Commentary
The endeavour to protect population health and well being through the recession and beyond

Hugh Annett
Director of Public Health, NHS Bristol and Bristol City Council, Bristol, UK
Address correspondence to Hugh Annett, E-mail: hugh.annett@bristolpct.nhs.u

Stuckler and Basu et al.1 provide a well-reasoned analysis of the nature of public debt that is currently the dominant theme in national and global economic policy debates, the options available to governments in responding to it and, depending upon that response, its potential impact on population health. They provide a credible rationale for being concerned but not panicked at the magnitude of UK public debt and equally persuasive arguments for how it could and should be managed down without putting public health at unnecessary risk. However, on the whole this reasoned analysis has not been reflected in the public discourse, where much of the popular press and other commentary have seemed concerned to raise public alarm at the size of the public debt and to emphasize the importance of taking rapid and sever fiscal tightening measures to reduce it as quickly as possible without precipitating a double-dip recession. In the recent UK national elections, all parties have agreed about the importance of achieving an ever more efficient public sector (and who could argue with that?) but they have also warned of the inevitability of large cuts in public spending (while promising protection for ‘front line’ services); a response that the authors warn could have profound consequences for public health for many years.

Where I work, and I am confident this is the common experience of my peers, achieving public sector efficiency has been a long standing, dominant theme in both local NHS and local government planning, organizational reform and service design. And for many months planning and preparing for the impact of the expected significant reductions in public sector funding has been the primary organizational and governance preoccupation, again equally so for both local government and the local NHS. In preparing its savings plan, the NHS has had the benefit of a fair degree of certainly about its financial settlement for the current financial year. Meanwhile in local government there is universal expectation of a large cutback in central funding following the May election but little sense of its precise magnitude. And so planning has been for an anticipated worse case scenario, but always with the anxiety that the reality might be even more challenging than anticipated. Stuckler and Basu et al.1 caution that in situations such as this the services that are cut are often those which lack a strong advocacy base . . . rather than those lacking a strong evidence-base for improving health’. This presents us in public health with a stark challenge. How can we respond in order to endeavour to prevent those public service cuts that would be the most deleterious to the health of the most vulnerable, to the health of the public in general and that would contribute to even greater demands for expensive curative health and social care in future?

Possibly the current NHS focus upon the quality and productivity challenge for implementing The Next Stage Review visions2 is the best policy lever presently available to service public health. Unfortunately, this Quality, Innovation, Productivity and Prevention approach3 is not designed as a powerful lever for protecting investment in prevention. And as The NHS Operating Framework for England for 2010/114 also does not provide much in the way of reassurance that prevention has genuinely been embraced as a key strand for securing financial viability of the NHS into the future the advocacy challenge facing public health is rather daunting. But the recession is also an opportunity if we can achieve a breakthrough from making economic arguments for the medium- to long term investment in public health to also making robust and credible business cases for investment now in those aspects of prevention which will give a near term financial return. This difficult task requires the
focused attention of both our best theoreticians and practitioners.

Such an approach is equally urgently required in respect of social care. The pressure on social care budgets in this and future years will probably be even more intense than the pressure on health budgets, exacerbated by the continued absence of a political consensus regarding how social care should be financed. It is at least possible and probably likely that social care funding for prevention and early intervention will be significantly reduced in order to help secure funding for the immediate care needs of service users. As for the NHS, such savings on prevention will contribute to even greater problems in the future. 5,6

The reasoned response to the recession favoured by Stuckler and Basu et al. 1 would be a relief for those working to improve health and well-being and reduce health inequalities. Adoption by the government of such a balanced approach would seek to protect health and well-being in line with Principle 5 of the NHS Constitution. 7 But we will probably have to make the case for investing in prevention as a rational response to the consequences of the recession on the everyday lives of ordinary people in a much less favourable policy and financial climate.

References