

FSRH representation to the HM Treasury on the 2021 Budget

14 January 2021

The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to submit a representation to the HM Treasury on the 2021 Budget. FSRH is the largest UK multidisciplinary professional membership organisation representing more than 15,000 members working at the frontline of Sexual and Reproductive Healthcare (SRH) in a range of settings in the community and primary care. Our members are specialists, GPs, nurses, pharmacists and other healthcare professionals delivering services commissioned by local authorities (via Public Health grant), Clinical Commissioning Groups and NHS England (NHSE). Our goal is to ensure that high standards in Sexual and Reproductive Healthcare are achieved and maintained through appropriate funding and commissioning to ensure the population can access services which realise [our Vision](#) for high-quality and holistic SRH across the life course.

The funding needed for Public Health

1. Investing in Public Health and Sexual and Reproductive Healthcare is highly cost-effective. Public Health England (PHE) estimates that for every £1 spent on publicly funded contraception, £9 is saved in averted direct public sector costs¹. A systematic review on the effects of cuts to Public Health spending concluded that they were misconceived and that “local and national public health interventions are highly cost-saving”². Prevention is effective in improving or maintaining health and represents good value for money³. Overall, spending through the Public Health grant is up to four times as cost-effective as NHS spending⁴.
2. In spite of the economic benefits of Public Health spending, Public Health budgets were cut by a total of £800 million between 2015 and 2020⁵. Two thirds of local councils have cut their Sexual and Reproductive Healthcare budget since 2016/17⁶. More than 8 million women of reproductive age now live in an area where the local council has reduced their Sexual and Reproductive Healthcare budget. While the Public Health grant rose with inflation in 2020, far greater investment is needed to restore sustainable Public Health funding.
3. Cuts have taken place in a context of increasing demand and a large unmet need for contraceptive services, which is evidenced in debilitating indicators in women’s reproductive health. Almost half of pregnancies in Britain are unplanned or ambivalent⁷. Abortion rates among women over 30 have been increasing over the last 10 years and are now the highest since the 1967 Abortion Act⁸. Demand for sexual health services has risen by 13% since 2013. The Local Government Association (LGA) has warned that sexual health services are now at a “tipping point”⁹.

¹ PHE, 2018. [Contraception: Economic Analysis Estimation of the Return on Investment \(ROI\) for publicly funded contraception in England](#). London: Public Health England

² Masters, R., et. al., 2017. [Return on investment of public health interventions: a systematic review](#). *Epidemiol Community Health* 2017 (71), pp. 827–834.

³ PHE, 2018. [Health matters: health economics - making the most of your budget](#). *Public Health England*. [online]

⁴ Martin, S., Lomas, J. & Claxton, K., 2019. [Is an Ounce of Prevention Worth a Pound of Cure? Estimates of the Impact of English Public Health Grant on Mortality and Morbidity](#). CHE Research Paper 166. York: University of York.

⁵ The Health Foundation, 2020. [Today's public health grant announcement provides some certainty, but more investment is needed over the longer-term](#).

⁶ AGC, 2018. [Cuts to contraceptive care deepen as new data reveal half of councils closed sites providing contraception since 2015 – September 2018](#). [pdf]

⁷ Wellings, K. et.al, 2013. [The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles \(Natsal-3\)](#). *Lancet* 382(9907): 1807–1816.

⁸ DHSC, 2020. [Abortion Statistics, England and Wales: 2019](#).

⁹ LGA, 2017. [Sexual health services at tipping point warn councils](#). *Local Government Association*. [online]

4. There is consensus that an increase in Public Health spending is necessary to support a sustainable health and social care system. A large portion of the medical profession has already recognised that without long-term investment in Public Health and social care, the NHS risks failing to meet demand¹⁰. In 2019, more than 80 health and local government organisations including FSRH, the LGA, The Association of Directors of Public Health (ADPH), NHS Clinical Commissioners, NHS Providers, medical royal colleges and civil society organisations called on the Government to increase investment in Public Health to prevent ill health and reduce health inequalities¹¹.
5. Respondents to FSRH's 2020 COVID-19 members' survey have stated that reduced workforce capacity has been compounded by other obstacles such as lack of funding. This means that overall capacity and funding remains an issue for Sexual and Reproductive Healthcare to be restored as we move beyond the pandemic. Lack of funds for PPE, provision of more complex contraceptive care and training have been singled out by many respondents as challenges to effective restoration of services.
6. In this pressurised climate of uncertainty for Public Health after successive budget cuts, an absence of a long-term funding settlement, the reorganisation of the Public Health system and COVID-19, we call for Public Health to be fully funded. Public Health funding must be afforded the same protections and share of investment as the NHS so that Public Health services are put on a sustainable footing. We call for the Public Health grant to be prioritised as a cost-effective healthcare spend that includes responsibility for clinical services.
7. We support the call by The King's Fund and the Health Foundation for the Government to commit to restoring £1bn of real terms per head cuts to the Public Health grant¹², and we call on the Treasury to do so in this Budget. However, we believe this is only a temporary solution – it is estimated that £1bn would reduce the funding gap by less than half¹³. The Health Foundation estimates that an extra £3.2bn of funding per year is needed to restore real-terms losses and re-allocate the Public Health grant, implementing an allocation formula recommended by the Advisory Committee on Resource Allocation (ACRA). Even this additional funding will not go far enough and "it is far short of the update called for in the NHS Five Year Forward View"¹⁴. We call on the Government to commit to drastically uplift the Public Health grant taking into account such estimates.

The funding needed for Education and Training

8. As is the case with Public Health, uncertainty surrounding training and education budgets remains, and cuts threaten the sustainability of the workforce. According to the Health Foundation, central investment in education and training has dropped from 5% of health spending in 2006/7 to 3% in 2018/19. Had the previous share of health spending been maintained, investment would be £2bn higher¹⁵. We believe that funding for education and training, at a minimum, must be restored, to support the workforce to deliver the NHS Long-Term Plan.

¹⁰ FSRH, 2018. [FSRH and other Royal Colleges and Faculties urge chancellor to invest long-term in social care and public health](#). FSRH.

¹¹ FSRH, 2019. [FSRH endorses consensus statement calling for more public health funding](#). FSRH.

¹² The King's Fund, 2019. [Health charities make urgent call for £1 billion a year to reverse cuts to public health funding](#). The King's Fund.

¹³ *Ibid*.

¹⁴ The Health Foundation, 2018. [Taking our health for granted: Plugging the public health grant funding gap](#). [pdf] London: The Health Foundation

¹⁵ The Health Foundation, 2019. [Health Foundation response to the Public Accounts Committee's inquiry on NHS Financial Sustainability](#). The Health Foundation.

9. Cuts to education and training budgets make it increasingly hard for Specialty Trainee posts in Community Sexual and Reproductive Healthcare (CSRH) to be funded. CSRH posts are 50% funded by Health Education England (HEE) and 50% by local authorities. Given the successive cuts, it is often impossible for local authorities and services to find the 50% local funding to match the 50% HEE funding. This is despite the large demand for Specialty training and services - the CSRH Specialty Programme is the second most competitive with a 20:1 ratio of applicants.
10. Lack of funding for CSRH training posts is at odds with demand for Sexual and Reproductive Healthcare Consultants. HEE has recognised that training numbers are small and unlikely to provide the service required for the future¹⁶. One third of Sexual and Reproductive Healthcare Consultant vacancies in England were left unfilled in 2019. A small number of Consultant posts unevenly spread across England leaves whole areas without any SRH leadership to support delivery of care to the population.
11. In England, specialist Sexual and Reproductive Healthcare service contracts used to specify that they were required to train local GPs, medical students and nurses, but a lack of funds from Public Health to pay for these courses means that in many cases this clause has now disappeared. We believe that all local authorities must be financially supported to be able to ensure that service specifications for specialist services are designed to include training requirements in their contracts.

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¹⁶ HEE, 2018. [Improving the Delivery of Sexual Health Services: Sexual Health, Reproductive Health and HIV Workforce Scoping Project Report](#). Leeds: HEE.