

# ▶ HSC Public health submission

## ▶ Submission to the Health Select Committee on the impact on public health post 2013 of the Health and Social Care reforms

### Submission by London Councils

London Councils represents London's 32 borough councils and the City of London. It is a cross party organisation that works on behalf of all its member authorities regardless of political persuasion.

#### Introduction

1. London Councils welcomes the opportunity to submit views to the Health Select Committee on the impact on public health of the post 2013 reforms.
2. We would like to put forward the London HIV Prevention Programme as a case study for the Committee's further consideration. Further details of the Programme are included in this submission.

#### The delivery of public health functions

3. It has never been more crucial to have good public health and to invest in prevention to achieve it. Some facts about public health in London:
  - London has the highest rate of childhood obesity of any peer global city and the highest rate of childhood obesity in the country. In reception (age four to five), 23.1 per cent of London children (12,510 children) were overweight or obese in 2013/14 compared to the English average of 22.5 per cent. Things get worse as they get older - by the time they reach Year 6 (age 10 to 11), more than one in three (37.4 per cent) of London's children are overweight or obese compared to the English average of 33.3 per cent
  - 8,400 Londoners die due to smoking related illness every year, and £2 billion is currently spent in England in the NHS on smoking related illness every year<sup>1</sup>.
  - There were 113,381 new sexually transmitted infections (STIs) diagnosed in London in 2014.
  - Almost half of all new HIV diagnoses in England in 2014 were in London (2,671). The key risk groups are men who have sex with men (MSM) and black African heterosexuals. HIV prevalence is higher in London than anywhere else in England, and 19 of the 20 Local authorities with the highest diagnosed prevalence rates of HIV in England are in London.

<sup>1</sup> [http://www.ash.org.uk/files/documents/ASH\\_95.pdf](http://www.ash.org.uk/files/documents/ASH_95.pdf)

4. London is keen to fulfil the aspirations of London CCGs and NHS England (London) of becoming the healthiest global city. To do so, it must overcome public health challenges unique to the capital:
  - The size of the population – in 2015 London’s population surpasses its previous peak of 8.6 million people and is growing at 8,000 people per month<sup>2</sup>
  - The average age of the population - London has twice as many 25 to 29 year-olds as the rest of the UK, and this age group is much more likely to be exposed to public health risks such as sexually transmitted infections (STIs)
  - Population churn – London experiences high levels of population turnover, with churn in some boroughs as much as a third in any one year
  - The demographic make-up – there are more than 300 languages spoken in London and more than 50 non-indigenous communities with a population of 10,000 or more. Public health messages and interventions must be tailored to effectively meet the needs of numerous different audiences.
  - HIV prevalence - almost half of all new HIV diagnoses in England in 2014 were in London, and HIV prevalence is highest in the capital
  - Childhood obesity – London has the highest rate of childhood obesity of any comparable global city.

#### What does London want to achieve?

5. London local government welcomed the opportunity to take responsibility for public health from April 2013. For local authorities to improve public health, they need:
  - to be clear about what is best for their local population and for London
  - a strong local framework to deliver public health, focussing on better outcomes for residents and working with partners to achieve a transformation in the way health and care services are delivered
  - to have adequate funding to carry out the public health measures needed.
6. London is ambitious in its aims for devolution and public services reform for local authorities, as set out in the [London Proposition](#). A new burden such as that of taking on the public health grant through local business rates must be accompanied by properly planned mechanisms to ensure the transition is smooth.
7. Last year local government and NHS partners in London, through the London Health Commission, agreed joint ambitions to improve the health of Londoners, as part of a shared aspiration to make ours the healthiest global city. Lord Darzi identified prevention as a critical component, with public health being at the heart of it. We want to reduce childhood obesity by 10 per cent, help a fifth of Londoners to achieve recommended rates of physical activity, and gain one million working days lost to sickness absence.

<sup>2</sup> <http://data.london.gov.uk/dataset/population-change-1939-2015>

## The effectiveness of local authorities in delivering the envisaged improvements to public health

8. Boroughs have a track record of making savings by transforming services, promoting integration and identifying efficiencies, in line with the Government's aim to reduce the national debt.
9. Properly funding public health prevention programmes saves money for future health and care costs as well as improving people's wellbeing. One great example of London boroughs working together to provide better public health services while offering greater value for money is the London HIV Prevention Programme (LHPP). It provides public health interventions through a number of non-traditional channels, using the powers and breadth of action only available to local government. For example, it works with local authorities to use their large advertising billboards at vastly reduced rates, as well as working with specialist social media sites such as Grindr and specialist print, again commanding much reduced advertising rates, due to the strength and breadth of the campaign across the whole of London.
10. The LHPP is run by Lambeth Council on behalf of all 33 London boroughs and is funded jointly by all boroughs. It provides:
  - Media and communications on HIV for all Londoners, encouraging them to use condoms and to get tested for HIV through the [Do it London](#) campaign. Specific campaigns are targeted at the key at-risk groups of MSM and black African communities, and communications are used in the most effective ways to reach them.
  - Condom procurement and distribution. These are commissioned for the whole of London by the LHPP, thus achieving great economies of scale and a standard high quality product across the capital
  - Targeted digital and risk-focused outreach.
11. The campaign has realised considerable savings compared to previous prevention programmes and has a very strong track record in securing value for money. It has negotiated contracts securing a significant increase in productivity at a greatly reduced cost compared to the pre-2013 NHS-led London programme. For example, the LHPP is increasing condom distribution by 36 per cent, lubricant distribution by 46 per cent, face to face contacts by 219 per cent, and total contacts by 727 per cent. The pre-2013 NHS-led budget for London was £2.3m per annum in 2011/12. Under the LHPP the budget is an average of £1.13m per annum - less than half.
12. Other examples of local authorities effectiveness in delivering improved public health are around combating rising childhood obesity. This is a major challenge for London as we have the highest rate of childhood obesity of any peer global city, and the highest rate in the country.
13. Overweight and obese children are likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood, resulting in greater costs to NHS and care budgets. Diabetes UK estimates that by 2025, the number of people with diabetes in London will rise to over 500,000. The current cost of direct patient care for those with diabetes in the UK is around £9.8 billion per annum. The

indirect costs, including costs for increased death and illness, work loss and the need for informal care, are estimated at £13.9 billion per annum<sup>3</sup>.

14. It is vital, therefore, that local authorities are given the means to combat childhood obesity, to improve the health of Londoners and take preventative action to stem the tide of future NHS and care costs. One example is Hackney's Health Heroes programme, which helps boost schools pupil's activity levels by encourage them to spend more time in local green spaces, and reducing their 'on-screen' time<sup>4</sup>. Evaluation of the programme is showing real progress, with over 60 per cent of children taking part in one particular programme significantly reducing their waist measurement since starting.
15. Another example is Charlton Manor School in Greenwich, which encourages children to grow their own food at school, and engages with parents and children to improve both school and family meals. The school also encourages increased involvement in exercise, and the proportion of children who are overweight at Charlton Manor is much lower than the London average, as shown through their child measurement statistics.
16. The challenge is based on the kind of personalised interventions that are usually best designed at a local level. It requires a combination of support and action, drawing on good practice in other boroughs, and involving individuals, families and communities.
17. There are many interesting interventions to improve public health that are inherently dependent on the powers and breadth of action that only local government can wield, such as local authorities working on the childhood obesity problem through whole-community intervention. Examples include making high streets healthier, by introducing planning laws to limit the number of fast food shops which can open near schools (numerous London authorities have such specific plans already in place), by working with schools and parents to improve the eating habits of the whole family, and by working with community centres and sports clubs to encourage exercise. For example, the [Somers Town Cycle to School Partnership](#), which is run by Camden council in conjunction with University College London, works by tackling barriers as diverse as lack of cycle skills, route finding, design of local roads and addressing the lack of cycle parking at home and at school in many areas.

## The public health workforce

18. London Councils strongly supported the April 2013 transfer of public health responsibilities to local authorities, in recognising the role of councils in addressing the broader determinants of health. We argued that in order for public health services to run smoothly, the people running the services must be part of the local government workforce, as well as part of the nascent public health professional network.
19. The Centre for Workforce Intelligence (CfWI) estimates there are approximately 15 million people in England employed in occupations that can impact health and wellbeing through their work<sup>5</sup>. This includes those working in health, education, and welfare, as well as those in environment and hospitality.

---

<sup>3</sup> [http://www.thechip.org.uk/images/uploads/j.1464-5491\\_2012\\_03698\\_x.pdf](http://www.thechip.org.uk/images/uploads/j.1464-5491_2012_03698_x.pdf)

<sup>4</sup> <http://www.hackney.gov.uk/health-heroes.htm#>

<sup>5</sup> <http://www.cfwi.org.uk/publications/understanding-the-wider-public-health-workforce-in-england>

20. Opportunities exist for public health partners to champion this disparate workforce by, for example, building opportunities to share best practice, incorporating public health objectives into local policies, and working with active or interested occupations.

## Public health spending

21. Devolving public health to local government was a positive step. Local government has worked both alone and with others, demonstrating its ability to do things more efficiently, save money and improve services. However, it can only fulfil its new duties if it is properly resourced. Investing in prevention ultimately saves money for other parts of the public sector by reducing demand for hospitals and health and social care services, improving the public's health and well-being outcomes, and strengthening the economy by keeping people fit and able to work.
22. The £30 billion identified in the NHS' Five Year Forward View needed to fund the NHS by 2021 is the same amount Derek Wanless argued could be saved on the annual NHS budget if more action were taken around prevention and people were encouraged to be more engaged in their own health<sup>6</sup>.
23. The Five Year Forward View reinforces the importance of prevention as a means of making health and care sustainable. The breadth of action available to local authorities to improve public health is key to unlocking progress - working with NHS commissioners to build prevention into the mainstream of service commissioning, and enabling impacts on the wider determinants of health through working with other services and communities.
24. Cutting the public health budget jeopardises the preventative work which local authorities want to deliver to improve the health of their populations. It means we are limited in our ability to reduce days lost to the workforce through ill health, and to provide substantial savings to health and care budgets by reducing future levels of ill health.
25. We have long argued that the public health budget must be treated consistently with the wider NHS budget. Treating the two differently, simply because public health has moved across to local government, makes a false distinction between the two. Many of the services delivered from local authority public health expenditure fund clinical NHS care. The majority of the public health budget in most London local authorities is used to commission the NHS to deliver sexual health, public health nursing, drug and alcohol treatment and NHS health checks. Local councils therefore have no choice but to pass these reductions onto providers, thus impacting the NHS. The Association of Directors of Public Health (ADPH) estimates local authorities commission between 40-80 per cent of their budgets through NHS services. If councils continue to provide these services at a useful level, they will have to cut non-prescribed services, such as preventing childhood obesity.
26. The Spending Review announcement of 25<sup>th</sup> November means public health funding will be cut by 9.6 per cent between 2015-16 and 2020-21<sup>7</sup> in cash terms, from a baseline of £3.5 billion to around £3.1 billion. This

<sup>6</sup> Derek Wanless argued this in the Wanless Social Care Review, entitled [Securing Good Care for Older People: Taking a long-term view](#)

<sup>7</sup> Health funding has been announced up to and including 2020-21 unlike most other departments.

represents an average real terms cut of 3.6 per cent pa. We estimate London's annual public health funding will therefore fall by around £70 million between 2016/17 and 2020-21. This is on top of the £200m in-year cut (£40m in London) in 2015/16.

27. These cuts will put councils under intense pressure to curtail contracts and scale back ambitions for supporting their communities. The Department of Health acknowledges that local government makes taxpayers' money go further, as evidenced in the Spending Review, but there is a limit to how far this can go, and boroughs cannot continue to achieve these greater efficiencies and outcomes in public health as budgets are continually cut<sup>8</sup>.
28. The reduction of almost 10 per cent in the public health budget across the next five years is in contrast to an 18 per cent increase in funding for the NHS over the same time period. Had public health funding increased in line with the NHS budget until 2020/21, we calculate the UK public health budget would be around £1 billion higher than proposed, so would be almost £4.1bn as opposed to £3.1bn.
29. A further issue relates to the public health funding formula itself. This is particularly an issue for London as the majority of the capital's public health funding is spent on prescribed services such as sexual health, drug and alcohol services. This results in less being available for everything else which is non-prescribed, such as combating obesity or helping people quit smoking. Imminent changes to the funding formula, introducing separate components for children's services, sexual health and substance misuse, may help but to a very limited extent, and will be largely cancelled out by the cut to the overall quantum.

## Conclusion

30. Squeezing public health budgets is a false economy which will have a profound impact on the health of the nation in years to come. Prevention is crucial, and if it is not funded properly, the impact on the health of the nation, on NHS budgets and on care costs in the future will be profound. These cuts will have a direct impact on people and communities who rely on this funding, and on the NHS as a whole, which will have to pick up the pieces by treating preventable ill health. The Faculty of Public Health's own analysis suggests the eventual 'knock-on' cost to the NHS could well be in excess of £1 billion.
31. Most people agree that more focus and funding should go on prevention – helping people to stay well for longer and thereby reducing pressures on cash-strapped council services. This sits at the heart of the London model of health and care reform which councils and NHS partners are developing to meet distinct and varied needs across the capital. We are engaged in positive conversations with government and NHS England about devolution to support these reforms. The Government's £10 billion commitment to the NHS is clearly to be welcomed, but we know from local experience that shifting spend in the NHS from treatment to prevention is incredibly hard work. Strengthening collaboration and integration between local government and the NHS is key to making real and swift progress on this, but it's difficult to make this work if local government is underfunded, which leaves NHS partners understandably nervous about potential cuts to their funding as a result of collaboration.

<sup>8</sup> Para 2.47, page 88

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/479749/52229\\_Blue\\_Book\\_PU1865\\_Web\\_Accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479749/52229_Blue_Book_PU1865_Web_Accessible.pdf)

32. Local government's success in maintaining or even improving outcomes for communities in the face of 40 per cent cuts over the last five years is being used to justify yet more public health cuts. There is a limit to how much we can achieve in the face of continuing cuts of the scale proposed; services and the public are bound to suffer as a result. We urge the Health Select Committee to reflect on the positive role councils can play in helping to drive efficiencies across the health and care systems, which will ensure we are properly funded for social care and public health, thus enable us to be the partners for transformation that we want to be.