

The government's vision for prevention

Purpose of report

For discussion.

Summary

Earlier this month, the Health and Social Care Secretary Matt Hancock MP set out his vision for prevention and the NHS with the publication of a new [vision document](#). With the announcement of a Green Paper to follow next year, the Secretary of State's plans will place prevention at the heart of Government's vision for the NHS and help to meet their ambition to improve healthy life expectancy by an extra five years by 2035.

The paper describes how health problems could be prevented from arising in the first place and how those already living with health and social care needs will be empowered to control their health and have problems spotted earlier, dealt with in the community, and treated holistically across mental and physical health.

Recommendations

Members are invited to note the Secretary of State's Vision document and to offer any further comments to shape the LGA's ongoing engagement.

Actions

Officers to take forward as directed by members.

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Background

1. The paper *Prevention is better than cure: our vision to help you live well for longer* details the Government's vision for how it plans to revolutionise the current approach to prevention, and includes a major focus on the role of primary and community care services in achieving this. The document confirms that prevention will be an integral part of the forthcoming NHS Long Term Plan, and also sets out the Government's commitment to publishing a Green Paper 'in the first half of next year' to outline their plan in further detail.
2. Poor health in England affects not just physical and mental health, but also impacts on social interaction, crime, communities, employment rates and the economy. Illness among people of working-age costs the economy more than £100 billion a year.
3. The vision centres on the ambition to meet the Prime Minister's Ageing Society Grand Challenge Mission – helping to ensure that people are able to enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest. It highlights the need to move away from the 'service models of the past' and support people living in the community and out of hospital for longer.
4. The document is pretty wide-ranging and top-line in a lot of what it covers, but does call out a number of different disease areas. The report highlights the importance of achieving a greater focus on preventing illness and early intervention (citing them as areas representing 'very good value for money'). It also talks about the potential to move away from seeing public health as constituting a 'one-size-fits-all' population approach, and moving instead to a system where everyone can understand their own risks, both in their genetic make-up and from their personal behaviour. In a practical sense, it highlights the opportunity to offer people 'precise and targeted health advice' as a means of directing specific public health interventions towards those most at risk.
5. The document is vague when it comes to funding, but talks about the need for greater 'focus and spending on prevention', but this is seemingly within the context of the £20.5 billion announced already for the NHS. It also highlights the need for greater funding for pre-primary, primary and community care, and support for the staff who work in these services.
6. As a next step for this aspect of the strategy, PHE will be bringing together and coordinating a range of experts to 'build, evaluate and model predictive prevention at scale', going on to explain that 'A system of agile methods means that projects are tested early, immediately learned from, and implemented at pace.'

7. The multi-sector solutions to many public health problems are indicated in the new vision, a wide range of professionals could be involved in prevention and promoting health. Teachers, police, trading standards and environmental health officers are but a few. However, for this to become a reality they will need galvanising into action and supporting.
8. Throughout the history of public health there has been a tendency for governments to focus on “downstream” individual behavior change approaches and there has been a neglect of social and environmental or “upstream” approaches.
9. The World Health Organisation’s Ottawa Charter for Health Promotion has been influential in guiding the development of ‘settings’ based health promotion in sites such as hospitals and schools. This moved interventions “upstream” away from merely focusing on individuals who are ill and towards organisations and the environment that can be used to prevent ill-health and promote health. We are pleased that the Secretary of State for Health and Social Care recognises the importance of settings in his vision, but would urge him to revisit health promoting schools and develop support for health promoting workplaces.
10. There are a number of headline policy commitments from the document and clearly developments around the Green Paper, and opportunities for influencing, will be important to monitor.
11. Headline policy commitments;
 - 11.1. halving childhood obesity by 2030;
 - 11.2. reducing loneliness and social isolation, and making social prescribing available in every local area by 2023;
 - 11.3. putting forward realistic but ambitious goals to bring salt levels down further. by easter 2019, the government will set out the details of how this goal will met;
 - 11.4. reiterating the commitment to increase access to psychological therapies, so at least 25 per cent of people (or 1.5 million) with common mental health conditions can access services each year;
 - 11.5. increasing specialist mental health services to a further 30,000 women during pregnancy and during the first year after they have given birth by 2020-21;
 - 11.6. diagnosing 75 per cent of cancers at stages 1 and 2 by 2028;
 - 11.7. sequencing 5 million genomes in 5 years, and offering whole genome sequencing to all serious ill children and those with cancer by 2019, as well as adults with rare diseases or cancers; and
 - 11.8. widening access to whole genome sequencing to nhs patients from 2019.

Issues

12. A renewed focus on public health, prevention and early intervention is clearly a positive approach. Public health made the formal transfer to local government in April 2013, and in the last five years great strides have been made to tackle the wider social and economic determinants of poor health at the same time as undertaking some transformation and modernisation of public health services.
13. The LGA have repeatedly argued that good public health, drawing imaginatively on all of local government's functions, can make a real, large-scale difference to promoting the independence of people with long-term chronic conditions, to preventing ill health and therefore to reducing pressures on the NHS, as well as to its primary goals of improving people's lives and wellbeing and reducing health inequalities.
14. Based on current spending plans, local authorities face a reduction of almost a quarter in spending per person expected between 2014/15 and 2019/20. There will have been a £533 million reduction in cash terms and £700 million real-terms reduction in the public health grant over that period.
15. These funding reductions come at a time when demand is increasing and key indicators of health are causing concern. Mortality improvements have slowed and there are large inequalities in health outcomes between and within local areas.
16. The opportunity of a Green Paper on prevention is an opportunity for local authorities, to showcase the improvements in the commissioning of public health services since transition and to strengthen the focus away from ongoing discussions in relation to acute NHS settings.

Implications for Wales

17. Health is a devolved policy responsibility and the vision document applies to England only.

Financial Implications

18. There are no financial implications for the LGA.

Next steps

19. Following the publication of the vision document, Councillor Ian Hudspeth wrote to Matt Hancock, welcoming the refreshed focus on Prevention and the offer to discuss ways that local government could help shape the forthcoming green paper on prevention.
20. Ongoing reductions to the public health ring-fenced grant will make it increasingly difficult for local authorities to meet the ambition to meet the Secretary of States vision on prevention. The LGA will continue to lobby government to see a reversal of the £700

million worth of cuts to the public health grant and continued investment in prevention and early intervention funding in the next Spending Review.

21. Draft a response that reflects steers from the Community Wellbeing Board, and any further feedback from partners such as the Association Directors of Public Health (ADPH), Association Directors of Children's Services (ADCS) and individual councils.
22. Submit a draft consultation response for clearance with Lead Members by the date of the next Lead Members meeting.