



Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Department of Health

Local authority public health allocations 2015/16 in-year savings: a consultation

Response submitted by the Royal College of Paediatrics and Child Health

August 2015

Summary

- The Royal College of Paediatrics and Child Health (RCPCH) agrees with sector partners including the Faculty of Public Health, the Academy of Medical Royal Colleges and the British Association of Child and Adolescent Public Health that a reduction in funding public health will result in a greater burden placed on NHS services, an increase in health inequalities, and an adverse impact on infant, child and adolescent health.
- The RCPCH urges Government to rethink these proposals, and to consider the alternative funding solutions put forward by the Faculty of Public Health.
- The RCPCH opposes proposals to reduce public health funding.

Background

Investment in prevention is essential to reduce the burdens placed on the NHS, and secure the life-long health of UK children. NHS England's Five Year Forward View reflects this message, calling for a 'radical upgrade in prevention and public health'. It is therefore very concerning that at a time when public health needs are so acute, significant cuts are being proposed.¹

The Royal College of Paediatrics and Child Health (RCPCH) notes Prime Minister David Cameron's recent announcement of additional investment in the NHS and a desire to provide a comprehensive seven day service², however, this commitment is in ill accord with a parallel cut to public health. We echo the views of the Faculty of Public Health who have stated 'it is a false distinction to think of NHS and public health funding as separate'; reduced investment in public health will ultimately result in more costly additional burdens placed on NHS services³.

The RCPCH has five key areas of particular concern with regard to the proposed cuts outlined below.

Health inequalities

The economic case for reducing health inequalities is clear, as these account for productivity losses, reduced tax revenue, higher welfare payments and increased health costs. A crucial element of reducing health inequalities is through the prioritisation of prevention and early detection. This includes public health interventions such as smoking cessation and alcohol reduction programmes as well as parenting and maternal and child health programmes.⁴ A reduction in the resource provided to deliver high quality public health services such as these, will have a major detrimental impact.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

² <http://www.rcpch.ac.uk/news/prime-minister-reaffirms-commitment-seven-day-health-service>

³ <http://www.fph.org.uk/children%E2%80%99s%20health%20could%20be%20affected%20by%20cuts%20say%20public%20health%20experts>

⁴ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

0-5 year old services

Interventions that promote supportive, positive conditions during early childhood are more cost effective and more beneficial than interventions at later ages.⁵ Public Health England has set clear targets for ensuring every child has the best start in life. The Children and Young People's Health Outcomes Forum have highlighted the importance of the health of the pregnant mother, infant and young child.⁶

The RCPCH is particularly concerned that the proposed cuts, coinciding with the transfer of public health commissioning responsibilities for 0-5 year olds to local authorities in October 2015, will result in significant risks being placed on services for this age group.

In 2014, the RCPCH in partnership with the National Children's Bureau made a series of recommendations to reduce infant and child mortality following the publication of *Why children die*. This included a recommendation for the prioritisation of sustained funding for maternal and child health services, including the Family Nurse Partnership and health visiting services⁷. At the time we welcomed Government commitment to increase health visitor numbers; however we share concerns of other partners in the sector that health visitor numbers will be at significant risk if these cuts are to go ahead.⁸

The National Institute for Health and Care Excellence recognises health visitors as being uniquely placed to identify the needs of individual children, parents and families and to promote preventative and early intervention services, in key areas such as breastfeeding, reducing obesity, managing minor illness, accident prevention, and school readiness.⁹ Health visitors also have an important role in identifying and treating postnatal depression which in turn can improve productivity and lead to cost savings in the medium to short term¹⁰, as well as responsibilities for safeguarding and coordinating the delivery of early help services as set out in *Working Together to Safeguard Children*.¹¹

Other early childhood support interventions such as parenting programmes offer substantial value for money in reducing health burdens later in life. For example, parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested with savings to the NHS, education and criminal justice systems.¹²

Reduced health visitor capacity coupled with a reduction in other services that support vulnerable parents, will have a profound impact on the lifelong health and wellbeing of young children and their families.

Tobacco control

Smoking during pregnancy is a significant risk factor for preterm birth and growth restriction, outcomes which place significant burdens on infants, children and young people and the NHS throughout the life course. Treating mothers and their babies (0-12 months) with problems caused by smoking during pregnancy is estimated to cost the NHS between £20 million and £87.5 million each year.¹³ Passive smoking is also a significant cause of death and disability and of smoking uptake among children and young people,

⁵ Harvard. Centre for the Developing Child. The impact of early adversity on children's development. <file:///C:/Users/emilyr/Downloads/inbrief-adversity.pdf>

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf

⁷ <http://www.rcpch.ac.uk/sites/default/files/page/Why%20children%20die%20part%20B.pdf>

⁸ <http://www.rcpch.ac.uk/news/rcpch-leads-calls-protect-health-visiting-services>

⁹ <https://www.nice.org.uk/advice/lgb22/resources/health-visiting-60521203534021>

¹⁰ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

¹¹ DfE. Working together to safeguard children. March 2015.

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

¹³ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

¹³ ASH report

with the most effective way to protect children from passive smoking being reducing the prevalence of smoking in adults, and particularly young adults.¹⁴

The provision of local smoking cessation programmes is therefore vital to reducing childhood morbidity and mortality as well as reducing NHS burden in the short and long term. The proposed cuts to public health budgets which enable access to high quality smoking cessation services will only result in greater costs to the NHS and the health of our children and young people.

Childhood obesity

In England around one in five children in Year 6 is obese, with prevalence among children in the most deprived areas being double that of those children in the least deprived areas.¹⁵ The health implications of obesity affect children in the short and long term.¹⁵

Reducing obesity is a key priority with the Secretary of State for Health committed to developing a national obesity strategy, in recognition of the associated risks of non-communicable diseases such as cancer, diabetes and heart disease which place a significant burden on the NHS¹⁶. Prevention, and specifically the prevention of childhood obesity, must be central to this strategy.

The World Health Organisation has recognised community-based interventions as one of the most important interventions for reducing childhood obesity¹⁷ and the benefits of whole-school approaches which bring together schools and local communities are widely acknowledged^{18,19}. It is counterproductive, therefore, to reduce the resource available to local authorities that are likely to have a significant role for progressing the obesity agenda at a local level.²⁰

Adolescent health

Positive steps have been made to promote healthy adolescent lifestyles, including a reduction in the proportion of young people aged 10 to 24 who drink, smoke, and use drugs, along with a reduction in the number of teenage pregnancies. This has been achieved through local governments working with health and other partners, however these positive developments could easily be reversed in a climate which is unable to prioritise services which have had a significant role in improving healthy adolescent lifestyles. This is a particular concern as services for young people have already been amongst the most heavily cut by local authorities in the past 5 years.

¹⁴ <https://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-and-children.pdf>

¹⁵ Wijga A, Scholtens S, Bemelmans W, de Jongste J, Kerkhof M, Schipper M, et al. Comorbidities of obesity in school children: a cross-sectional study in the PIAMA birth cohort. *BMC Public Health* 2010;10(1):184.

¹⁶ <http://www.kingsfund.org.uk/events/fifth-annual-leadership-and-management-summit>

¹⁷ http://www.who.int/dietphysicalactivity/childhood/WHO_new_childhoodobesity_PREVENTION_27nov_HR_PRINT_OK.pdf

¹⁸ http://www.fph.org.uk/uploads/HealthyWeight_SectB.pdf

¹⁹ <http://www.hackney.gov.uk/Assets/Documents/Health-Heroes-Evaluation-Report.pdf>

²⁰ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

ABOUT THE RCPCH

The RCPCH is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

Key responsibilities:

- Set syllabuses for postgraduate training in paediatrics
- Oversee postgraduate training in paediatrics
- Run postgraduate examinations in paediatrics
- Organise courses and conferences on paediatrics
- Issue guidance on paediatrics
- Conduct research on paediatrics

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