
Health and Gender

A pre-budget briefing for the Women's Budget Group

March 2020

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Briefing from the **UK Women's Budget Group** on the impact of changes in health policy on women

Key points

- Over the last decade **health services have seen some of the lowest spending increases** in their history.
- Budgets rose by 1.5 per cent each year on average in the 10 years between 2009/10 to 2018/19, compared to the 3.7 per cent average rises since the NHS was established.
- In June 2018, the government announced **an additional £20bn in real terms for the NHS in England in the five years to 2023/24**.
- This was followed by an announcement in the spending review of an additional £33.9bn for the NHS by 2023/24.
- While this additional spending is significantly higher than funding increases over the past eight years, it is still below the historical average and **below the 4% annual increase that the King's Fund and others have argued is required** to improve services after years of underfunding.
- As a result of sustained underfunding **health services remain severely strained and women – as the majority of patients, staff and unpaid carers – have borne the brunt of these impacts**. This has had a number of profound effects, including on life expectancy. Recent data shows that more older people, particularly older women, are dying than expected given historical trends.

NHS funding

Since the financial crisis, funding for the Department of Health and Social Care has been at a historically low level. Between 2009/10 and 2018/19 budgets rose by 1.5% a year on average. This compares to 3.7 per cent average rises since the NHS was established.¹

In the 2019 Spending Review the Chancellor announced increased spending of £33.9bn for the NHS by 2023-24. This was in addition to the £20bn by 2023/4 announced in June 2018 and confirmed in the 2018 Budget. The June announcement follows additional funding of £6.3bn over five years outlined in the Autumn 2017 budget.²

This increase of 3.4% is less than the long-term historical growth of 3.7% and less than the Kings Fund has estimated is needed to improve services (4%).³

The sustained low increases to NHS funding have meant it has not been able to keep up with rising demand from a growing and aging population with increasingly complex health needs.

Under austerity measures, NHS providers moved from an aggregate £2bn surplus in 2010 to a £2.5bn deficit in 2015/16. While deficits have fallen since then, NHS providers ended 2018/19 with a £571 deficit. And clinical commissioning groups overspent by £155 million.⁴

Years of inadequate funding have taken their toll,⁵ with waiting times rising, access to some services restricted and general practice, community and mental health services all under strain. According to NHS Providers, recovering lost ground (e.g. in missed targets, restoring financial deficits, boosting diminished workforce, managing estates risks) will take up most, if not all, of the additional NHS

¹ Kings Fund, 2019, The NHS budget and how it has changed, <https://bit.ly/2PAHorG>

² M. Kershaw (2018) *The perpetual winter's tale* The Kings Fund, <https://bit.ly/2HgRACc>

³ The Kings Fund (6 June 2018) 'An open letter: a long-term funding settlement for the NHS' (<https://bit.ly/2ucu80v>)

⁴ Kings Fund, 2019, How is the NHS performing? July 2019 quarterly monitoring report, <https://bit.ly/34conjB>

⁵ "The Autumn Budget: joint statement on health and social care" by Nuffield Trust, The Health Foundation and The Kings Fund, and see 2017 WBG entry on health

spending and so restrict any options for more substantial reform.⁶

NHS Services

NHS services are under severe strain meaning that many of the standards for patient care set out in the NHS Constitution have been missed.

Waiting lists have grown year on year since 2009/10. By March 2019 4.3 million people were waiting for elective, consultant led, care.⁷

Similarly, the standard that 92% of patients should start treatment within 18 weeks of referral has not been met since February 2016. At the end of March 2019, 86.7% of patients started treatment within 18 weeks of referral. 1,154 patients were waiting more than a year.⁸ The standard that 85% of patients should begin definitive treatment for cancer within 62 days of referral has not been met since 2013/14.⁹ In 2018/19 79.1% of patients began treatment for cancer within 62 days of referral.¹⁰

The standard that 95% of patients at Accident and Emergency should be seen within four hours was last met in 2015. The latest data for May 2019 show only 7 of 119 trusts with major A&E departments met the four-hour standard. Only 86.6 per cent of patients were seen within four hours.¹¹

Bed occupancy rates for April-June 2019 were 87.9% for all beds and 90.0% for general and acute beds.¹² Occupancy above 85% is reported to compromise patient safety.¹³

There are some ways in which female patients have been disproportionately affected. Although they have a longer life expectancy, women are more likely than

men to experience ill-health and require health services.¹⁴ The English Longitudinal Study of Ageing (ELSA) found that 36% of women and 30% of men aged over 50 reported a limiting long-standing illness in 2014/15.¹⁵ In 2018/19, women made up 54.6% of admissions to hospitals (defined by finished consultant episodes).¹⁶

Admission to hospital to give birth is the single largest cause of admission to NHS hospitals in England.¹⁷ Evidence indicates that nearly half of England's maternity units closed to new mothers at some point in 2017. Capacity and staffing issues were the most common reason.¹⁸

Women are also more likely to use GP services than men. Research shows that the GP consultation rate for women is 32% higher than for men, in part due to reproductive-related consultations.¹⁹ GP numbers per head of population have been falling from a high of 67 in 2009 to 60 in 2018.²⁰

Public Health

The 2019 spending round included a commitment to 'a real terms increase to the Public Health Grant budget' but did not specify the amount. In 2013, responsibility for delivering public health services was transferred to local councils. These have seen extensive funding cuts across the board leading to cuts in spending on public health services.²¹

In 2015, commissioning of health visiting was transferred to local authorities. Since then the workforce is reported to have fallen by 20%. This is particularly significant for infant and perinatal mental

⁶ NHS Providers (July 2018) *The NHS Funding Settlement: Recovering Lost Ground* <https://bit.ly/2KTrmHG>

⁷ Kings Fund, 2019, The NHS misses its new target for planned elective care, <https://bit.ly/2pwsLER>

⁸ NHS England, 2019, NHS referral to treatment (RTT) waiting times data March 2019 <https://bit.ly/2pmWCpT>

⁹ C. Ham and R. Murray (2018) *The NHS 10-year plan: how should the extra funding be spent* Blog for The Kings Fund, <https://bit.ly/2OVpMHd>

¹⁰ NHS England, 2019, Waiting Times for Suspected and Diagnosed Cancer Patients

2018-19 Annual Report, <https://bit.ly/2pA5cBo>

¹¹ NHS England, 2019, A&E Attendances and Emergency Admissions May 2019 Statistical Commentary, <https://bit.ly/2WwtpF5>

¹² NHS England, 2019, Bed Availability and Occupancy – Quarter ending 30th June 2019 (<https://bit.ly/36mngac>)

¹³ Health Services Journal (May 2018) *NHS bed occupancy rates reach worst ever level* <https://bit.ly/2A4WcGQ>

¹⁴ Touchstone (2017) *Ill health is a class and gender issue*

<http://bit.ly/2zJU33E>

¹⁵ Institute for Fiscal Studies (2016) *The Dynamics of Ageing*

<http://bit.ly/2ATyY55>

¹⁶ NHS Digital (2019) *Hospital Admitted Patient Care Activity 2018/19*

<https://bit.ly/36p4FD7>

¹⁷ Institute for Fiscal Studies (September 2017) *Under pressure? NHS maternity services in England*

<https://bit.ly/2gViv13>

¹⁸ The Royal College of Midwives (August 2018) *Maternity unit closures highlighted in new data*

<https://bit.ly/2RJ4YkE>

¹⁹ Y. Wang, K. Hunt, I. Nazareth, N. Freemantle, I. Petersen (2013) *Do men consult less than women? An analysis of routinely collected UK general practice data*, *BMJ*

<https://bmjopen.bmj.com/content/3/8/e003320>

²⁰ Nuffield Trust, 2019, Is the number of GPs falling across the UK?

<https://bit.ly/2WB0cHk>

²¹ Local Government Association (2018) *Local government funding Moving the conversation on*

<https://bit.ly/2C9VuJW>

health.²² Health visitors play an important role in promoting breastfeeding which has significant health benefits for mothers and babies.²³ The UK has one of the lowest breastfeeding rates in the world. The percentage of infants 0 to 5 months who are fed exclusively with breast milk is just 1% compared with 34% in Portugal.²⁴ Health visiting and midwifery are also important to promote the health of pregnant women, such as helping them to stop smoking or to promote healthy weight in women of childbearing age. In a study comparing health and wellbeing in early childhood in 15 countries, the UK had the fourth highest neonatal mortality rate.²⁵

Life expectancy

There has been some concern around rising mortality rates in England and Wales. Life expectancy has consistently increased since it was first measured in the mid-19th century aside from interruptions due to the world wars. This trend appears to have slowed, or even stopped, since 2014. A sharp rise in mortality in 2015 meant that life expectancy at birth actually fell before it recovered in 2016. More older people, particularly older women, are dying than expected given historical trends.²⁶ ONS life expectancy figures published in March 2019 showed that the life expectancy for women in the poorest parts of the country is falling.²⁷

While life expectancy increase is slowing in many countries, evidence from the ONS comparing trends in 20 countries found that females in the UK saw the greatest slowing, with improvements reducing by 90%.²⁸ Research comparing life expectancy in the UK with that of 10 other European countries found that male life expectancy was broadly similar to that of the comparator countries. Female life expectancy, however, was lower in the UK than in the other ten

countries. A girl born in the UK in 2015 could expect to live 2.9 years less than one born in Spain.²⁹

There is a significant gap in healthy life expectancy (years lived in good health) between the richest and poorest parts of England. Healthy life expectancy for both women and men in the richest areas is 70.4 years. In the poorest areas healthy life expectancy for women is 52 years and for men 51.7 years.³⁰

This means that women in the poorest 10% of areas in England can expect 26.7 years of poor health at the end of their lives compared to men in the richest 10% who can expect 12.9 years of poor health at the end of their lives.

Mental health services

Three quarters of people who care for a person with a mental health problem are women. Women are twice as likely to experience anxiety disorders as men and two thirds of people with dementia are women.³¹

There is an emerging crisis in mental health of young women and girls. In England, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders. While three quarters of suicides are male, the suicide rate for females in England aged between 10 and 29 rose from 2.7 per 100,000 in 2012 to 3.2 per 100,000 in 2015.³² There are considerably higher rates of self-harm in girls than boys (37.4 per 10,000 compared with 12.3) and there has been a marked increase in self-harming in girls, particularly in girls aged 13-16 where the incidence of self-harming increased by 68% between 2011 and 2014. Children and adolescents that self-harm were 17 times more likely to die by suicide. The incidence of self-harm was highest in the most deprived localities.³³

²² Nursing Times (September 2018) *Health visitors 'deserve a space back in the NHS' say leaders* <https://bit.ly/2NQjrsQ>

²³ Institute of Health Visiting (June 2015) *Health visitors are essential in raising the profile of breastfeeding* <https://bit.ly/2pKkVps>

²⁴ R. Cheung (2018) *International comparisons of health and wellbeing in early childhood* Report for Nuffield Trust <https://bit.ly/2peiHU5>

²⁵ R. Cheung (2018) *International comparisons of health and wellbeing in early childhood* Report for Nuffield Trust <https://bit.ly/2peiHU5>

²⁶ V. Raleigh (2017) *Why have improvements in mortality slowed down?* Blog entry for The Kings Fund <https://bit.ly/2Pu16UP>

²⁷ ONS, 2019, *Health state life expectancies by national deprivation deciles, England and Wales: 2015 to 2017*, <https://bit.ly/2N8bUrr>

²⁸ Office for National Statistics (2017) *Changing trends in mortality: an international comparison: 2000 to 2016* <https://bit.ly/2OLYiRk>

²⁹ R. Cheung (2018) *International comparisons of health and wellbeing in early childhood* Report for Nuffield Trust <https://bit.ly/2peiHU5>

³⁰ ONS, 2019, *Health state life expectancies by national deprivation deciles, England and Wales: 2015 to 2017*, <https://bit.ly/2N8bUrr>

³¹ Mental Health Foundation (2017) *Women and Mental Health* <http://bit.ly/2imFx8l>

³² The Telegraph (October 2017) *'Heartbreaking' 68pc rise in self-harm among young teenage girls* <http://bit.ly/2jwOXli>

³³ Morgan, C., M. Carr, J. Green, C. Chew-Graham, N. Kapur, D. Ashcroft (2017) *Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care* *BMJ*, 359 <http://bit.ly/2hEyBq8>

One in five mothers experiences a mental health problem during pregnancy or in the first year after childbirth, and suicide is the leading cause of death for women during this period.³⁴

Historically, mental health has been 'chronically underfunded', accounting for 28% of the burden of disease in the UK but only 13% of the total budget allocated to Clinical Commissioning Groups (CCGs).³⁵ The former government stated that mental health is a key priority and announced in 2011 an ambition to achieve 'parity of esteem' between mental and physical health by 2020. According to the NHS 2014 Five Year Forward View plan, overall mental health funding was to increase by £1.4bn in real terms. However there are concerns that this is not reaching frontline services.³⁶ Mental health funding has generally not been ring fenced, which means it could be diverted for purposes other than mental health, such as to pay off large deficits in the acute sector. Many CCGs seem to be either spending the same or a smaller proportion of their budget on mental health.³⁷ Research by the BMA shows that between 2013/14 and 2015/16 around 40% of mental health trusts saw year-on-year reductions to their income.³⁸

Unlike acute (hospital) trusts, mental health trusts appear to have avoided going into deficit but this seems to have been at the expense of care quality and access. A survey by the King's Fund found that 40% of respondents from mental health and community trusts planned to reduce the number of permanent clinical staff and there has been a significant reduction in the number of experienced nurses.³⁹ In 2017, there were 7,000 fewer mental health nurses than in 2010.⁴⁰ Over the same period there was a rise in referrals to community mental health teams in England of 20%. There has been a 13% reduction in

mental health nurses between September 2009 and August 2017. In 2018/19 around one in eight nursing and medical posts in NHS mental health providers were vacant.⁴¹

Slow funding growth for NHS mental health providers has meant a restructuring of care to reduce costs, resulting in some cases to reduced access to services.⁴² For example, it has been reported that there has been a strong emphasis on reducing bed numbers as these are the most expensive component of the mental health system.⁴³ A 72% reduction in the number of overnight mental health beds between 1987/8 and 2016/7 reflects a shift to a focus on community care treatment but this is not reflected in an increase in the capacity of community services.⁴⁴

The impact of inadequate funding for mental health includes widespread evidence of poor-quality care, bed occupancy above recommended levels, community services unable to provide sufficient levels of support to compensate for reductions in beds, and high numbers of out-of-area placements for patients that have a detrimental impact on patients and are associated with an increased risk of suicide. According to a 2016 report by the NAO, just 25% of people needing mental health services have access to them.⁴⁵

The reduction in staff numbers and high levels of stress reported among staff is affecting their ability to treat patients with patience and empathy.⁴⁶ A 40% increase in detentions under the Mental Health Act between 2005/6 and 2015/6 is in part attributed to changes in mental health services and reduced bed provision.⁴⁷

³⁴ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPg>

³⁵ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPg>

³⁶ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPg>

³⁷ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPg>

³⁸ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPg>

³⁹ The King's Fund (2016) *Trust finances raise concerns about the future of the Mental Health Taskforce recommendations* <http://bit.ly/2AMuLzn>

⁴⁰ Full Fact (July 2017) *Are mental health nurse numbers down?* <http://bit.ly/2ASgMIV>

⁴¹ NHS England, 2019, Quarterly performance of the NHS provider sector: quarter 4 2018/19, <https://bit.ly/2NvabdU>

⁴² H. Gilbert (2018) "Funding and staffing of NHS mental health providers: still waiting for parity" Report for The King's Fund <https://bit.ly/2Fht0Xz>

⁴³ The Guardian (July 2018) "Too little money, too few beds. Why mental health is in crisis" <https://bit.ly/2NFA36d>

⁴⁴ The Guardian (July 2018) "Too little money, too few beds. Why mental health is in crisis" <https://bit.ly/2NFA36d>

⁴⁵ NHS Providers (2016) *The State of the NHS Provider Sector* <http://bit.ly/2iosQtS>

⁴⁶ The King's Fund (2015) *Mental health under pressure* <http://bit.ly/2z7l69b>

⁴⁷ Care Quality Commission (January 2018) *Ongoing rise in detentions under Mental Health Act may be symptomatic of a system 'under considerable strain'* <https://bit.ly/2lQkvLM>

Women as staff

The NHS is the world's fifth largest employer with 1.7m employees, including around 140,000 doctors and 300,000 nurses and midwives.⁴⁸ Staff pay accounts for between 60% and 70% of hospitals' overall costs.⁴⁹ As such, financial pressures have affected employees. While women make up 47% of the working population, 77% of the NHS workforce is female. In England, 43% of doctors are women.⁵⁰ However, only 5% of female staff are doctors and dentists compared with 22% of male staff.⁵¹ In 2018, 89% of nurses and midwives were female.⁵²

From 2010 to 2018, NHS staff were under a 1% public sector pay cap which led to a decline in real wages of around 14% over this period. In March 2018, the then Health Secretary, Jeremy Hunt, proposed a three-year pay deal of between 6.5% and 29% for NHS staff, affecting all NHS staff on what are called 'Agenda for Change' contracts. These cover all staff except doctors, dentists and very senior managers.⁵³ The £4.2bn deal is reported to be fully funded rather than requiring cuts to other budgets.^{54,55} After negotiations, the terms and conditions were accepted on 27 June 2018.⁵⁶

While the wage increase is welcomed, there is a long way to go to close the gap created by successive pay cuts. Across the NHS as a whole there were 96,000 vacancies at March 2019.⁵⁷ The NHS spent £2.4bn on agency staff in 2018/19, down from £3.6bn in 2015/16 but still £300m more than in 2009/10.⁵⁸

The decline in the number of nurses and midwives registered by the Nursing and Midwifery Council has been reversed in the last year with registration increasing by around 8000 people.⁵⁹ Slightly more nurses and midwives joined the profession in

2018/19, reversing the trend of previous years. This was the result of a significant increase in staff from outside the UK and EU (6,157 joined in 2018/19).⁶⁰ Among UK staff 571 more people left nursing than entered the profession.

The decline in UK staff entering nursing can be in part attributed to a government decision to stop providing bursaries for student nurse training from 2017. Data from UCAS indicated a decline of almost 23% and a further reduction 13% in 2018. In 2019 there was a slight increase of just over 5%, but this still represents a fall of 13,000 applications between 2016 and 2019.⁶¹

Among EU staff there has been a significant fall in registrations since the Brexit referendum. The proportion of nurses from the EU rose dramatically between 2009 and 2014. By 2015/16, almost a third of newly registered nurses in the UK had trained in the EEA.⁶² Since 2016 the number of EU nationals registering with the NMC each year has fallen from 9389 to 968. In the year to March 2019, 3333 left the register.⁶³

The UK has fewer nurses relative to the population than the OECD average. One of the main reasons that staff are leaving the profession is poor working conditions which include pay, short staffing and training cuts.⁶⁴ In mental health, staff sickness is common among nursing staff with stress and anxiety related issues one of the most frequently stated causes of absence.⁶⁵

Research from the University of Southampton finds that lower staffing levels are associated with higher patient mortality, with 'care left undone due to lack of time' identified as the 'missing link' in understanding

⁴⁸ The Nuffield Trust (2018) *The NHS workforce in numbers* <https://bit.ly/2yhKVns>

⁴⁹ The King's Fund (October 2017) *Falling number of nurses in the NHS paints a worrying picture* <http://bit.ly/2jwAbLe>

⁵⁰ The King's Fund (2017) *Overview of the health and social care workforce* <http://bit.ly/2zMw9V8>

⁵¹ NHS Employers (2017) *Gender in the NHS* <http://bit.ly/2jxHBht>

⁵² Nursing & Midwifery Council (2018) *The NMC Register* <https://bit.ly/2PYpU6H>

⁵³ Full Fact (April 2018) *NHS pay: what's the deal?* <https://bit.ly/2CFRO3Z>

⁵⁴ Sky News (21 March 2018) *Unions to recommend 6.5% NHS pay rise* <https://bit.ly/2NCARlo>

⁵⁵ NHS Providers (March 2018) *NHS pay deal must be fully funded* <https://bit.ly/2OUWbxz>

⁵⁶ NHS Employers (2018) *2018 contract refresh* <https://bit.ly/2A5vAFH>

⁵⁷ NHS 2019 Performance of the NHS provider sector for the year ended 31 March 2019, <https://bit.ly/36n4ok1>

⁵⁸ NHS 2019 Performance of the NHS provider sector for the year ended 31 March 2019, <https://bit.ly/36n4ok1>

⁵⁹ NMC, The NMC register 31 March 2019, <https://bit.ly/2C4KSua>

⁶⁰ NMC, The NMC register 31 March 2019, <https://bit.ly/2C4KSua>

⁶¹ UCAS, 2019, Summary statistics of nursing applicants, <https://bit.ly/2r3DHAM>

⁶² The Nuffield Trust (2018) *The NHS workforce in numbers* <https://bit.ly/2yhKVns>

⁶³ NMC, The NMC register 31 March 2019, <https://bit.ly/2C4KSua>

⁶⁴ The Guardian (9th March 2018) *NHS staff offered 6.5% pay rise over three years if they forfeit day's holiday*. <https://bit.ly/2Hk51xz>

⁶⁵ H. Gilbert (2018) *Funding and staffing of NHS mental health providers: still waiting for parity* Report for The King's Fund <https://bit.ly/2FHt0Xz>

variation in hospital mortality rates.⁶⁶ It is vital that decisions around how the additional NHS funding is allocated takes into consideration the important role played by staffing levels.

Conclusion

Health services are under severe strain as a result of sustained underfunding. The NHS has seen the lowest increases in spending in its history in the last decade, below the level estimated to be necessary for improving services. Women are disproportionately affected as they are the majority of staff, patients and carers.

While the announcement of increased spending on the NHS is welcome, it is not enough to offset the underfunding of previous years. The Government should ensure that funding for the NHS is sufficient to improve services including investing in training and adequate salaries for staff.

This is an updated version of our 2018 briefing

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⁶⁶ Ball, J. et al (2017) Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study' *International Journal of Nursing Studies* <http://bit.ly/2zK97Po>