

All Party Parliamentary Group on Primary Care and Public Health - Inquiry into delivering the five year forward view: Behavioural change, information and sign posting - London Councils' response

About 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 of its member authorities regardless of political persuasion.

Headline messages

- No single organisation can take responsibility for accelerating behaviour change in the population, rather there needs to be concerted, joined up action at local, regional and national levels.
- Prevention should not be seen as an add on and needs to be embedded in planning, commissioning and delivery, with a "making every contact count" approach taken wherever possible.
- Public health funding for local government should be protected and government should give councils the necessary levers in licensing and planning policy to enable them to protect and promote health.

Introduction

London Councils is pleased to provide a response to this important inquiry. The themes identified within the scope of this inquiry are core to our ambition to improve health and care outcomes for Londoners through prioritising prevention and early intervention.

There are two pieces of important context for this inquiry from a London perspective.

The first is London's ambitions for public services reform and greater devolution of responsibility to local, sub regional and pan London levels. This will enable the achievement of better outcomes for Londoners across a range of interrelated areas, with prevention and joined up delivery key to this.

The second is the question of the resources available to London local government over the lifetime of this parliament. London Councils has submitted a full response to CSR 2015 highlighting the funding pressures on London boroughs including those relating to health and adult social care <http://www.londoncouncils.gov.uk/csr>. In London, demographic pressure and inflation, combined with anticipated funding cuts, will create a potential funding gap in adult social care of over £700 million by 2020. London Councils is particularly concerned about government's proposed in year cut of £200 million to council public health budgets which will disproportionately affect London.

London Councils' response to the questions posed is set out below. We would be pleased to provide further information or evidence, please contact: Judith.Hendley@londoncouncils.gov.uk

Q1 How can we accelerate positive behavioural change towards prevention and self care in the population and who should be responsible for this?

Creating a population level shift towards assuming greater personal responsibility for preventing ill health and management of self-limiting or longer term conditions is critical both for achieving the healthiest population we can have and for making best use of finite health and care resources. However, there is no single organisation or sector that can take sole responsibility for this. Rather there is a need for concerted, joined up action at local, regional and national levels across health, care, public health, wider local government, education, skills and employment support, as well as other areas.

For example, London Councils has carried out indepth work looking at the support available for people with long term conditions to enter or re-enter the workplace. Being in work is correlated with positive health benefits for individuals and conversely being out of work can contribute to poor health. However, the research identified a number of barriers to people with health needs receiving the support they need from both health and employability services to facilitate their (re) employment. Integration of health and employment support, with appropriate devolution of responsibility, accountability and financial incentives, is required to support people to make this change.

Health and Wellbeing Boards have a critical role to play in shaping the framework in which commissioners and providers operate so that appropriate focus and resource is attached to prevention and demand management approaches that minimise as far as possible the need for people to draw on more expensive and intensive forms of support.

The Better Care Fund and the pooling or alignment of budgets through section 75 agreements is an important mechanism through which commissioning can be orientated towards preventative and supportive care. However, currently not all BCF plans include a prevention component. It is vital that prevention isn't seen as an add on but is an integral part of all planning, commissioning and delivery.

London Councils is therefore calling on government to make prevention and early intervention a mandatory component of each local plan for 2016/17. This will accelerate local collaboration and rapidly grow the evidence base of what works, as well as driving real progress to re-balance activity towards the preventative end across health and social care. As this is unlikely to be self-financing within a year, London Councils is suggesting that a proportion of NHS transformation funding is allocated to the BCF for pump priming this activity. In return, London government should look to re-focus some of its public health activities to ensure these are providing maximum benefits.

The transfer of public health to local government in 2013 has created a powerful opportunity for health promotion and ill health prevention to be embedded within wider local public service delivery. Alongside appropriate funding, London Councils is also calling for local government to have at its disposal the right levers to influence the wider environment which has a determining effect on health and how easy it is for people to make positive behavioural changes. For example, planning policy guidance should be updated to enable councils to create exclusion zones around facilities for children and young people, applying to the establishment of fast food, alcohol, betting and pay day loan outlets.

London's boroughs are also taking the opportunity to collaborate together to commission services supporting prevention and self care on a pan London basis where this will help to reach more people and achieve better results as the example below illustrates.

Case study – Pan London HIV Programme

Following intensive planning and needs assessment work, London's boroughs have come together to commission a pan London HIV testing and prevention programme.

32 out of 33 London boroughs have HIV prevalence rates that are higher than the national average. In 2013, over a third of those with new HIV diagnoses were from London.

The services provided through the programme are aimed at men who have sex with men and black African communities (the groups at highest risk of contracting HIV) and include media campaigns, condom distribution and some outreach work.

As part of the programme, a £1.3 million media campaign has been developed and rolled out across London to increase uptake of HIV testing and condom use. Under the slogan "Do It London", the campaign aims to normalise and de-stigmatise HIV testing as a regular part of everyday life for many Londoners in order to increase take up of regular testing amongst higher risk groups. (doitlondon.org)

London Councils considers that, rather than being cut, public health funding overall needs to be increased. There is clear inconsistency in government’s treatment of the wider NHS budget and the local government public health budget, despite the latter ultimately helping to reduce pressures on the NHS. London Councils considers that cutting public health funding now would be wildly at odds with NHS England’s vision, as set out in the NHS Five Year Forward View, of a “radical upgrade in prevention and public health”.

Q2. How can we ensure there is consistency of message across the NHS with people clear about where and when to seek health advice?

There is a strong need to make support for prevention and self-care as easy as possible to reach so that this becomes the default place for people to turn to – whether this is advice from the local pharmacy or reliable, local online support (see case study). It is important that people are not deterred from seeking urgent medical assistance when they need to and that they recognise there is a range of options for dealing with more minor or self-limiting conditions. It is important that support is available for people with mental health, as well as physical health, needs.

Case study – London Digital Mental Health Project

London's clinical commissioning groups and the majority of London boroughs have come together to commission a digital support service directed at improving the mental health of our population - in doing so ensuring London becomes the first city of its size to provide such a service at scale.

The aim of the digital service is to increase the resilience of Londoners and to prevent common mental health problems developing. It will do this by providing an anonymous online support service offering access to self-guided evidence based resources, live peer-to-peer forums and support from an online mental health worker.

Many Londoners do not get the mental health support they need when they need it, leaving them in distress, with problems that build. This in turn leads to poorer outcomes and increased pressure on health and social care services. This innovative digital approach to delivering the service at scale means that it can be made available 24/7, in a range of languages and to all Londoners without the need to be referred.

The service has the potential to transform the way that boroughs and the NHS build resilience in the population, activate peer to peer support and improve the mental wellbeing of the population at scale.

This model is based on good, rigorous evidence, which indicate its potential effectiveness. User engagement has also reinforced the point that it will be filling a much needed gap in provision. Nevertheless it will be independently evaluated given the move to scale to ensure that the resources for this are used cost effectively.

At present there is confusion in the general population, particularly outside of core working hours, about when to try and manage their health needs themselves, when to call NHS 111, when to make use of GP out of hours services and when they need to seek urgent or emergency health via ambulance services or A & E. It is not obvious that the introduction of the NHS 111 service into this mix has necessarily made this any clearer or streamlined the quick receipt of support.

Pharmacies provide an important community resource and ways to maximise their use in supporting people with self-limiting illnesses and long term condition management should be further explored.

London Councils is acutely aware of the impact of winter pressures and the excess demand this places on health and care services. Ensuring that older and frailer people and their carers in particular know how to seek help at the earliest sign of a new illness or the exacerbation of an existing complaint is

important for reducing unnecessary pressures elsewhere in the system. The implementation of local Better Care Fund plans, with holistic, person centred care at the core, has a critical role to play in this. In the context of the new Care Act duties on councils to provide information and advice to potential users of adult social care, it is important that information about NHS services is integrated within this and that advice is co-ordinated where possible.

Q3. How can we raise levels of health literacy in the population to enable people to make positive health choices for their physical health and wellbeing?

Raising levels of health literacy within the population is vital both for promoting healthy behaviours and lifestyles and ensuring that people seek the most appropriate type of help when they need it.

As above, there is no one organisation or sector that can, acting alone, take responsibility for increasing health literacy. An approach of “making every contact count” should be taken whereby everyone who has contact with the public and has the opportunity should, where appropriate, aim to have a conversation about health and behaviour change. The NHS workforce in particular has a responsibility to ensure that people are given the right information and support to enable them to take control of their own health but this responsibility is not limited to them.

Health and Wellbeing Boards have an important role to play in creating a climate where the importance of population health literacy is discussed and addressed, whether through public health specific or wider partner initiatives. The voluntary sector also makes a critical contribution, particularly in raising awareness of certain health risks within population groups with a higher propensity for these.

Thinking specifically about ways of equipping children and young people with information and support in how to look after their own health and wellbeing will help to ensure that the next generation are more health aware. The case study below of the London Healthy Schools Programme is one example of how this is being done in London.

Case study – London Healthy Schools Programme

The London Healthy Schools Programme was established under the auspices of the former London Health Improvement Programme in 2011, following the discontinuation of the national programme. Since 2013, the programme has been sponsored by the Mayor of London and works with primary and secondary schools from boroughs across London.

The programme emphasises a whole school approach to health and wellbeing and encourages schools to progress through bronze, silver and gold awards.

In addition to helping to create and maintain a healthy school environment, the programme fosters and develops understanding and positive behaviours amongst children and young people in relation to healthy eating, physical activity and emotional wellbeing.

Through helping to develop greater levels of health literacy amongst children and young people, the programme aims to provide a foundation for their healthy development as they move through school and beyond.

<http://www.healthyschoolslondon.org.uk/>

Conclusion

This inquiry is extremely timely in the context of the NHS Five Year Forward view and consideration of how this can be effectively implemented. London Councils considers that local government, alongside partners, has a critical role in realising progress on these complex issues. The unique relationship that local government has with its citizens makes it a particularly important player in this and, within London, boroughs have already demonstrated how they are willing to play their part, as illustrated by the examples above.