Living with cuts to public services: how can we get more for less?

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Besides providing a jargon-free primer on the fiscal options available to governments in response to the economic crisis, Stuckler et al.1 question the wisdom of cutting public spending and outline the considerable risks to the public’s health and wellbeing if this approach is taken. Although written some months ago, their paper is remarkably prescient—perhaps nowhere more so than the UK, where the new Conservative/Liberal-Democrat coalition government has embarked on an ‘age of austerity’ described by the Institute for Fiscal Studies as ‘the longest, deepest and most sustained period of cuts to public services since at least World War II’.2

In his ‘emergency’ Budget speech, George Osborne, the Chancellor of the Exchequer stated that his prime goal was to reduce the nation’s debt mountain as soon as possible in order to keep a lid on inflation and protect the UK’s credit rating. This was in stark contrast to the Labour opposition which called for a less urgent approach to repayment in order to sustain growth and reduce the risk of a ‘double-dip’ recession—a view supported by Stuckler et al. But such for-and-against arguments are history now. The coalition’s budgetary strategy makes swingeing cuts across a wide range of public services, and although the National Health Service is to be protected, other areas that impact on health, such as education, housing, social services, welfare benefits, grants to local voluntary organizations, employment, policing, etc. have been asked by the Treasury to identify savings of up to 40%.3

This has caused widespread dismay among those who see a dismantling of Britain’s welfare state, ideologically driven under the guise of economic necessity. There are justifiable concerns about the risk of widening health inequalities and increasing the burden on vulnerable people. In a related paper, Stuckler et al.,4 have examined the historical association between levels of social spending and population health outcomes across 15 European Union countries over the past three decades using OECD data. They found that social welfare spending was correlated closely with mortality from diseases associated with social circumstances (such as diet-, alcohol- and tobacco-related diseases) but that this effect was largely due to spending on areas other than health care. Indeed, we know from a multitude of other studies and reports, that there are a great many so-called ‘wider determinants’ of health and health inequalities, among the most influential of which is fiscal policy and its impact on fairness in society.5 Unfortunately, in determining fiscal policy, public health is rarely uppermost in the minds of politicians and legislators—their main driver tends to be economic growth. And yet, as Marmot6 and others have pointed out, a fair and healthy society is a productive society.

Public health is all about the ‘bigger picture’, and as public health professionals we spend much time and effort analysing the complexities and interdependencies of the many factors that influence health and wellbeing. But we have been slow to get to grips with analysing the cross-sector effects—the way factors such as education, housing, environment, transport, employment, social services and health care interact with each other to influence outcomes, not just health and wellbeing, but also such crucial outcomes as educational achievement, jobs, social cohesion, citizenship, personal security, crime, regeneration, and political power. This whole-system or multi-sector evaluation has been recently dubbed ‘macro-evaluation’.7

There have been calls for this broader approach to evaluation, particularly multi-sector cost–benefit analyses and predictive modelling, to be used by legislators in deciding on new laws with multi-sector impacts, such as whether or not to ban smoking in certain settings, introduce mandatory minimum pricing for alcohol or put extra taxes on foods
Such an approach requires more macro-evaluation studies to be prioritized by the major research funding agencies, perhaps on a collective cross-sectoral basis. Similar studies can be applied at the local level—a timely example being Total Place, a pilot programme involving 13 communities across England. This includes an in-depth analysis of the many interactions between sectors, including interagency financial flows, cross-effects of differing organizational cultures and the perceptions of the users and non-users of services in order to find better ways of working together more cost-efficiently to improve people’s quality of life.9

The recession is an unavoidable reality. So too is the UK government’s response focusing on cuts to a wide range of public services. Education, social services, welfare, housing and policing are among those sectors staring into the abyss. Powerful political ideology is driving these cuts through the system. We cannot put the genie back in the bottle, but at least we can try to mitigate the most damaging effects of public spending cuts by understanding how best to work together across sectors to get better outcomes for less.

References