Why you should care about public* health

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* Or should that be ‘population’ health?
What is it?
What is population health?
Why does it matter?

What determines our health
Which bits of ‘the system’ do it?

The ‘public health system’

Local government
- Wider determinants (housing, planning, transport...)
- Behaviours (smoking, sexual health, alcohol, obesity etc)
- Health protection (outbreaks, emergency planning)
- Advice to NHS

NHS
- Vaccs and imms
- MECC
- Secondary prevention
- Obesity
- Diabetes

OGDs
- Communities
- Work, pensions
- Housing
- Education
- Transport
- Crime, disorder
- Economy...

Public Health England
- Advises central and local govt
- Holds local govt to account (to some degree)
- Evidence generation and dissemination
  - Data, surveillance and tools
How much is spent on it?

- PHE = £4.3bn (of which £3.3bn goes to local authorities) (2016-17)

- NHS England, ‘section 7A’ from DHSC = £1.15bn (2017-18)

- Total govt health spend = £124 bn (2017-18)

- We spend roughly,
  - 4.3% of our health budget on public health
  - Local authorities public health spend = £60 per head
  - NHS public health spend = £21 per head
What’s it’s current state?
Local authorities have adapted well to new role...

“The evidence we have received suggests that the relocation of public health to local authorities in England has been largely positive, allowing public health to become integrated into all policies and to take account of the wider determinants of health. We endorse and support the embedding of public health teams within local authorities and commend the many examples of excellent practice presented to this inquiry.”
Local authority budgets are small and shrinking
More fragmentation in some areas e.g. HIV care
NHS, ‘a radical upgrade in prevention’. Really?

The NHS will become an “activist agent” of social change as part of a “radical upgrade in prevention and public health”, under plans announced today.

The approach is outlined in NHS England’s five-year forward view report, which sets out how the health service will tackle rising demand and funding constraints.

The report said the NHS had been “prone to operating a ‘factory’ model of care and repair” with “underdeveloped advocacy and action on the broader influencers of health and wellbeing”.

In future, it said, the health service would back “hard hitting” advocacy on public health and would...
Central government has not stepped up

“Our overall verdict is that the government has delivered its commitment to reform public health and provide dedicated resources, but it has not given public health the priority it promised.”
Central government has not stepped up

In short, where is the delivery plan for a cross-society, cross-government approach to childhood obesity? A bold and brave strategy? Not in those 13 pages. The plan concludes with a promise that this is the start of a conversation, and that government will ‘monitor action and assess progress, and take further action where it is needed’. Personally, I won’t hold my breath.”

<table>
<thead>
<tr>
<th>Health Select Committee recommendation</th>
<th>Childhood obesity plan</th>
<th>RAG rating</th>
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<tbody>
<tr>
<td>Strong controls on price promotions of unhealthy food and drinks</td>
<td>No mention of price promotions</td>
<td></td>
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<tr>
<td>Tougher controls on marketing and advertising of unhealthy food and drink</td>
<td>No mention of marketing and advertising</td>
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<tr>
<td>A centrally led reformulation programme to reduce sugar in food and drink</td>
<td>Targets in nine categories of food contributing most to children’s sugar intake, but action is voluntary until 2020 and no mention of penalties or sanctions</td>
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<td>A sugary drinks tax on full sugar soft drinks, with all proceeds targeted to help those children at greatest risk of obesity</td>
<td>Benefit of the doubt but devil is in the detail—proceeds to go to school sports and unclear whether targeted on those at greatest risk</td>
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<tr>
<td>Labelling of single portions of products with added sugar to show sugar content in teaspoons</td>
<td>Labelling mentioned, in context of Brexit and greater flexibility, but no details or commitments</td>
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<tr>
<td>Improved education and information about diet</td>
<td>No mention of education and information about diet</td>
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<tr>
<td>Stronger powers for local authorities to tackle the environment leading to obesity</td>
<td>No mention of stronger powers for local authorities</td>
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<tr>
<td>Early intervention to offer help to families affected by obesity</td>
<td>‘Recommiting’ to Healthy Start voucher scheme: income from sugar levy to schools including an incentive premium</td>
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What’s coming next?
Big changes to local government funding

- Greater devolution of revenue raising to local government
- Public health grant included, due to end in 2020-21
- Public health spending will be sourced from local revenue raising
- Major concerns about sustainability and equity

"...not done and dusted includes risks to funding for core services... unless confident risks have been mitigated BRR may be delayed"
Developing a vision for the public health system

A vision for the population health system in England

About this project

The King’s Fund is a respected commentator on public health issues, and in recent years our work in this area has included in-depth research, support for local authorities and district councils, data analysis and events. Recent work includes research on the wider determinants of health (for example, links between housing and health), inequalities, the future of HIV services in England, public health funding and the move from integrated care to population health systems.

This project aims to consolidate and build on our previous work programme by setting out a vision for the public health system and population health. We will use this vision to inform and influence the debate about the future of public health and to shape our own work programme.

In developing our vision, we will consider:

- how to define the ‘public health system’
- key trends likely to affect public health over the next 10-15 years
- strengths and weaknesses of the current system
- changes needed to realise our vision, including understanding the role of policy levers such as regulation, taxation, and information
- the implications for the workforce and system leaders, including accountability
- implications for The King’s Fund’s future work programme.

What we’re doing

This work will be informed by:

- a review of key documents and public health datasets
- a series of interviews and engagement events with system leaders, organisations that support the system and those involved in delivering public health services
- a workshop to test findings
- an advisory group made up of key leaders from the public health system, NHS and beyond.
..or rather the future population health system
Thank you

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