

BMA Submission: Darzi Review – public health

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August 2024

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Summary statement:

The country is getting sicker, constraining economic activity and growth, with the most disadvantaged being disproportionately impacted. Population health will only improve when poverty and the other wider determinants of health are addressed. Despite this, public health funding has been cut at local and central level, with a devastating impact on health services. Meanwhile, the specialist public health workforce lags far behind the levels needed, with insufficient numbers being trained. It is crucial that public health services are not seen in isolation from the NHS and are properly resourced, with the workforce brought under one professionally independent organisation.

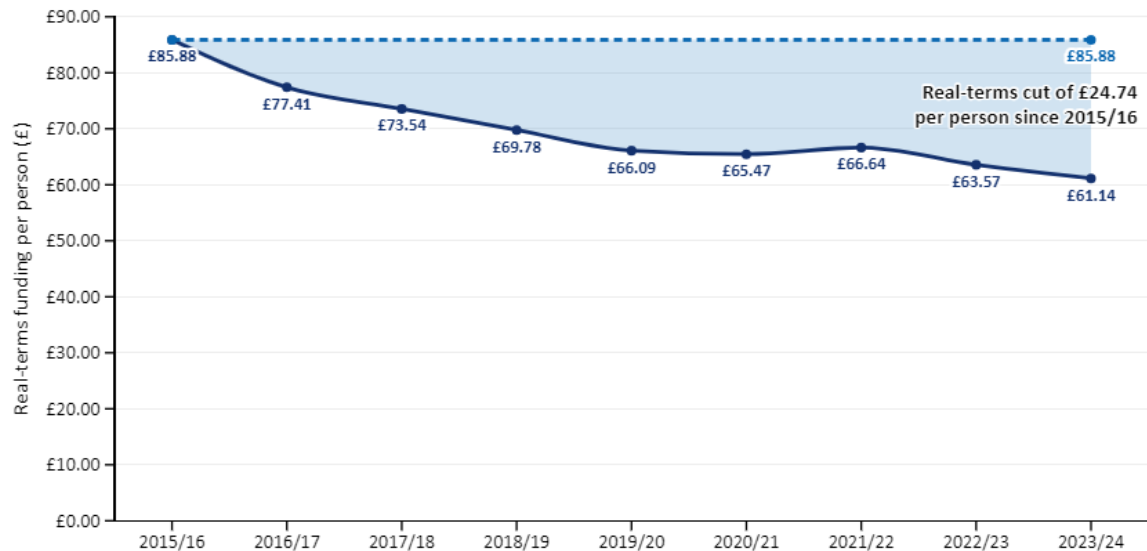
The public health grant has been cut significantly in past years, hampering efforts to improve the nation's health

Public health grant allocations per person, adjusting for inflation and population growth

2015/16 - 2023/24

■ Real-terms funding per person

■ Real-terms funding per person if 2015/16 levels had been maintained



Source: BMA analysis of the England Public Health Grant • Real-terms analysis (2023/24 prices) based on ONS/OBR GDP deflators (June 2024). Population estimates based on ONS population estimates time series dataset (July 2024)



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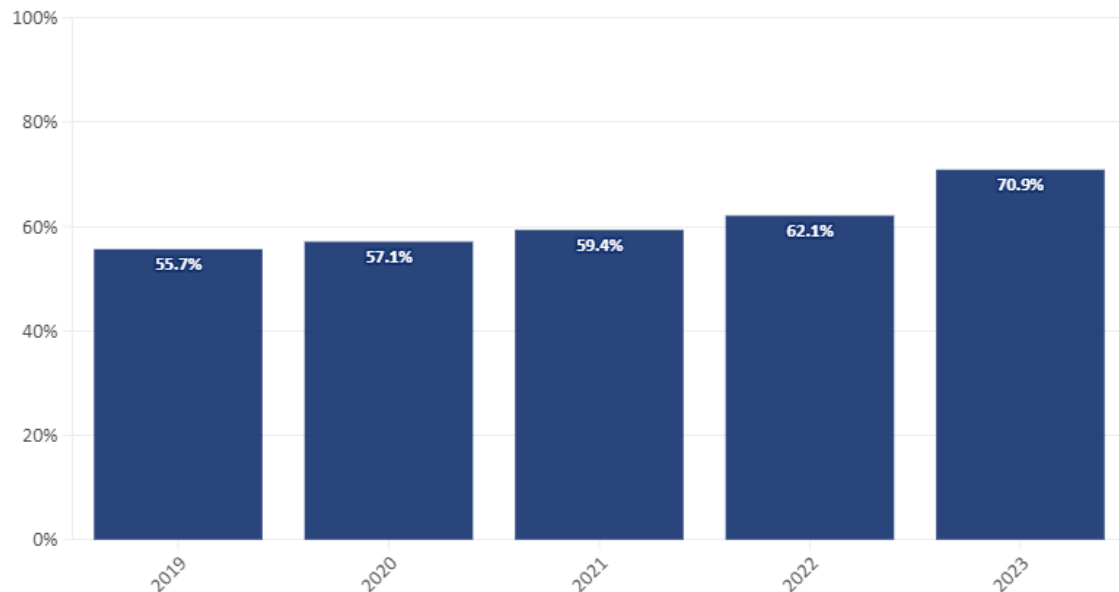
The public health grant is intended for preventative services, such as sexual health clinics, help to stop smoking, and children's health services. These services provide a vital aspect of reducing health inequalities and help to significantly reduce the demand for NHS services.

However, local authority funding has been continually cut. This has resulted in the public health grant being cut in real terms by £24.74 per person since 2015/16 – representing a 29% decrease.

Investing in key prevention and health promotion work and restoring the public health grant is crucial to improving the health of the population.

The size of the public health workforce lags significantly behind what is needed

A time series of the percentage of public health specialists working in England compared to how many should be working as recommended by the Faculty of Public Health



Data based on mid-year population estimates (ONS) and the recommended number of public health specialists per one million people (30) according to the Faculty of Public Health

Alongside financial resources, the public health workforce lags far behind levels needed.

The Faculty of Public Health recommend that a well-resourced public health service with surge capacity requires a minimum of 30 specialists per million of the population. In 2023, staffing levels reached only 70.9% of this recommendation.

Public health specialists responding to a BMA survey in July 2023 reported a shortage of staff across all levels, including senior specialist and medical staff, staff at mid- and lower-level grades, as well as practitioner, support, and administrative staffing.

The public health system continues to be ill prepared to respond to pandemics

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The UK was ill-prepared to respond to Covid-19 and remains ill-prepared to respond to another health emergency, due to high levels of ill health, widening health inequalities, an overstretched NHS and lack of specialist capacity in Public Health.

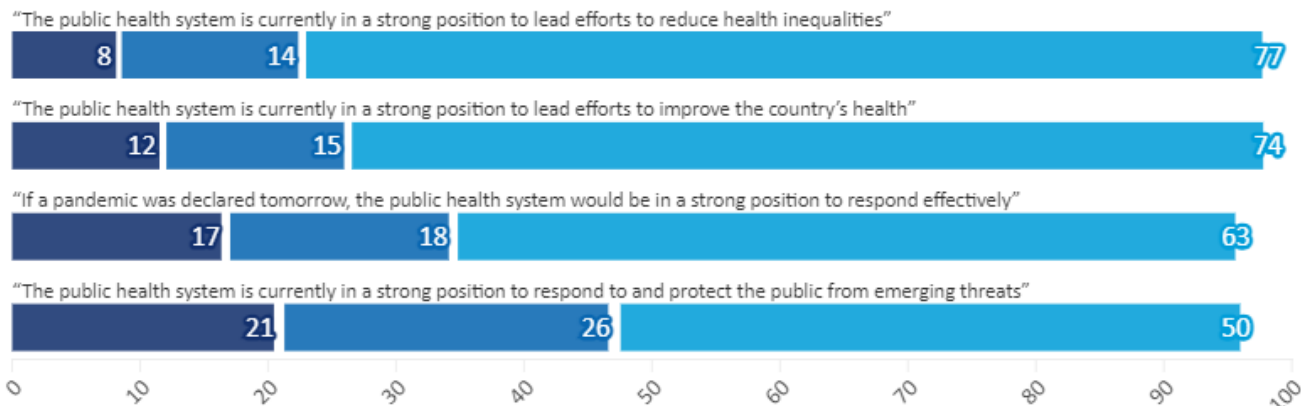
Public health doctors have little faith in the strength of the public health system to respond to need, including to future pandemics.

Only 16% of public health doctors, responding to a BMA survey, agreed that if a pandemic were declared tomorrow, the public health system would be in a strong position to respond effectively.

There is an urgent need for implementation of the recommendations from Module 1 of the Covid Inquiry to ensure the UK is better prepared for the next emergency.

Public health doctors' perceptions of the public health system in 2023

■ Agree ■ Neither ■ Disagree



Data based on survey responses collected from 194 BMA members in July 2023.

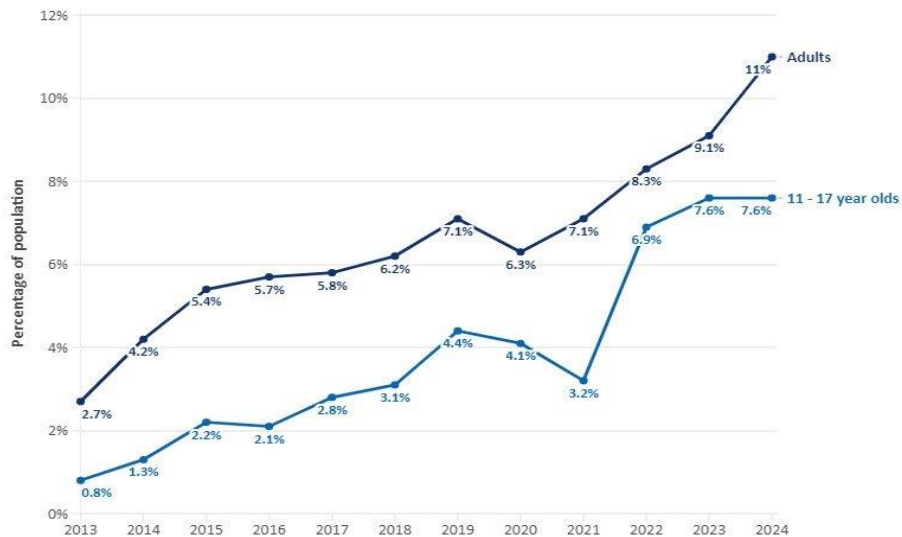


The drivers of ill health are prevalent and indicate significant health inequalities

It is crucial that public health services are appropriately resourced and health and reducing inequalities is considered in all government policies, as drivers of ill health continue to be a significant cause of the burden placed on the NHS. For example:

- There is a growing epidemic of vape use in the UK. 11% of adults in Great Britain currently use vapes, compared to 4.2% a decade ago (2014). More worryingly, 7.6% of 11–17-year-olds are now vaping, either regularly or occasionally, compared to 1.3% in 2014.
- Alcohol related deaths have grown every year in England since 2018, with a distinct burden on the most deprived groups. Health inequalities can also clearly be seen in deaths related to drug poisoning.
- For children living in the most deprived areas, obesity prevalence is twice as high compared with the prevalence among those living in the least deprived areas. For adults, prevalence of overweight and obesity is also highest in those living in the most deprived areas.

Adult and child vaping rates in Great Britain, 2013 - 2024



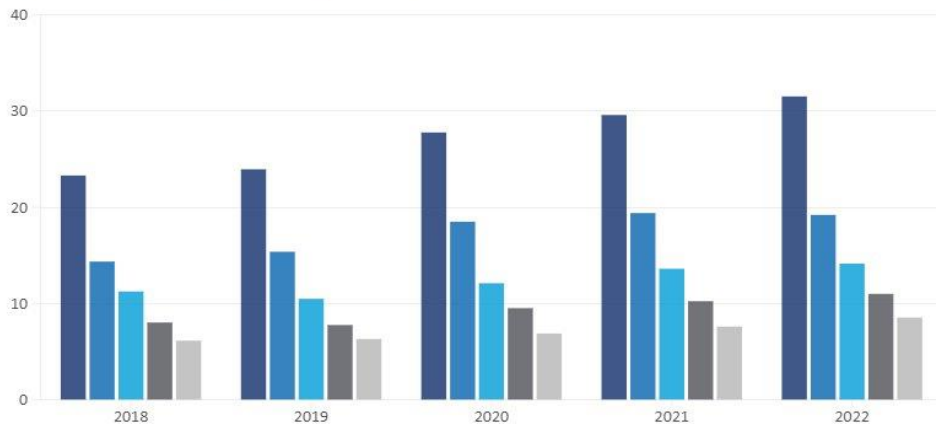
Source: ASH survey 2024, based on representative sample



Mortality rate for alcohol related deaths by deprivation quintile in England

Age standardised mortality rate per 100,000 people

■ Quintile 1 (most deprived) ■ Quintile 2 ■ Quintile 3 ■ Quintile 4 ■ Quintile 5 (least deprived)



Source: BMA analysis • Based on the ONS alcohol-specific deaths in the United Kingdom time series

