Government changes place public health in jeopardy

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The new OECD Health at a Glance publication compares the UK's health with similar countries. In some respects, the UK is doing well, such as in access to health services. However in many risk factors for health, for example alcohol consumption and poor diet, and in some population outcomes such as child health, the UK fares poorly. It is, for example, 32nd out of the 34 OECD countries for childhood obesity.[1 2] 'Prevention is better than cure' forms a central argument in the NHS Five Year Forward View strategy, yet the Health and Social Care Act 2012 and recent austerity budgets have reduced the power of public health and instituted measures that further diminish the specialist workforce, thus jeopardising the health of the public.[3]

Reduced resources

Under the Health and Social Care Act, English public health departments moved from the NHS to Local Authorities. While there are advantages to this change, such as increasing the opportunity for coordination and integration of policies and services that concern determinants of health, there are also significant drawbacks. For example, while the NHS has nominal funding protection, public health budgets do not. The £200 million cuts in public health funding unexpectedly announced in June 2015 were in-year cuts and represent a 6.2% reduction in the annual public health budget.[4] Further public health cuts of 3.9% per annum till 2020 are also planned.[5] Public health budgets were initially ring-fenced but this protection is likely to cease and pressure on these budgets will grow. Indeed a BMA investigation showed that half of Local Authorities had used public health money for pre-existing services.[6] These cuts are already being felt at the front line, as reductions in smoking cessation, sexual health, child health and other services that promote health and reduce risk factors for poor health.[7 8] Certain activities, such as health checks are mandated, but even these do not have protected budgets. Cuts in local government and public health budgets affect people's health and wellbeing and will add to NHS pressures.

Diminished public health workforce

In addition to budget cuts, other new policies are adversely affecting the public health workforce's ability to improve the determinants of health. Morale in the public health workforce is low and 18% of Director of Public Health (DPH) roles were vacant in 2014.[9] Filling public health roles with non-public health trained staff may save money, but important skills are lost.[10] Strong links between public health and the health service, underpinned by an effective research foundation, are vital for comprehensive strategies to improve health at a population level. Moving public health away from the NHS has weakened those links, and the proposed new junior doctor contract will compound the problems further among medically trained public health professionals and researchers. Doctors often enter public health after first training in another specialty. Having dual-trained staff is crucial for understanding the health service, managing notifiable diseases and designing and evaluating effective health and care interventions. Research experience provides crucial skills for public health practice, such as appraising evidence to support decisions that affect large numbers of people. The new contract no longer recognises the valuable experience gained by public health doctors training in clinical specialties, and disincentivises time spent in research during training. The risk is loss of knowledge, skills and experience, which are essential public health tools.

Way forward

We call for reinvestment in public health and the protection of the workforce commensurate with the central role of public health in government policy. Further cuts to public health budgets will continue to hinder efforts to secure and improve health. Additionally, we need to attract the best people into the profession and encourage them to acquire important extra skills during training. In turn, we call on public health practitioners to better demonstrate the benefits of their work. Public health has a central role in health leadership, in ensuring that interventions are evidence-based, cost-effective and show measurable progress towards health outcomes. We need to renew our efforts to research and appropriately advocate for policy, regulatory and legislative changes that will improve health. An excellent example of public health research and advocacy influencing policy is the recent announcement of the sugar tax.

This by itself however is not enough to reduce the prevalence of obesity and there is much more to be done on alcohol, tobacco, physical activity and other important determinants of disease and health.

At a time when the population's health is at growing risk, recent actions have weakened the ability of public health professionals to respond. The changes are likely to lead to fewer jobs, staffed by people with a reduced skill mix, and insufficient resources to work effectively. This is a clear contradiction of the government's commitment to tackling the determinants of poor health. Many of these problems were predicted during the debate leading to the introduction of the Health and Social Care Act, and alternatives were proposed that drew on lessons from history.[11] While the virtues of prevention and early intervention are often broadcast, this is not possible without a strong and well-equipped public health workforce working in effective partnership with the NHS. This is crucial if we are to improve the nation's health.

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