

Public health in England

MEMBER BRIEFING



What's the issue?

While there has been progress across many public health trends, life expectancy in the UK has stalled and in some areas is declining.

Across all health indicators there are striking inequalities, with people from more deprived areas tending to live shorter lives and spend fewer years in good health. Rising rates of alcohol and drugs-related deaths and hospitalisations are also cause for concern.

The number of A&E attendances and emergency hospital admissions for children under 5 are increasing. There has also been a gradual decline of all childhood vaccinations since 2013. Childhood obesity rates in England are amongst the highest in Europe.

Despite growing political rhetoric in support of strengthening prevention and public health, successive UK Governments have failed to turn rhetoric into reality. The structure and funding of England's health and care services continues to be largely geared towards treating episodes of illness, rather than keeping people healthy. For example, between 2015/16 and 2019/20 spending on NHS England is expected to have grown by 8% on a real term per head basis, relative to a 23% cut in the public health grant since 2015/16¹.

Why is this important?

Financial pressure has hindered the ability and capacity of Local Authorities (LAs) to deliver public health services. Essential services including smoking cessation, health visiting, school nursing, sexual health and drug and alcohol treatment services have been cut, despite increasing demand. This is within a broader context of cuts of around 50% of UK Government funding for LAs since 2010-11².

This financial pressure is contributing to unacceptable variation in the quality and quantity of services. This is undermining the prevention agenda, increasing future demand for treatment services and exacerbating health inequalities.

The UK Government's plans to replace the public health grant with locally retained

business rates also pose a risk to public health services. Without secure funding for LAs to spend on public health, there is a risk of further cuts as cash-strapped LAs struggle to balance budgets.

The recent announcement of a 1% real terms increase in the public health grant in 2020/21 marks a welcome shift after five years of cuts. However this falls significantly short of the amount required to reverse years of underfunding. Furthermore, compared to increases in NHS front-line services, the public health grant continues to represent a shrinking share of overall health spending³.

Evidence shows that cutting public health spending is a false economy: for every £1 invested in public health, £14 will be returned to the wider health and social care economy⁴.

What is the impact?

Responses to the 2018 annual Institute of Health Visiting survey highlighted that children are being put at risk due to cuts in the workforce and growing caseloads in England. It found that 44% of health visitors are working with caseloads of more than 400 children, when the recommended limit is 250⁵.

Many public health nurses are employed outside of the NHS where workforce data is not routinely or consistently collected or available. This inhibits our understanding of this part of the health and care workforce. However, we know that the number of school nurses employed in the NHS in England dropped by 28.7% between September 2009 and June 2019, and the number of NHS health visitor posts fell from 10,309 in October 2015 (the peak of a UK Government recruitment initiative) to 7,016 in June 2019⁶.

In key areas of public health, notably health visiting and school nursing, RCN members report that services are being decommissioned yet there is increasing need and the resulting workload pressures are forcing many to leave the profession⁷. There are also concerning trends in skill substitution, for example in health visiting teams where checks are not consistently carried out by a qualified health visitor. The declining provision and take up of specialist community public health nurse (SCPHN) training courses is also worrying for the future supply of this critical workforce.

In 2019, providers of public health services reported that they had not received adequate financial support to cover the NHS pay uplift which Government had

promised their staff (many of the staff are still employed in NHS organisations)⁸. This is further evidence of the challenges facing public health.

What needs to happen?

The UK Government must ensure that public health and prevention are sufficiently funded to meet population demand. The funding mechanism for public health delivered through LAs must be sustainable, equitable and transparent. The formula for funding public health should be based on an assessment of population needs rather than the ability of an LA to raise revenue.

Adequate and sustained investment, along with workforce modelling projections and solutions for how the UK Government will grow the nursing workforce needed to deliver safe and effective prevention and public health services, is required.

Urgent action is needed to ensure sufficient numbers of qualified staff are employed to deliver safe and effective patient care. The UK Government must be accountable for addressing recruitment and retention issues and ensuring that enough nurses undertake appropriate pre-registration and specialist training, including the SCPHN.

The data gaps relating to the health and care workforce working outside the NHS must be resolved. Mandatory collection and publication of workforce data from all providers of publicly funded health and care services is vital for enabling transparency and robust scrutiny into the impact of nursing shortages on the delivery of safe and effective care.

Fragmentation between the NHS and LAs priorities must be resolved by the UK Government and local health and care systems together. All public health commissioning should support and encourage integrated care and include other organisations that are inextricably linked.

What is the RCN calling for?

The UK Government must:

- make prevention and population health and wellbeing a cross-governmental priority, driven by appropriate leadership and meaningful action
- introduce a long-term, sustainable funding settlement for public health. The formula for funding allocations should follow an assessment of population needs and be monitored for impact on inequalities
- undertake robust workforce modelling, based on population demand, and take action to grow and sustain the nursing workforce required to deliver safe and effective public health and prevention
- ensure mandatory collection and publication of workforce data from all providers of publicly funded health and care services
- support and encourage LAs and local health and care systems to work in an integrated and streamlined way to commission and deliver public health and prevention services.

What can RCN members do?

- Join the RCN Public Health Forum www.rcn.org.uk/get-involved/forums/public-health-forum
- Become an e-campaigner so that you can participate in our campaigns and influencing work www.rcn.org.uk/join-the-rcn/become-an-e-campaigner
- Have your say on the latest policy consultations www.rcn.org.uk/get-involved/consultations

Share your experience about these issues

Email us at: papa.ukintl.dept@rcn.org.uk

References

- 1 Health Foundation (2019) *Creating healthy lives A whole-government approach to long-term investment in the nation's health*
- 2 NAO (2018) *Financial sustainability of local authorities*
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- 4 Masters et al (2017) *Return on investment of public health interventions: a systematic review*, J Epidemiol Community Health 2017; 71:827-834
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- 6 NHS Digital, NHS Workforce Statistics, September 2019
- 7 RCN (2017) *The Best Start: the future of children's health*
- 8 <https://www.hsj.co.uk/finance-and-efficiency/pay-deal-row-erupts-between-government-and-nhs-england/7024917.article>

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