



Unite response to Advancing our health: prevention in the 2020s

Executive Summary

- Public health policy should not be confined to our health services, but should be central to government’s wider social and economic policy.
- Austerity and cuts to public services, including public health services themselves, have done enormous damage to our health, most acutely impacting on people from poorer and socially excluded backgrounds.
- There must be a reversal of cuts to Health Visiting, School Nurses, Sexual Health Services, Mental Health Services and Social Care. Public health budget cuts must be reversed and these budgets and services must be protected and ring-fenced.
- The Health and Social Care Act 2012 must be repealed.
- While promoting healthier lifestyles is important, policies must recognise and target the structural societal causes behind them, such as poverty, inequality and exploitation at work.
- There is an urgent need for more focus, resources and action to tackle work-related ill health, including chronic health conditions caused by exposure to toxic substances, air quality or musculoskeletal disorders, accidents, stress and mental ill health. Attacks on trade union rights and cuts to Health and Safety legislation and enforcement must be reversed.
- More support is needed to promote and protect breastfeeding mothers. This must include the rights to breastfeed in public places and safe and secure facilities at work.
- Public ownership of public services should be used to support public health initiatives such as clean water, clean air and urgent action to tackle the climate crisis.
- Health and dignified aging requires action to tackle pensioner poverty and a universal right to a decent pension.

About Unite the Union

- This evidence is submitted by Unite the Union - the country’s largest trade union in Britain and Ireland. Unite’s members work in a range of industries including manufacturing, transport, financial services, print, media, construction, not-for-profit sectors and public services.

- Unite is the third largest trade union in the National Health Service and represents 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.
- Unite also has 80,000 members in local authorities and 50,000 in the voluntary and community sector many of whom work in services directly involved with or linked to public health. Unite is the main union for public health consultants and specialist trainees entering the specialty through the non-medical route, as well as other public health functions such as public health specialist, consultants and directors of public health, school nurses, health visitors and sexual health advisors.

1. Introduction - Public Health Services and Austerity

- 1.1 Unite welcomes the opportunity to discuss the crucial issue of public health provision and preventative health programmes over the next 10 years.
- 1.2 Public health services are the vital preventative arm of the NHS and play a crucial role in the future sustainability of our health service and reducing health inequalities. Public health policy should not be confined to the health service but should be central to wider government social policy, including through concrete plans to tackle poverty and inequality that have such damaging effects on our health through poor housing, education, conditions of employment and diet.
- 1.3 It is widely accepted that only about 20% of our health is determined by health services themselves, while 80% is about the wider determinants of health. The government should therefore focus on making sure that all public services from education, health and social care to transport and policing are properly funded. Government has claimed that “austerity has ended” but in reality public services are still being starved of funds and investment. This must end.
- 1.4 Many of the questions within this consultation fail to recognise the damage done by the Government's austerity agenda since 2010.
- 1.5 Despite the Government's commitment to improve the funding settlement for the NHS by £20.5bn per year by 2023/24 Unite agrees with the Health Foundation¹ and many others that more is needed to tackle the backlog of financial problems from eight years of austerity. The funding is insufficient because it only applies to NHS England's budget and therefore excludes vital areas of health spending such as staff training, capital investment and public health all of which have been significantly cut in recent years.
- 1.6 The NHS now needs an increase of at least 4% per year to undo the damage caused through underfunding since 2010. Underfunding the NHS is a false economy and government must hardwire the principles that prevention is cheaper than cure and that maintaining infrastructure and investment is cheaper than fixing health services after years of neglect.
- 1.7 Worse still local government has endured central government funding cuts of nearly 50% since 2010. Between 2010 and 2020, councils will have lost 60p out of every £1 they have received from central government². The 2019 LGA survey of council finances found that 1 in 3 councils fear they will run out of funding to provide even their statutory, legal duties by 2022/23. This number rises to almost two thirds

¹ <https://www.health.org.uk/news-and-comment/news/health-foundation-response-to-government-announcement-of-additional-nhs-funding>

² https://www.local.gov.uk/sites/default/files/documents/5.40_01_Finance%20publication_WEB_0.pdf

of councils by 2024/2025 or later. The LGA estimates councils will face a funding gap of nearly £8 billion by 2025³.

- 1.8 Despite government assurances, local authority cuts have not fallen on those with the broadest shoulders, but rather appear to have been targeted at the poorest areas of the country. Urban inner-city areas with the highest rates of poverty and deprivation have tended to face far higher cuts due to higher and growing demand for services, changes to local business rates and council tax. Many of the most deprived councils in the country have seen cuts of far higher than the national average cut⁴.
- 1.9 Local government needs a new fair funding formula that addresses the significant extra demands on authorities in deprived areas and builds a sustainable resource base to deliver the services that our communities rely on. Whereas this government has moved to strip funding and redistribute cuts from the wealthiest areas to the poorest, Labour must seek to use local authorities as the engines of redistribution and progressive social change.
- 1.10 Social care in particular needs new funding mechanisms, as the current system is broken and not fit for purpose. Unite is calling for a National Care Service akin to the NHS with universally accessible social care funded by progressive general taxation.
- 1.11 While Unite members have differing views on whether public health should remain part of local authorities what is clear is that public health budgets and services must be protected and ring-fenced.
- 1.12 There must be statutory protection for services such as sexual health services, CAMHS, health visiting and school nursing. These services must be planned alongside NHS functions through integrated universal health and local authority services. These services must become far more accountable locally through strengthening the scrutiny and planning roles of health and wellbeing boards and also patient voice through reformed HealthWatch organisations and local advocacy organisations.

2. Health Visitors and School Nurses

- 2.1 Due to these significant reductions to the public health budget, and to wider local authority budgets, public health services have faced substantial cuts. Some of the hardest hit have been health visiting and school nursing services.
- 2.2 The government has paid little interest to the first 1,000 critical days of a child's life despite overwhelming evidence outlined in the Marmot Report⁵ that it is of paramount importance to children's development, health and life chances. Childcare services must be supplemented with well-resourced early intervention services, including health visiting, social work and school nurses.
- 2.3 The numbers of health visitors working in England shows a continued steady decline, with numbers reverting to pre-Call to Action figures. The most recent NHS Digital data⁶ shows that, since the end of the Health Visitor Implementation Plan, and the transfer of health visitor commissioning to local authorities, the number of NHS health visitors in England have been cut by 3,283 (31.8%) [October 2015 = 10,309 / June 2019 = 7,026]²⁶, and the number of school nurses, since 2010, have been cut by a similar percentage. The most recent published data from the Independent Health Care Provider Workforce Statistics⁷ shows a reduction of 13.5% from 1,240 at its peak in 2017 to 1,073 in the latest data reported

³ https://www.local.gov.uk/sites/default/files/documents/5.40_01_Finance%20publication_WEB_0.pdf

⁴ <https://fullfact.org/economy/have-most-deprived-councils-seen-biggest-reductions-funding/>

⁵ <http://www.instituteofhealththequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/april-2019>

⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/independent-healthcare-provider-workforce-statistics>

for March 2019. This presents a worrying trend for health visiting inside and outside NHS community employment.

- 2.4 There has similarly been a reduction in student health visiting training places following the closure of the Health Visiting Implementation Plan. The number of entrants for training in England saw an immediate fall in new training places of 22%⁸.
- 2.5 Unite has previously made recommendations to government on what should be done to tackle this crises including in our response to the governments children's and young people's mental health green paper⁹, which calls for the reintroduction of national targets for health visitor numbers and to introduce a target for school nurses.
- 2.6 Just one example of the negative impact of cuts to these two groups of professions has been the removal this year of the World Health Organisation 'measles free status' for the UK. Instead of the government recognising the need to invest in public health and increase the number of health visitors and school nurses, it has instead focused on arguing that social media had led to a decline in vaccinations. The evidence reported by Public Health England, does not back up this approach, which shows that healthcare professionals remain the most trusted source of vaccine information for parents, with social media the least trusted¹⁰.
- 2.7 Unite health visitor members have also faced cuts to pay, terms and conditions as a result of the transfer to local authorities and a reduction in qualified staff. Unite members in Lincolnshire are currently engaged in strike action (32 days so far) due to changes being imposed by their local authority employer which will mean less support for babies, children and families¹¹.
- 2.8 Another worrying example is that North Yorkshire & York's public health lead recently argued that the health visiting service will be 'reshaped ahead of cuts'¹². The article stated that 'the council wanted to *"get away from having a magical number of visits, which does not allow an individualised approach or for clinical judgements"*. This ignores the fact that these visits are currently 'mandated' and should be delivered to all families in England.
- 2.9 In the recent 1,000 critical days Health & Social Care Select Committee inquiry¹³ Unite argued that the lack the 5 mandated visits was not enough and yet still was not getting enough priority. It should be noted this is the lowest minimum number of visits across the UK.
- 2.10 Health visiting and school nurses services need substantially more resourcing. Unite believes that the model that should be followed when supporting child health care in schools is to restore the World Health Organisation initiative, 'Health Promoting Schools'. This should include a commitment to deliver at least one school nurse for every secondary school and one for every cluster of primary schools. As some schools are now huge there must be a commission to look at how many school nurses are needed to effectively and safely deliver the healthy child programme and health promotion services (including

⁸ <https://www.nursingtimes.net/news/public-health/warning-over-budget-cuts-as-health-visitor-numbers-plummet-21-03-2019/>

⁹ https://apps.groupdocs.com/document-viewer/Embed/bcceacdf206b988146fbcc44d4e39ac99e92ca6f594a1602ecf72d325ffd6462?quality=50&use_pdf=False&download=True&print=False&signature=SYVxjmx%2BPjSiH%2Fwk32wEmqNyec

¹⁰ <https://www.gov.uk/government/news/phe-offers-support-to-uk-vaccine-heroes>

¹¹ <https://unitetheunion.org/news-events/news/2019/october/lincolnshire-health-visitors-dispute-escalates-over-council-s-divide-and-rule-jobs-move/>

¹² <https://www.minsterfm.com/news/local/2937309/north-yorkshire-public-health-services-to-be-reshaped-ahead-of-cuts/>

¹³ <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/first-1000-days-of-life/written/89445.pdf> & <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/first-1000-days-of-life/written/89074.pdf>

mental health support and sexual health). These nurses must also be specialist community public health school nurses. There also needs to be renewed support for children's centres and early years services that help new mothers.

3. Sexual health services

- 3.1 Unite is similarly concerned by the cuts to sexual health services over the last decade. In late 2018 the King's Fund released analysis¹⁴ that the service had been "cut to the bone" triggering warnings that more sexually transmitted infections and unintended pregnancies will follow.
- 3.2 This found that efforts to promote safe sex among groups most at risk, including young people and gay men, have been hardest hit due to cuts to local councils in England and public health grants.
- 3.3 Spending on sexual health, advice and promotion fell by 35% to £47m a year between 2013/14 and 2017/18. The research found that prevention services that worked to promote safe sexual behaviour had been particularly at risk of cuts as councils are not legally bound to provide them. The deep cuts in spending have accompanied rises in gonorrhoea and syphilis¹⁵. Clinics are being closed, moved to less convenient locations or operating with reduced opening hours
- 3.4 Total spending by councils fell over the period by 14% from £668m to £572m, according to their analysis of spending on sexual health between 2013/14 and 2017/18.
- 3.5 The King's Fund also found that: nine out of 10 (88%) councils cut spending on such services, and only a handful (12%) increased it; spending on STI testing and treatment fell 10% to £364m and contraception services are down 15% to £161m.
- 3.6 Unite members within these services also report serious concerns about cuts, restructuring, high vacancy rates, and deskilling of roles.
- 3.7 Unite believes that there needs to be far greater provision of services at times and places that people can access them. There should also be audited and guided sex education in schools for all ages and again the importance of school nurses in promoting sexual health in schools should not be underemphasised.

4. Tackling work related ill-health

- 4.1 Many of the questions within this consultation focus on individual behaviours to improve our health. Unite strongly argues that public health work should focus on structural drivers of ill health. Part of this must be to consider the impact of employment on our health.
- 4.2 Creating decent work with a solid floor of employment and trade union rights, including stronger organising rights and sectoral collective bargaining, is a necessary part of moving towards a more equitable society and in tackling poverty. Two-thirds of children in poverty now live in working households. It is therefore clear that in a de-regulated labour market, work is not a route out of poverty.
- 4.3 For too long in this country the overall direction has been to remove employment rights, dismantle ways to act collectively and to erect barriers to enforcing the workplace rights that people do have. One in nine workers is now in insecure work according to 2018 TUC analysis¹⁶, a figure that had risen by 27 per cent in just five years. Women have formed the majority of that increase and BAEM workers are twice as likely as white workers to be in insecure work. The sectors that have seen the biggest increase in insecure work includes retail and hospitality, but also more 'traditional' sectors such as residential care and education, demonstrating it is not simply a product of technology.

¹⁴ <https://www.kingsfund.org.uk/blog/2018/12/sexual-health-services-and-importance-prevention>

¹⁵ <https://www.theguardian.com/society/2018/jul/23/dangerous-liaisons-why-syphilis-and-gonorrhoea-have-retained-to-haunt-britain>

¹⁶ <https://www.tuc.org.uk/news/1-9-workers-are-insecure-jobs-says-tuc>

- 4.4 Many employers continually evade their duties under health and safety legislation, undercutting more responsible employers in the process. Such employers drive illness or long-term chronic health problems that are major contributors to the health problems our society face.
- 4.5 Many adults of working age have chronic health problems that are the direct result of their previous or ongoing work experience. There needs to be a genuine shift to a more positive health and safety culture, with the use of occupational health services and health assessments to enable early deployment of remedial action such as reasonable adjustments, and to establish causation of ill health with the view of putting in place preventative measures.
- 4.6 The figures are stark with government statistics reporting that 1.4 million workers in the UK were suffering from work-related ill-health in 2017/18. The rate of long-term ill-health caused by work has been increasing since 2011¹⁷.
- 4.7 There are 12,000 deaths in the UK each year due to occupational lung disease, as a result of past exposure at work. 469,000 workers were found to be suffering from work-related musculoskeletal disorders in the UK in 2017/18, causing 6.6 million lost working days in that period¹⁸.
- 4.8 HSE found that 595,000 workers in the UK in 2017/18 were suffering from unhealthy work-related stress, and 15.4 million working days were lost due to work-related stress, depression and anxiety. There was a substantial increase the proportion of workers suffering ill-health from work-related stress after 2011. In 2017/18 stress, depression or anxiety accounted for 44 per cent of all work-related ill health cases and 57 per cent of all working days lost due to ill-health¹⁹.
- 4.9 Sadly this consultation makes very little reference to making workplaces safer and healthier which would have wide ranging benefits. The whole consultation appears to ignore the fact that people might be made ill by the conditions they face in the workplace and that greater enforcement of workplace health and safety could save the NHS substantial amounts of money, not least for their own workforce²⁰.
- 4.10 If we want to enable productive working lives and reduce the incidence of job loss because of chronic ill-health the priority must be to do all that is possible to stop making people ill at work in the first place. This needs to be a priority, freeing up the health service to concentrate on other important services.
- 4.11 That priority requires a reversal of current government policy. The Health and Safety Executive's (HSE) annual funding from central government has been cut by 12.5% for 2019/20, bringing the total reduction since 2009/10 to 46%. The money the HSE receives from its parent department, the Department for Work and Pensions (DWP), has been decreasing year on year.
- 4.12 HSE is becoming a shadow of its former self as a regulator. The cuts mean that HSE has to do much less than it used to, and is now relying on employers, the people it is meant to be regulating, to help it out. Local authority health and safety officers have also been cut back as part of the reduction of local authority services²¹ while trade unions reps have faced increased attacks on facility time and their rights despite clear evidence that their presence make workplaces safer²².
- 4.13 The last ten years has also seen huge attacks on health and safety legislation through the government's "red tape challenge" and Löfstedt Review. These attacks need to be reverse.

¹⁷ <http://www.hse.gov.uk/statistics/causdis/>

¹⁸ <http://www.hse.gov.uk/statistics/causdis/msd.pdf>

¹⁹ <http://www.hse.gov.uk/statistics/causdis/stress.pdf>

²⁰ <https://unitetheunion.org/news-events/news/2019/october/ambulance-staff-suffering-mental-health-problems-at-epidemic-levels/>

²¹ https://www.tuc.org.uk/sites/default/files/APPG_Local_Authorities_Report_2018_AW.pdf

²² <https://www.tuc.org.uk/research-analysis/reports/union-effect>

5. Legislation that needs review

5.1 As described above health is not separate from other areas of public policy including housing, working rights, the environment, social security, transport and education. Within this prism it is clear that many of the policies and legislation introduced over the last decade have had a negative effect on poorer and excluded groups²³.

5.2 Referring specifically to health legislation, Unite believes that there is an urgent need to repeal the disastrous Health and Social Care Act 2012. Unite supports the campaign for the NHS Reinstatement Bill²⁴ and to this end Unite has guardedly welcomed²⁵ the recognition from NHS England that the current legislative framework needs reform²⁶ and that in many cases is operating against the interests of patients and clinical services.

5.3 Unite has been firmly opposed to the Health and Social Care Act 2012 since it was first proposed and nothing that has happened since has persuaded us that this legislation is fit for purpose. Unite has consistently argued that the NHS should not be run on market principles and that the internal market, with its false division between provider and commissioners of NHS services, should be removed. This damaging legislation has directly caused many of the current problems facing the NHS, making the service, more fragmented, bureaucratic and cumbersome, with an unnecessary web of contract law, outsourcing and increasing levels of privatisation²⁷.

5.4 Unite believes however that current proposals for legislative reform from NHS England, do not go far enough. Government must repeal of the Health and Social Care Act in its entirety and commit to:

- reverse all privatisation including an immediate halt to all external commissioning followed by a complete audit of all contracts with the private and third sector, and bring these services back into public ownership. This should include ending the use of wholly owned NHS subsidiaries;
- remove the purchaser/provider split from the NHS;
- bring back public accountability including all public duties on the Secretary of State;
- a review of the vastly increased bureaucracy in the new system;
- remove the “freedoms” given to Foundation Trusts including their ability to raise income from private patients and set their own terms and conditions for staff.

5.5 Many subsequent decisions have continued to damage our health. These include the decision to cut both local authority funding wholesale and more specifically in public health service.

5.6 Unite is also concerned by the current reorganisations taking place outside of the legislative framework following the publication of the Five Year Forward View and NHS Long Term Plan. This has led to an array of new organisations and initiatives through a merry-go-round of acronyms - from Sustainability and Transformation Plans (STPs), to Accountable Care Organisations (ACOs) and now Integrated Care Providers (ICPs). Unite members have raised serious concerns about the lack of funding, transparency and accountability of this process, and the very real risks that it is leading to further cuts, reductions in services, fragmentation and privatisation.

²³ <https://www.theguardian.com/society/2019/jan/28/deprived-northern-regions-worst-hit-by-uk-austerity-study-finds>, and <https://www.theguardian.com/society/2017/nov/17/women-and-disabled-austerity-report-tax-benefits-reforms>

²⁴ <http://www.nhsbillnow.org/the-bill/>

²⁵ https://apps.groupdocs.com/document-viewer/Embed/0e9aa3270d75fae447c0bdd36db116b17c1bbec6f91236f0bce603984a648842?quality=50&use_pdf=False&download=True&print=False&signature=6ZLUMaaBV25BVpGim2D4NkcovTk

²⁶ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/650/650.pdf>

²⁷ <http://www.nhsforsale.info/contract-alert/contract-report-dec-2017.html>

- 5.7 Unite also disagrees with the parallel policy of centralising health and social care facilities as this has the potential to adversely affect access to care, particularly for low income and vulnerable people who do not have the access to transport to reach those services. Health and social care facilities should always be accessible through reasonable distances by walking, cycling, or affordable public transport and public transport that is accessible to disabled people.
- 5.8 While there are many other policies that have been shown to impact most acutely on the poorest and most discriminated against communities²⁸. Unite would like to particularly note the vindictive policy of Universal Credit which is causing so much hardship for those people being forced on to it, including many disabled people and those suffering from long term health issues²⁹. Unite has long argued that Universal Credit should be stopped and scrapped. This government policy has had a devastating impact on the health of people in England, especially on individuals and community's mental health³⁰.

6. Promoting healthier lifestyles

- 6.1 Many of the questions within this consultation refer to ways to promote healthier lifestyles - these include smoking cessation, drug and alcohol services, healthy diets and weight loss and exercise.
- 6.2 Unite can only reiterate that a major part of making improvements in these areas is through reversing the cuts to NHS and local authority services over the last ten years. As with health visiting, school nurses and sexual health service, other preventative and educational services that would support these aims have faced huge cuts. These include NHS smoking cessation services, drug and alcohol support, children's centres, youth services, leisure, public libraries, community centres and free activities for the elderly. The question about how to "raise funding" for smoking cessation services is therefore particularly galling, given that it was government cuts that have undermined a service that had made significant progress over the last few decades.
- 6.3 While Unite has policy on some of the specific areas raised – the need to regulate of e-cigarettes for example - as discussed above Unite would argue that many health issues have wider structural causes that need to be tackled simultaneously.
- 6.4 The food system is a case in point. Unite is campaigning for a food chain that is free from abuse of workers, and supports improvements in animal welfare and protection of the environment. Safe and healthy food systems are better for workers, consumers and employers. The challenges for the food sector are complex and urgent, and underpinned by inequality: inequality in the workplace, unequal access to affordable healthy food, and a rampant greed-driven corporate culture. The global food industry is notorious for low pay, poor working conditions, and poor health and safety for its workers.
- 6.5 A progressive UK food policy has to address this with clear principles on conditions for those employed in the food industry, including those in its global supply chains. Unite is clear that food quality and working conditions are inextricably connected, and is calling for 'Safe Healthy Food and High Quality Jobs'.
- 6.6 Unite negotiates with hundreds of food firms in the UK. It is a sector that is relatively under-organised and heavily reliant on agency labour. The sector has been marked by exploitative practices, particularly of migrant workers. Greater trade union and worker rights – and enforcement of those rights – can stop the 'race to the bottom' in working conditions by employers.

²⁸ <https://www.independent.co.uk/voices/austerity-budget-2018-chancellor-philip-hammond-universal-credit-nhs-a8607531.html>

²⁹ https://unitetheunion.org/media/2631/8869_universal-credit-report_a4_finaldigital.pdf

³⁰ https://twitter.com/Unite_MHNA/status/1049589426849017856?s=20

- 6.7 As the food industry is highly globalised, there are particular concerns for the food industry with regard to Brexit and the negotiation of future trade deals. Unite is demanding the Government retains the current EU framework of food safety law – including health and safety, food hygiene and animal welfare - that should then be built on further to the highest international standards.
- 6.8 Sadly this Government’s focus is on deregulation. Jobs in local and central government involved with food safety enforcement have been cut. A weakening of regulation, either through Brexit or through the negotiation of future deregulatory trade deals, will harm food and agriculture workers, as well as consumers. Food supply chains are long, complicated and global. Pathogens don’t respect borders; a food scare in the UK as a result of weak regulation will spread quickly around the world, affecting consumer and market confidence in major global firms employing millions of workers.
- 6.9 Enforcement of worker and trade union rights and other standards is crucial. There needs to be a change in political culture with regard to enforcement regimes and an improvement of the capacity of enforcement agencies to operate effectively. In a series of political choices, successive governments have encouraged a ‘light touch on business’ within enforcement agencies. Cuts to the public sector have complemented this light touch with a lack of resources for enforcement. For example, this means a firm could expect a visit from HMRC every 250 years. Despite agriculture having the worst safety record of any industry, HSE inspections of farms are extremely rare.
- 6.10 The UK food sector includes some of the most profitable firms on the planet, while its workers are in a race to the bottom on pay and conditions. At the other end of the food supply chain, UK farmers receive more than £3.4 billion a year in taxpayer subsidies via the Common Agricultural Policy, but the pay-outs have never been translated into decent pay for farm workers. Food workers often can’t afford the food they’re producing; so tackling food poverty starts with tackling poverty.
- 6.11 It is therefore clear that there is a crisis in basic access, not just to healthy food, but also to any food at all for increasing numbers of groups, with children in particular suffering. The rise of food bank use³¹ underlines this point. The cuts in provision for those in social care, the increasing numbers of children going hungry and the oversight of the needs of pregnant women can be traced to political choices around austerity and low pay, and reversing these is a priority.

7. Breastfeeding and support for mothers

- 7.1 As with other areas of public health, breastfeeding support services have been cut in many parts of the country³². The promotion and support for breastfeeding mothers is a key role for health visitors yet as described above their numbers continue to fall. School nurses also play an important role in educating young people about the value of breastfeeding.
- 7.2 The services need more funding to run public awareness campaigns and positive messages coming out through the media and other routes. Support must be adequately resourced at antenatal clinics and delivery suits.
- 7.3 Unite believes that there should be a legal right to breastfeed in all places accessible to the public and in all workplaces including public transport vehicles. Employers currently have legal requirements to safeguard the health and safety of pregnant workers and new mothers yet in practice many do not adequately comply. Specifically, employers must carry out a risk assessment related to expectant, new and nursing mothers (and the unborn or breastfeeding child) in good time. They should provide a private space for breastfeeding mothers to express milk, and also provide a safe and hygienic place for the milk

³¹ <https://www.trusselltrust.org/news-and-blog/latest-stats/>

³² <https://www.theguardian.com/lifeandstyle/2018/jul/27/breastfeeding-support-services-failing-mothers-due-to-cuts>

to be stored. Facilities should be conveniently situated in relation to sanitary facilities and, where necessary, include the facility to lie down.

- 7.4 According to the HSE there are health and safety risks to be considered for workers who are breastfeeding – for example organic mercury can be transferred from blood to milk causing a risk to a new baby if the mother was highly exposed before and during pregnancy. Such issues must be taken into account when doing risk assessments and the risk assessment should be reviewed regularly, particularly if breastfeeding continues for some months after the birth.
- 7.5 Public health policy should support trade unions in negotiating for these facilities as well as agreements to prevent long working hours, shift work and night work affecting the health of new and expectant mothers and breastfeeding mothers. Temporary adjustment of working hours and/or shift patterns, as well as prevention of heat stress should also be included.

8. Mental Health

- 8.1 The UK is experiencing a mental health crisis and yet mental health services have also experienced substantial cuts over the last decade (drug and alcohol services for example³³). Much of these cuts have been within preventative services. Unite fully supports achieving parity of esteem for mental health services integrating mental health considerations into all physical health and social health policies but such moves are not free and require the service to be adequately funded.
- 8.2 The government is making the mental health crisis worse through cuts in funding, services and support and by creating a more insecure society. The government has directly contributed to the crisis in our mental health services and will not commit the funding necessary to or reverse the policies that would begin to tackle the issue.
- 8.3 As discussed above experience at work is playing a major part in this crisis. The recent Mental Health at Work 2019 report, produced by the Prince's Responsible Business Network found that 2 in 5 employees have experienced poor mental health where work was a contribution factor in the last year, 62% of managers faced situations where they put the interests of their organisation above the wellbeing of their colleagues and 24% of employees cited bullying and harassment from their manager as a cause of work-related poor mental health. Only 11% of managers in the UK had received training on understanding workplace stressors³⁴.
- 8.4 The 2017 Stevenson / Farmer review of mental health and employers³⁵ for the government found that the cost of poor mental health to government is between £24 billion and £27 billion which include costs in providing benefits, falls in tax revenue and costs to the NHS. One of its core recommendations to employers is for them to *“provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development”*
- 8.5 Preventative activity on mental health therefore must go far further than the recent obsession with wellbeing and self-care. It must recognise that there are structural problems with our society and the labour market that are driving mental ill health and more must be done to tackle them. This could include serious campaigns to promote a better work-life balance with employers, reducing the working week and improvements to management behaviour and workplace cultures. It also needs to include better pay and conditions and real action to end poverty and discrimination.

³³ <https://www.bbc.co.uk/news/uk-england-44039996>

³⁴ <https://wellbeing.bitc.org.uk/system/files/research/bitc-wellbeing-report-mhawmentalhealthworkexecsummary2019-sept2019.pdf>

³⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

- 8.6 Unite has run a series of recent survey of members in a range of sectors that show the impact of work-related mental health on individuals, their families and their employers³⁶. These highlight the links between stress and a wide range of issues from sleep deprivation to family break down and divorce.
- 8.7 People with mental health problems face high levels of discrimination. This is compounded as discriminated against groups such as black and ethnic minority communities and LGBT people who are also at far greater risk of having mental health problems due to the discrimination they face.
- 8.8 Unite's recent survey report of Universal Credit claimants also highlight the impact this punitive policy is having on mental health³⁷.
- 8.9 Unite is campaigning to improve mental health at work across the economy and has signed up to the Equally Well UK charter and also supports the Money and Mental Health Policy Institute campaign against #DebtThreat letters.

9. Integrated public services

- 9.1 Unite support a return to public ownership for many public services including transport, utilities and local authority services like housing, leisure and refuse. One of the major benefits of direct public provision of services is the ability to integrate services within wider policy aims including public health. It means there can be the integration of services for the benefit of the public they serve rather than fragmentation between different competing companies or organisations.
- 9.2 Such a system would mean greater scope to improve social, environmental and health outcomes for communities. For example through real action to tackle climate change, cheaper energy bills and better housing, cleaner and more affordable public transport, ending fuel poverty, warm and safe homes, clean air, social mobility and access to services and jobs.
- 9.3 Water is a case in point, where renationalisation could support wider public health aims by improving the quality of our drinking water such as through proposals for fluoridation. Unite believes that water services should be required to deliver on national standards of water quality and environmental impact as part of our wider public health agenda.
- 9.4 Another area where well-resourced and integrated public services can help is environmental policy and clean air. Unite is gravely concerned about the issue of air quality, especially the carcinogenic nature of diesel fumes and particulate matter. All workers who are exposed to these fumes at work run a greater than average risk of contracting cancers not just in the respiratory tract but also ones that can affect other major organs of the body. Drivers are particularly at risk as they endure the fumes from other vehicles throughout their working day. This issue is not just restricted to drivers, but also includes warehouse workers, garage engineers, construction workers near diesel generators and numerous other professions.
- 9.5 Unite also believes that urgent action must be taken on climate change which is one of the biggest issues facing the world today, including in relation to its impact on human health. Unite supports Labour's policy commitments on working towards net zero carbon emissions by 2030.

³⁶ <https://unitetheunion.org/news-events/news/2019/may/charity-workers-suffering-an-epidemic-of-mental-health-issues-and-stress-survey-reveals/>, <https://unitetheunion.org/news-events/news/2019/june/housing-association-survey-highlights-anger-over-pay-squeeze/> and <https://unitetheunion.org/news-events/news/2019/september/workers-being-pushed-to-exhaustion-and-beyond-new-unite-survey-reveals/>

³⁷ https://unitetheunion.org/media/2631/8869_universal-credit-report_a4_finaldigital.pdf

10. Healthy aging and pensions

- 10.1 A decent dignified and healthy old age should be a right for all people. Public services should promote higher expectations of the quality of life in old age so that people do not think they have to accept inadequate provisions. This should include obligations on the NHS to reduce “iatrogenic ageing” – the situation where treatable illnesses are put down to old age.
- 10.2 Social networks are of central importance to promoting good mental and physical health particularly for elderly people. There should be a coordinated strategy of promoting social networks to help prevent loneliness which is a serious issue for elderly people. For this to be a reality we urgently need to rebuild local authorities’ services that provide support for elderly people who need it. This must include services such as universal access to social care, transport support, meals on wheels, and support for leisure, social and community activities to prevent loneliness and encourage mobility. Access to transport is also important for older people.
- 10.3 Unite members in public health report that more needs to be done to support physical activity as this has been shown to reduce frailty. Part of that must be for initiatives to make age friendly and dementia friendly cities. The false economy of local authority cuts mean that cuts to road maintenance, snow clearance and gritting services are likely to be undermining falls prevention strategies and making our cities less accessible to elderly and disabled people.
- 10.4 Crucial to promoting good health for elderly people is the need to tackle pensioner poverty and create a universal right to decent pensions.
- 10.5 Sadly there is a continuing trend for companies to reduce the terms of, and curtail access to, defined benefit pension schemes. Unite is campaigning to oppose rises to the pension age for both state and private pensions and seeks greater flexibility in retirement ages on terms which give all members a reasonable choice.
- 10.6 Health policy and pension ages should take account of the fact that life expectancy, and the associated ability to prolong a healthy working life, varies widely by income, by occupation and by geographical area.
- 10.7 Raising pension ages disproportionately restricts the ability of those less-advantaged in pension terms to retire, and also reduces their lifetime pension income relative to those who are more advantaged.
- 10.8 The Basic and New State Pension should be enhanced to reinforce its role as the foundation of an adequate pension system. Unite believes in the immediate restoration of the ‘earnings link’ to ensure pensioners receive a share of rising living standards. Unite also supports the demands of the WASPI women – the 2.5 million women born in the 1950s who had their state pension age changed without fair notification.
- 10.9 Unite is also calling for auto-enrolment pension contribution levels to rise in order to avoid pensioner poverty. There must be a minimum of 15% pension contributions needed to avoid future pensioner poverty which is backed up by a report by the Independent Review of Retirement Income (IRRI).

14/10/2019

Colenzo Jarrett-Thorpe and Jacalyn Williams
National Officers for Health, Unite the Union

For further information on this written response, please contact:

James Lazou, Research officer, James.Lazou@unitetheunion.org

Unite the Union, Unite House, 128 Theobalds Road, Holborn, London, WC1X 8TN