Public health cuts hit the poorest hardest

Funding must be restored to save lives and reduce inequalities

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Despite excellent evidence that investing in public health and prevention saves lives,1,2 the UK government has failed to support such investment. The 2021 spending review made clear commitments to maintain local authority funding for the public health grant in real terms until 2024-25,3 but higher than expected inflation means it is already set to fall in 2022-23.

The public health grant is a ringfenced allocation of funds made to English local authorities by the Department for Health and Social Care. It is used to provide vital preventive services for local populations, including for smoking cessation, drug and alcohol problems, children’s health, and sexual health.

Falling budgets

In 2022-23, the allocation was £3.4bn (£3.9bn; $3.9bn) across England.4 The largest areas of planned spend were on services for children aged 0-5 years (£0.9bn, mainly on health visitors for infants and mothers), drug and alcohol services for adults (£0.7bn), and sexual health services (£0.6bn).

A Health Foundation report published at the end of October showed that the public health grant has been cut by 24% in real terms per person since 2015-16.4 Some of the largest reductions were for stop smoking services and tobacco control (41% real terms cut), drug and alcohol services for adults (28% cut), and sexual health services (23% cut). The report also showed the unequal level of spending on public health and the NHS: government spending on NHS England has increased in real terms over the past decade.

A review by the University of Cambridge, also commissioned by the Health Foundation, found a considerable body of evidence showing the effectiveness and cost effectiveness of public health and preventive interventions, including those funded by the public health grant.5 Research included in the Cambridge review shows that each additional year of good health (measured in quality adjusted life years (QALYs)) achieved by public health interventions costs just £3800.6 This is less than one third the cost of each additional QALY achieved through NHS interventions (£13 500).

Poor health is strongly associated with socioeconomic deprivation. A girl born today in one of the 10% most deprived areas is expected to live 19 fewer years in good health than a girl born in one of the least deprived areas. However, real term cuts to the public health grant have disproportionately fallen on more deprived areas. Cuts in Blackpool, one of the most deprived local authorities in England, were among the deepest in the country—£42 per person in real terms since 2015-16.

Missed opportunities

Opportunities to prevent early deterioration of people’s health are clearly being missed, while the need for such interventions is increasing rapidly. Failure to invest in vital preventive services such as smoking cessation will worsen population health and widen health inequalities still further. The increased costs of dealing with the consequences will be felt across all sectors of society and the economy. Protecting people’s health through timely preventive measures helps to reduce economic inactivity7 and increase the number of people in work.

A properly funded public health system is urgently required, alongside a coordinated strategy prioritising public health and health equity, across all government departments. But the signs are not good. The government has repeatedly failed to publish its promised white paper on health inequalities, for example.7

In 2019, the government pledged to make England “smoke free,”8 defined as population smoking rates of 5% or less. Given the deep cuts to smoking cessation services it is unlikely this ambition will be delivered. Smoking cessation programmes improve the health of individuals and can also have a substantial effect on household budgets.

These services are more critical than ever in the current cost-of-living crisis. The average cost of smoking 20 cigarettes a day is £484 a year. Smoking is highly addictive, and the likelihood of quitting successfully can be increased up to threefold with the help of behavioural support and drug treatment, according to data collated by Action on Smoking and Health.9

Health professionals, patients, and the wider public should send a clear and urgent message to the health secretary, the chancellor of the exchequer, and the prime minister: if you care at all about improving people’s health and reducing health inequalities, restore the £1.5bn that has been cut from to public health funding in recent years. This would save lives and reduce inequalities.

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