

London Councils Consultation Response

Advancing our health: prevention in the 2020s

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

London Councils values the commitments within the Prevention Green Paper to address health inequalities and embed prevention through a diverse range of national and local actions, and welcome efforts to build upon the emphasis on prevention within the NHS Long Term Plan, to deliver five extra years of disability-free life expectancy by 2035.

However, we would welcome more detail as the Green Paper is developed further in order to better understand how it will offer a realistic chance of achieving this improvement in disability-free life expectancy by 2035. We would support further work in order to anchor the prevention policies set out in the NHS Long Term Plan, the Prevention Green Paper and wider government strategies (for example those relating to workforce, education or housing issues) within a cohesive national and local approach to addressing the wider determinants of health and delivering preventative interventions.

We would propose that any future prevention strategy gives consideration to the following key issues:

- **Creating a coherent approach to public health**
If local authorities, in collaboration with the NHS, and public and private sector bodies, are to effectively deliver the goal of five extra years of disability-free life expectancy, the government should work with local government to embed a rigorous and consistent approach to trialling, delivering, measuring and sharing evidence-based public health interventions at a national and local level.
- **Collaboration and partnership between the NHS and Local Authorities**
Over the past few years it has become increasingly evident that the NHS is co-dependent with local government services, particularly social care services and public health. London Councils therefore believes that future and emerging NHS policies should give greater consideration to the role and contribution of councils in the wider health and social care system if the ambitions set out in the NHS Long Term Plan and Prevention Green Paper are to be achieved.
- **Embedding health across all policy agendas**

While the Prevention Green Paper acknowledges the importance of place-based approaches to prevention, and the considerable impact that the wider environmental and social factors have upon wellbeing, greater clarity on how the health in all policies agenda can be embedded across Whitehall and locally would be beneficial. The commitment within the Prevention Green Paper to create a Composite Health Index alongside existing wellbeing data could act as a driver for this.

- **Digital transformation**

Digital and technological advances offer significant opportunities for public health professionals to identify risk factors earlier on, more accurately target programmes, and tailor interventions more closely to the needs of individuals. The Prevention Green Paper rightly recognises the potential benefits that digital transformation can bring, but a more coherent understanding of how to deliver and embed digital transformation is needed across the health and care system.

- **Community engagement**

The value of engaging citizens and community groups in the development and implementation of public health interventions has been broadly noted and is particularly evident in the exemplar work of programmes, such as the Thrive LDN mental health movement, which have made community involvement a central tenet of their programmes. Community involvement not only promotes consideration of the needs of specific populations but also leads to greater sustainability of solutions/interventions as communities get empowered and become capable of addressing their own needs.

Finally, in order to successfully implement such a comprehensive approach, the government should address the ongoing funding disparities between treatment and preventative services. The cuts to local authority budgets have significantly affected the ability of local authorities to deliver key public health services; London has faced a 15% reduction per head in the Public Health Grant since 2015/16 (the biggest regional reduction in England) and by 2020 London boroughs will have absorbed a reduction in core funding of 63% (over £4 billion) in real terms since 2010. This significantly hampers the ability of boroughs to deliver innovative cross-departmental health promotion programmes. Furthermore, the Health Foundation and King's Fund are calling for the government to restore £1 billion of real-terms per head cuts to the public health grant.

RESPONSE IN FULL

1. Which health and social care policies should be reviewed to improve the health of people living in poorer communities, or excluded groups?

- **Workforce**

London Councils calls for a dedicated policy focus on the public health workforce given the significant reductions in health visitors and school nurses in recent years. NHS Digital figures show that since 2015, there has been a decrease of 23% in health visitors employed by the NHS in London. The number of nursing staff in schools has also dropped by 12% in London over the same period.¹ This has a significant impact on deprived communities, given

¹ NHS Digital – workforce statistics, Jan 2019.

the crucial role that these professionals play in identifying health and wellbeing needs of children and families in the early years.

- **Early intervention**

Giving children the best start in life is a fundamental part of improving health and wellbeing and reducing inequalities. Therefore, health and social care policies need to ensure consistency of provision and reach to low income and BME communities. Issues such as early childhood obesity, poor oral health, and low rates of breastfeeding are all more prevalent among deprived communities.

- **Access to mental health services**

Socio-economic deprivation is associated with higher prevalence of mental health disorders, but also poor access to care. Recent research has indicated significant disparities in access to IAPT services between the most deprived and most affluent areas.²

- **Embedding a health in all policies approach**

Given that the environment and wider socio-economic factors have a significant impact on health and wellbeing, more could be done nationally to ensure that key institutions including the government, NHS, and local authorities are embedding a health in all policies approach. The proposed Composite Health Index will be a valuable tool for government departments to adopt this approach, we would therefore stress the importance of its widespread adoption and use.

London Councils recommends that policies relating to the public health workforce, early intervention, access to mental health and taking a health in all policies approach should be reviewed.

2. Do you have any ideas for how the NHS Health Checks programme could be improved?

For 2018/19 48.9% of those invited to an NHS Health Check took up the invitation in London, compared to 45.9% nationally. However, uptake varies significantly across London, and some areas are adopting targeted approaches to delivering NHS Health Checks which are not captured in this high-level data. Taking a more focused and targeted approach to improving uptake of Health Checks would be valuable.³ Therefore, health and social care partners should be encouraged and facilitated to develop local intelligence and digital tools to enable a high level of targeting, and a review of the NHS Health Check data reporting processes could address discrepancies between areas.

Local authorities and voluntary and community sector organisations deliver a broad range of beneficial lifestyle interventions in local areas. Therefore, we would propose that the NHS Health Check is expanded to more effectively signpost to local health and wellbeing programmes beyond those relating to CVD and diabetes. The referral and sign-posting aspect of the NHS Health Check could be improved significantly by adopting a more thorough approach to maintaining knowledge of local wellbeing services that are open to GP referrals and self-referrals. This would be timely, given the commitment of the Long Term Plan to expand social prescribing initiatives to all local areas. However, any new burdens created by a revised NHS Health Checks programme should be adequately resourced to ensure local authorities are not required to re-direct finances from elsewhere.

Greater integration with a broader range of local authority and voluntary sector preventative services could improve the NHS Health Checks Programme.

² J Delgado et al. Social inequalities in the demand, supply and utilisation of psychological treatment. *Counselling and Psychotherapy Research*. 2018;18:2;114-121.

³ J Robson et al. The NHS Health Check in England: an evaluation of the first four years. *BMJ Open*. 2016;6:e008840.

3. What ideas should the government consider to raise funds for helping people stop smoking?

Smoking has severe health inequality implications; individuals with mental health conditions are twice as likely to smoke than the general population. In the UK in 2015/16 474,000 deaths were related to hospital admissions were caused by smoking, costing the NHS £2.5 billion. There are also significant implications for social care provision; smoking related ill-health places a cost on the adult social care system of £760 million a year nationally.⁴

London boroughs are working hard to support smokers who wish to quit. Since 2016, the Association of Directors of Public Health have funded the London Smoking Cessation Transformation Programme (LSCTP) to raise awareness and reduce the prevalence of cigarette smoking across London. This city-wide approach, offers options tailored around the needs of modern-day lifestyles, including self-help resources, telephone support via the Stop Smoking London helpline, and support from local Stop Smoking Services.

The funding to services for people wishing to quit smoking has suffered severely as a result of the long-term reduction in funding provided to councils through the Public Health Grant, to ensure that boroughs are able to continue to provide services such as those noted here, local authority public health services must be adequately funded.

4. How can we do more to support mothers to breastfeed?

Breastfeeding is closely linked to socio-economic factors and ethnicity. Rates are higher amongst black and minority ethnic populations and more affluent areas. Young mothers, mothers living in deprived areas and those with lower educational qualifications are less likely to breastfeed.⁵

Common barriers to breastfeeding include a lack of access to support services, cultural barriers, and misinformation.⁶ Evidence demonstrates the importance of relationship building, face-to-face teaching and peer support in delivering breastfeeding advice,⁷ therefore interventions are best delivered within the community. Positive examples of this in London include breastfeeding support cafes and breastfeeding support services embedded within Children's Centres; currently more than 20 Children's Centres in Greenwich have achieved Level 3 Unicef Baby Friendly accreditation.

However, the reduction in local government funding for public health and the ongoing reduction in capacity in the health visitor workforce are significant barriers to the effective delivery of these interventions. As a result of a reduction in health visitor numbers, in London there are now 496 children under the age of 5 years old per health visitor, compared to 435 nationally. A new approach to training and recruiting health visitors, and early years staff, is needed, including greater funding for local authorities to adequately resource community health services, and a cross-sector recruitment and training strategy to encourage more people to begin a career in nursing.

Given that young mothers are less likely to breastfeed, we would also recommend the inclusion of breastfeeding education as part of Personal, Health, Social and Economic education within secondary schools.

London councils recommends that the Government ensure that public health services are adequately resourced to preserve universal health visiting services.

⁴ Department of Health. *Towards A Smokefree Generation: A Tobacco Control Plan for England*. Department of Health; July 2017.

⁵ Public Health England and Unicef Baby Friendly Initiative. *Commissioning infant feeding services: a toolkit for local authorities (Part 2)*. Public Health England; June 2016.

⁶ Unicef Baby Friendly Initiative. *Removing the barriers to breastfeeding: a call to action*. Unicef; July 2017. Available online at: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/07/Barriers-to-Breastfeeding-Briefing-The-Baby-Friendly-Initiative.pdf>

⁷ R Fox et al. UK women's experiences of breastfeeding and additional breastfeeding support: a qualitative study of Baby Café Services. *BMC Pregnancy Childbirth*. 2015;15:147.

5. How can we better support families with children aged 0 to 5 years to eat well?

To achieve the Government's target of reducing childhood obesity by half by 2030, and to fully implement the Governments Childhood Obesity Action Plans, sustained action is required to create an environment of healthy eating options. Literature on childhood obesity indicates that healthy eating interventions are most successful when they include behavioural and environmental components and cover the whole food environment,⁸ and when they are complemented by physical activity interventions.⁹

A range of local interventions to support families with children aged 0 to 5 to eat well have been implemented in London, including breakfast clubs, nutrition advice drop-in sessions at children's centres, and menu support for early years settings via the Healthy Early Years London programme. The HENRY approach, which is currently operating in five London boroughs, targets nutrition and healthy eating in conjunction with exercise via courses and support for parents.

Similarly, boroughs have introduced training programmes for healthcare and early years professionals to make every contact count when discussing obesity, activity, and nutrition with parents; in Richmond-upon-Thames an online training module is available to local authority and voluntary sector staff to assist professionals in making every contact count to promote active travel. A number of boroughs are also supporting health visitors to undertake accredited UNICEF Baby Friendly Initiative training. Further and sustained public health funding to support these training programmes would be welcomed.

Given the importance of the school environment to shape the health and wellbeing of children, we also recommend that the loophole exempting academies and free schools from School Food Standards be closed, so that nutritional standards apply to all schools.

London boroughs have introduced a wide range of policies to support families with young children to eat well. Initiatives are most successful when they include behavioural and environmental components and cover the whole food environment.

6. How else can we help people reach and stay at a healthier weight?

Given the complex web of factors that affect weight gain and obesity, a multi-faceted approach to helping people reach and stay at a healthier weight is needed. Childhood obesity is a particular priority area across London, given that 21.8% of children are overweight or obese at reception age, rising to 37.7% at year 6. Therefore, innovative interventions for children include the development of 'superzones' around schools (example 'superzone' initiatives include the banning of advertising of foods with high fat, salt, and/or sugar content within 400m of schools, and anti-idling policies to support clean air quality), encouraging active travelling to and from school, and the use of technology to develop innovative digital solutions, such as gamifying healthy eating through a specially developed app.¹⁰

Weight management for adults is also a priority. Recognising the inter-relationships of various different health issues, Live Well Croydon provides an integrated healthy lifestyle service for residents (covering health needs relating to smoking cessation, physical activity, alcohol consumption, sexual health and mental health). Other boroughs have made changes to the built environment, by redesigning streets in favour of people and building high-specification cycling infrastructure to encourage active travelling. Additionally, some boroughs have introduced a social component to weight loss schemes, such as the Move it to Lose it scheme in Richmond and Kick the Fat in

⁸ A Black et al. How effective are family-based and institutional nutrition interventions in improving children's diet and health? A systematic review. *BMC Public Health*. 2017;17:818.

⁹ T Brown et al. Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews*. 2019;7:CD001871.

¹⁰ London Borough of Havering – Veggie Run Case Study. Available online at: <https://www.local.gov.uk/veggie-run-healthy-living-campaign-children>

Wandsworth, which link getting fit and losing weight, with social opportunities through a football-based programme.

We are also supportive of the commitment within the Long Term Plan towards placing prevention at the heart of NHS services, and recognise this as an opportunity to better map and co-ordinate preventative and treatment services for obesity across local authorities and the NHS.

A multi-faceted approach to helping people reach and stay at a healthier weight is needed. London boroughs have recognised this and are adopting a range of innovative approaches to help people reach and stay at a healthier weight.

7. Have you got examples or ideas that would help people to do more strength and balance exercises?

Lack of time, inability to access facilities, and lack of people to exercise with are commonly cited as the key external factors preventing adults from engaging in physical activity. Local authorities are well placed to address these factors through whole council approaches to health promotion. In London, boroughs are building outdoor gyms (evidence demonstrates that they are seen as accessible and able to promote social connectedness within a community^{11 12}), providing free or reduced cost gym membership and exercise classes, and promoting social activities, such as volunteering or gardening, that also have a component of physical activity.

Whilst we welcome the focus of the consultation document on directing a 'digital design challenge' for strength and balance exercises towards target groups, we would note the importance of maintaining non-digital services given the impact that an ongoing social element can have on adherence rates.

Furthermore, given the negative impact of sustained periods of being sedentary (more than 40% of women and 35% of men are spending more than 6 hours a day sitting still)¹³, incorporating periods of activity into workplace routines and office spaces could prove extremely beneficial. To address this in London, organisations that support employees to be healthy at work receive accreditation via the London Healthy Workplace programme.

8. Can you give any examples of any local schemes that help people to do more strength and balance exercises?

Examples of schemes in London to help people do more strength and balance exercises include Get Moving, a GLA/GSK funded programme of physical and social activities (including dancing, tai chi, and gardening) to improve the health and wellbeing of older Londoners through local activity groups. Participants noted that the social connections created through engaging in the scheme were most valued, followed by the impact that activity had on their wellbeing, fitness and quality of life.¹⁴

Similarly, Hounslow Green Gyms are a council and voluntary sector led initiative to help local residents undertake physical activity (including strength and balance activities), learn new skills, and improve local green spaces within a social environment.

¹¹ J Lee et al. Understanding Outdoor Gyms in Public Open Spaces: A Systematic Review and Integrative Synthesis of Qualitative and Quantitative Evidence. *Int J Environ Res Public Health*. 2018;25:15:4.

¹² London Borough of Brent. *Brent outdoor gym evaluation*. February 2014. Available online at:

<https://www.brent.gov.uk/media/13450129/Brent%20outdoor%20gym%20evaluation%20February%202014.pdf>

¹³ Public Health England. *Everybody Active, Every Day: An evidence based approach to physical activity*. Public Health England, September 2014.

¹⁴ Mayor of London. *Get Moving: Pilot Scheme Review*. Greater London Authority, December 2016.

9. There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

We recognise the importance of schemes to embed mental health support within schools and workplaces, and would highlight the work of London boroughs and health and voluntary sector partners in delivering innovative workplace and school-based programmes in London (such as 'This is Me', Mental Health First Aid training in schools and workplaces, and school based counselling services).

We would champion taking a wider mental health in all policies approach, recognising the interconnectedness of mental and physical health, as well as the impact that socioeconomic and environmental factors can have. This is being adopted in London boroughs through multi-agency initiatives building on local community assets, such as a storytelling programme run by Discover Story Centre and Thrive LDN in Newham that uses the children's book 'Perfectly Norman' to encourage conversations about mental health among children from a young age, this is also evident in the work of the City and Hackney Wellbeing Network to offer activities across four categories (daily living, social networks, mental health and physical health) in partnership with local voluntary sector organisations. To expand this health in all policies approach we would encourage further emphasis to be placed on teaching financial management and strengthening resilience via Personal, Social, Health and Economic education within schools, as well as a greater focus on improving the mental health knowledge and support provided by employers.

London Councils recommends the adoption of a mental health in all policies approach across local authorities, schools, workplaces, health services, and voluntary sector services.

10. Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

Technology can be used to prevent mental ill-health in a number of ways. Commonly, digital technology can be a tool to assist of activities including educating the public, screening, diagnosis, and monitoring, treatment and care, and gathering intelligence. Digital platforms can facilitate communication with citizens and the dissemination of information to communities, for example the use of digital media within campaigns led by Thrive LDN and Time to Change can ensure that messages reach a broader audience.

Health and care partners in London have also developed the Good Thinking digital wellbeing service to prevent mental ill-health. The online service delivers personalised signposting to direct users to resources that meet their needs. The service aims to effectively connect users to the wealth of online and offline mental wellbeing resources in London and to gather data to identify any gaps in provision. The service is being funded on an ongoing basis by the NHS and local authorities in London. So far, over 150,000 Londoners have used Good Thinking to tackle sleep issues, anxiety, stress and depression.

With regards to population level data collection, a number of local authorities and health partners in London are piloting a pan-London Suicide Information Hub to collect and share information on suicides and suicide attempts in London to facilitate suicide prevention efforts and enhance support to those bereaved.

11. We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

Given the considerable impact that poor sleep can have upon school attendance, performance and behaviour, we would recommend taking an early intervention approach by encouraging schools, colleges and universities to deliver education for pupils and students around embedding good sleep habits.

Increased access to therapy services to address poor sleep can help people with sleep disorders to get better sleep. Londoners are able to access a Cognitive Behavioural Therapy (CBT)-based digital service (Sleepio) to address sleep issues, via the Good Thinking service. NICE evaluation has found Sleepio to be clinically effective, and cost-saving (compared to face-to-face CBT for insomnia).¹⁵

London Councils supports taking an early intervention approach and encouraging schools, colleges and universities to deliver education around embedding good sleep habits.

12. Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Community pharmacists work directly with members of the public and have responsibilities including dispensing of prescription drugs, counselling and providing health advice. More than 1.6 million people visit a community pharmacy every day. They are located inner city and deprived areas, thereby assisting with reducing health inequalities, and they are well placed with local knowledge of population health. Pharmacies already play a key role in health prevention, offering services that prevent illness, including early detection and management of blood pressure; NHS Health Checks; smoking cessation; weight management services; and the NHS Flu Vaccination Service.

Expanding the role of community pharmacies could have play a role in alleviating demand pressures on GP surgeries, and provide more rapid access to care. In London the number of people having to wait a week or more for a GP is increasing, with 30% of patients in one sub region of London having to wait a week or more. The expansion of the role of community pharmacies could also deliver financial savings for other parts of the NHS, as 8% of A&E visits and 18% of GP consultations are for minor health conditions.

13. What should the role of water companies be in water fluoridation schemes?

Responsibility for decisions relating to water fluoridation transferred to local authorities following the Health and Social Care Act (2012) and should continue to be taken at a local authority level, given the breadth of need and approaches to tackling dental decay across local areas. Water fluoridation decisions in London are complicated by shared water supplies across borough boundaries, and a wide variety in need – in 2016/17 39.6% of five-year-old children in Harrow suffered from dental decay, compared to just 14.4% in Bexley, therefore a pan-London response would not be an appropriate way to tackle this issue.

London boroughs are instead proactively tackling childhood oral health problems through tooth brushing schemes and other targeted interventions. A recent report by the London Assembly,¹⁶ advocates the benefits of supervised brushing in London; young children who are taught how to brush their teeth properly are more likely to engage in better brushing habits that can last forever. Similarly, the multi-stranded Smile London programme is increasing the availability of fluoride toothpaste, along with providing professional oral health advice in children's centres and via health visitors as part of the Healthy Child Programme. The government is therefore asked to consider a universal rollout of a supervised toothbrushing scheme and provide the additional resources to train the staff needed to support children.

London Councils notes that water fluoridation schemes should continue to be a matter for local authorities to decide based on local need. London Councils also supports the widespread implementation of a supervised tooth brushing scheme.

¹⁵ National Institute for Health and Care Excellence. *Health app: Sleepio for adults with poor sleep*. NICE advice, November 2017.

¹⁶ London Assembly. *Keeping the Tooth Fairy Away*. Greater London Authority, June 2019.

14. What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

We support the call for evidence on MSK health and the proposed focus on priority areas for action including: raising awareness of MSK conditions among the public, the role of physical activity, population-level behaviour change programmes, action to support staff in the workplace, and links between mental and MSK health, and the routine collection of data on MSK conditions.

Given that MSK conditions are the greatest cause of disability in England¹⁷, we would want the call for evidence to focus on health inequalities and the role of preventative interventions in reducing the prevalence of MSK conditions and enabling those living with MSK conditions to engage in daily activities and self-manage their condition. We would also support a focus on improved data collection on the prevalence of musculoskeletal ill-health in certain areas, professions, and age groups in order to better target interventions to support these individuals.

Furthermore, we would note that any call for evidence on raising awareness of MSK conditions among the public should focus on reversing the perception that these conditions are an inevitable part of ageing. Given that MSK issues are commonly associated with a large number of co-morbidities including diabetes, depression and obesity¹⁸ it's important to ensure that MSK issues are being identified and addressed by patients and clinicians.

London Councils supports the inclusion of a greater focus on health inequalities and addressing stigma within a call for evidence on MSK health.

15. What could the government do to help people live more healthily: in homes and neighbourhoods; when going somewhere; in workplaces; in communities?

A wide range of existing levers are available to local government to build healthy places, these levers are being used in innovative ways in London through programmes such as School Superzones, the Healthy Schools, Health Early Years and Healthy Workplace awards to support organisations and schools to embed health and wellbeing throughout, and the development of planning guidelines for health and wellbeing.

However, further governmental action is needed to expand the levers available to local authorities to facilitate the development of the health in all policies agenda. This is particularly needed with regards to planning policy, where we are advocating for the removal of permitted development rights in order to prevent the development of sub-standard housing. Boroughs not only regulate high streets by developing and enforcing policies around planning and licensing, they are increasingly becoming curators of the high street; it is therefore important that boroughs have the powers and flexibilities they need to do this.

Furthermore, London Councils has recently published analysis demonstrating the impact of the Local Housing Allowance (LHA) freeze on thousands of households in London, in some boroughs no properties are affordable to claimants, and across the capital 45% of low-income households claiming LHA do not receive enough housing benefit to cover their rent. We are therefore calling for the government to lift the freeze on LHA rates and boost LHA entitlements.

London Councils welcomes the recognition of the importance of green spaces and clean air within the Prevention Green Paper, however we would welcome a greater cross-government focus on the health implications of poor air quality, given that 2 million Londoners are currently living in areas that exceed the legal limits for air pollution.

¹⁷ DHSC, PHE, DWP. *Musculoskeletal Health: A 5-year strategic framework for prevention across the lifecycle*. Public Health England, June 2019.

¹⁸ Arthritis Research UK. *Musculoskeletal Health: a public health approach*. 2013.

London Councils supports the expansion of planning and housing levers available to local authorities to facilitate the implementation of a health in all policies approach.

16. What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

Improve neighbourhoods to meet the needs of older people

Please expand on the reason for your choice

People spend a significant amount of their lives in their local neighbourhoods, and our immediate environment has a considerable impact upon our health. This is particularly true of older people or those with restricted mobility who may not be able or comfortable travelling long distances. Currently, there is growing recognition that many communities and neighbourhoods are inaccessible or challenging environments for older and disabled people, therefore age friendly policies should be given specific consideration when shaping environments and places.

London's over 65 population is forecast to grow by over 60% between 2020 and 2040, compared to almost 40% across the rest of England, and there are significant numbers of older people in London in poverty, living with long-term conditions or experiencing isolation and loneliness. Therefore, age friendly place-based policies are a key consideration in London. Policies such as the introduction of the Freedom Pass and Taxicard schemes have improved older Londoners' access to transport, and a number of boroughs have set out strategies to make their neighbourhoods age friendly. For example, Croydon is working towards making the borough "dementia friendly" through training more than 1,000 staff to become Dementia Friends, and making sure buildings are dementia friendly.

Additionally, given the increasing demand and complexity of adult social care needs, it is crucial to ensure local authorities have adequate resources to deliver preventative and supportive services for vulnerable adults. We are therefore calling for the government to ensure a fair and sustainable funding solution for adult social care, that is planned and delivered in parallel with funding for the NHS and public health as three parts of the same system.

17. What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health?

- **Welfare and employment policies**

By 2030 it is estimated that 40% of the working age population will have a long-term condition, however one in three employees with a long-term condition will not have discussed it with their employer, and only 52% have access to occupational health through their work.¹⁹

- **Housing and planning policies**

Housing stability, quality, safety, and affordability all affect health outcomes, as do physical and social characteristics of neighbourhoods.

- **Environment policies**

Poor air quality is the largest environmental risk to public health in the UK, as long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. Research undertaken in 2015 found estimated that poor air quality and pollution caused 9,400 premature deaths in London.

¹⁹ J Varney. Understanding the relationship between health, work and worklessness. *Public Health Matters*. Blog post, September 2016.

- **Education policies**

Education is crucial to developing the skills and attributes that shape our behaviour and directly influence our long-term health outcomes. By the age of 30 those with the highest levels of education are expected to live four years longer than those with the lowest levels of education.

18. How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

Many London boroughs already have strong relationships with local private, voluntary and community sector partners to promote and deliver the prevention agenda. For example, the One Croydon Alliance, Tower Hamlets Together, and Lambeth Together partnerships have brought together local authority, health and voluntary sector partners to improve models of health and care delivery for local residents.

Other examples include the London Childhood Obesity Taskforce, which is made up of voluntary sector, academic, health and local authority members and has recently published a series of recommendations to reduce childhood obesity in London. London borough childhood obesity interventions have also drawn upon existing assets to strengthen programmes, for example the Havering 'Veggie Run' app educates and encourages children to eat healthily through digital game play, digital rewards could be converted into physical sports equipment or vouchers donated by private sector companies.²⁰

London Councils notes the innovative programmes being conducted by local authorities with private and public sector organisations in London. Further support for local authorities to guide local authorities on building these relationships would be welcome.

19. What more can we do to help local authorities and NHS bodies work well together?

For sustainable long-term health and social care developments there needs to be some alignment bringing together the different parts of the system; health, care and prevention. The work of councils in the provision of social care and public health services undoubtedly helps to relieve the pressures on the NHS. If the fragmentation in the health and care system is to be addressed local government must be recognised as essential partners in the delivery of integrated care.

The proposal that services such as Sexual Health and Reproductive services be jointly commissioned can build upon existing best practice in integrating services, such as through the Better Care Fund, and in response to the move towards Integrated Care Systems across the country. At the borough level, good practice is evident in London in programmes such as Lambeth Together, Tower Hamlets Together and the One Croydon Alliance, which are delivering better outcomes for local residents through integrated models.

To facilitate this work, we would support the revision of commissioning and procurement arrangements to enable easier commissioning between local government and health partners and increasing the flexibility of the national NHS payment system, the current tariff system is a disincentive for providers to fully engage in non-tariff linked activities skewing the system towards hospitals.

London Councils notes the success of existing programmes in London that have brought local authorities and NHS bodies together, to facilitate the development of such programmes we would support greater flexibility of the national NHS payment and commissioning arrangements.

²⁰ London Borough of Havering – Veggie Run Case Study. Available online at: <https://www.local.gov.uk/veggie-run-healthy-living-campaign-children>

20. What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

- **An integrated approach to STI care & contraception**

A future strategy should provide a good framework for taking a holistic approach to planning and delivering sexual health and reproductive services. A combined strategy could take people through the life course and improve integrated advice and support and access to services. A joint approach will also allow for the potential to pool funds and resources in order to benefit from joint commissioning opportunities where this can be achieved, by borough, sub-regionally or at a pan-London level.

- **Support people to take responsibility for their sexual behaviour and encourage healthy lifestyle choices**

It is important to encourage individuals to take more responsibility and to be empowered to make healthy choices in terms of their sexual behaviour. In London people have open access to services allowing people to visit sexual health facilities in any part of the city, without the need for a referral, the success of this flexibility is evident in the recent increase in testing, against the backdrop of rising demand for sexual health services, and national cuts to public health budgets. The London HIV Prevention Programme (LHPP) is a good example of a combination approach to prevention. The programme consists of free condom distribution, outreach support and the award winning 'Do It London' public awareness campaign. The LHPP has succeeded in targeting high risk groups effectively and has made a significant contribution to the increase in testing levels.

- **Continue the transformation of sexual & reproductive health & HIV services**

London is leading the way in finding new ways to deliver services at a time of high demand. In 2014, the London Sexual Health Transformation Programme was established to deliver a collaborative commissioning model for open access sexual health services. The service works with sexual health clinics, offering services for: testing, diagnosis and management of STIs; HIV testing and diagnosis; and fully comprehensive range of contraceptive services. The main aspect of the service is a London sexual health e-service, providing home self-sampling kits for HIV and STIs where clinically appropriate. It is essential that this progress can continue, and sexual health services are supported to modernise and innovate where it is in the best interests of patients.

21. What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

- **A sustainable public health funding position**

Since 2015 the Government has introduced an ongoing programme of cuts to public health funding. In 2019/20, the London's share of the Public Health Grant has seen a per head funding reduction from £80.75 in 2015 to £68.61 in 2019, a fall of 15% and the biggest regional reduction in England. The impact of the proposed demographic growth in London is likely to result in a substantial increase in the demand for some services, particularly sexual health. This is particularly relevant as London as it has a young (under 25), diverse mobile population. London Councils would therefore like to see public health funding return to previous levels, with consideration given to increases in population and inflation.

- **Illegal Tobacco**

The cost of this illegal trade is estimated to be over £117 million a year. This activity impacts on some of London's most disadvantaged communities, contributing to health inequalities and impacting on health and criminal activity among the most vulnerable people in our society. London is taking a multi-agency partnership approach to share intelligence, exploit social media opportunities to change public perceptions and reduce the tolerance to illegal tobacco through its 'Stamp out Illegal Tobacco' campaign which began in 2016. London Councils would therefore like future government policy to

focus on this issue. A multi-agency approach is needed to effectively address the health impacts, anti-social behaviour and crime associated with the sale and use of illegal tobacco.

- **Gambling**

Despite touching upon the issue of problem gambling the Green Paper lacks detail on how this will be addressed. Statistics published by the Gambling Commission suggested that the number of British “problem gamblers,” had risen by more than 53 percent between 2012 and 2015, from 280,000 to 430,000. Public health has a positive contribution to make to addressing problem gambling, including through identifying areas of high risk (as has been done in Westminster City Council) and embedding a public health approach to Gambling across the whole council (as has been done in Southwark Council).

- **Alcohol consumption**

London Councils welcomes the acknowledgement of the impact of harmful drinking, and the associated health inequalities, given that alcohol dependence for a given level of consumption is much greater for those in the lowest income bracket. We would therefore support a national policy focus on supporting closer working between the NHS and local authorities to address the risk factors of problem drinking and more seamlessly link prevention and treatment services.

- **Health in all policies**

While we are supportive of the acknowledgement of the importance of taking a health in all policies approach throughout the Green Paper, we would call for greater detail and support for local authorities (and other organisations) in implementing this approach.