pressures.

80

81 **Diminished public health workforce**

82 In addition to budget cuts, other new policies are adversely affecting the public health
83 workforce's ability to improve the determinants of health. Morale in the public health
84 workforce is low and 18% of Director of Public Health (DPH) roles were vacant in 2014.⁹
85 Filling public health roles with non-public health trained staff may save money, but important
86 skills are lost.¹⁰ Strong links between public health and the health service, underpinned by an
87 effective research foundation, are vital for comprehensive strategies to improve health at a
88 population level. Moving public health away from the NHS has weakened those links, and the
89 proposed new junior doctor contract will compound the problems further among medically
90 trained public health professionals and researchers. Doctors often enter public health after
91 first training in another specialty. Having dual-trained staff is crucial for understanding the
92 health service, managing notifiable diseases and designing and evaluating effective health and
93 care interventions. Research experience provides crucial skills for public health practice, such
94 as appraising evidence to support decisions that affect large numbers of people. The new
95 contract no longer recognises the valuable experience gained by public health doctors training
96 in clinical specialties, and disincentivises time spent in research during training. The risk is
97 loss of knowledge, skills and experience, which are essential public health tools.

98

99 **Way forward**

100 We call for reinvestment in public health and the protection of the workforce commensurate
101 with the central role of public health in government policy. Further cuts to public health
102 budgets will continue to hinder efforts to secure and improve health. Additionally, we need to
103 attract the best people into the profession and encourage them to acquire important extra skills
104 during training. In turn, we call on public health practitioners to better demonstrate the
105 benefits of their work. Public health has a central role in health leadership, in ensuring that
106 interventions are evidence-based, cost-effective and show measurable progress towards health
107 outcomes. We need to renew our efforts to research and appropriately advocate for policy,
108 regulatory and legislative changes that will improve health. An excellent example of public
109 health research and advocacy influencing policy is the recent announcement of the sugar tax.

110 This by itself however is not enough to reduce the prevalence of obesity and there is much
111 more to be done on alcohol, tobacco, physical activity and other important determinants of
112 disease and health.

113

114 At a time when the population's health is at growing risk, recent actions have weakened the
115 ability of public health professionals to respond. The changes are likely to lead to fewer jobs,
116 staffed by people with a reduced skill mix, and insufficient resources to work effectively. This
117 is a clear contradiction of the government's commitment to tackling the determinants of poor
118 health. Many of these problems were predicted during the debate leading to the introduction
119 of the Health and Social Care Act, and alternatives were proposed that drew on lessons from
120 history.¹¹ While the virtues of prevention and early intervention are often broadcast, this is not
121 possible without a strong and well-equipped public health workforce working in effective
122 partnership with the NHS. This is crucial if we are to improve the nation's health.

123

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