Paper for	The NICE Programme Development Group on 'Obese and overweight children and young people: lifestyle weight management services'
Purpose	Providing expert testimony on the 'Implications of the transition of public health responsibilities to local government'
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1. Introduction

As a result of the Health & Social Care Bill of 2012 the responsibility for much of obesity is moving from the NHS back to local government, as part of the move of Public Health responsibilities to local government.

This paper outlines the implications this move has for the lifestyle management of children and young people with regard to overweight and obesity.

2. The move back to local government

The welcome:

There is a variation in the nature of the welcome that Public Health is receiving in its move into local government. This varies from enthusiasm to outright hostility. Some Directors of Public Health (DPH) have been jointly appointed for some time and it is little more than packing up the NHS desks and moving the teams into a council building they already know well. In other areas the DPH has been told they are not wanted, and their teams are being cut substantively. The understanding of, and enthusiasm for, the new Public Health responsibilities varies widely between councils.

The status of the DPH:

The status of the DPH again varies ranging from the DPH playing a full part of the strategic board of the council, to the DPH answering to the Director of Adult Services and not having direct access to the Chief Executive and the elected members. This impacts on the Public Health team's ability to influence senior decision makers and to build relationships with other departments within the council who have an impact on services for children.

The ring-fenced budget:

Each council is being given a Public Health budget, based on historic spend in the NHS. This budget covers Public Health staff and the contracts that are being novated over from the NHS to local government.

There have been difficulties in the calculation of this budget and anxieties about how secure the ring-fence will be when it reaches the council. Councils are under substantial financial pressure, more so than in the NHS, and managing obesity in children may be seen as less important than other issues of a more acute nature, such as adult social care or education. Councils are anxious that the budget will not sufficiently cover the contractual obligations they inherit, especially as it covers sexual health services, which are universal and unlimited.

Distance from the NHS:
After years of reaching out to local government from the NHS, the Public Health teams will now be reaching back to the NHS. They will need to ensure that the NHS does not forget about its important role in raising awareness of obesity and overweight and encouraging or referring patients and families to the services available.

3. From a scientific to a political environment

The value placed on the evidence-base:
Public Health will be working in an environment less driven by the evidence base, where political rhetoric and thought is the ultimate arbiter and the evidence is useful only in refining that thinking. In obesity, where the evidence base is thin, this could be seen as less important, but it can mean that there is less evidence to counter ideas and priorities that run counter to Public Health thinking.

The complexity of tackling obesity:
Obesity is a multi-factorial issue without a simple, easy, short-term solution. The timescales that Public Health is used to working on do not fit into the electoral cycle. The initiatives are complex, the solutions rely on partnerships and results are slow which is not an easy message to communicate with the electorate. It can take time to convince elected members who are new to the issues that their pet idea will not be the single solution that we have all been missing.

Libertarian versus Socialist approaches:
Changing the obesogenic nature of an area can challenge strongly held political beliefs. Speed limits, controlling the nature of food in schools and restricting planning permission for fast food shops can all run counter to the politics of localism and small government / big society. Politicians can see obesity as self-inflicted and purely down to individual choices. This can reduce their willingness to fund interventions that they may interpret as teaching children and families what they should know already.

4. Opportunities:

- **Health and Wellbeing Boards** (HWB), if they work well, will bring together health and social care along with all the functions of local government, in a way that has not happened before. HWBs can take a wide view on health issues, considering treatment at an individual patient level right through to wider determinants that will affect the whole population. They can take a disease-based view, a life-

course view and a population view. When considering obesity issues they can consider weight management interventions alongside the changes to an obesogenic environment, making links and prioritising. They can also compare the value of tackling obesity with the value of tackling other diseases, considering the economic and health impact, across different timeframes.

- **Procurement** has been undertaken in the NHS for a few years, but local government is more familiar with the processes and (in my experience) takes a more professional approach. This can lead to tighter contracts and a more output driven approach to contract monitoring. In a developing area such as obesity interventions this can be useful in clarifying the detail of contracts.
- **The wider determinants of health** are the bread and butter of local government – housing, transport, education, regeneration, rubbish collection, green space etc. With Public Health teams sitting in local government it will be easier to have conversations about how health, and health inequalities, are impacted by these issues. The hope is that small changes to the ways these issues are addressed can make huge differences to the health, and health inequalities, of the populations. For example –better links between schools and interventions for obesity could increase referrals, could enable strong links between the school experience of physical activity and food skills and knowledge. Similarly improved links with Children's Centres, youth services, allotment schemes etc could all be fruitful.

5. <u>Threats:</u>

- **Financial pressures** on local government are immense compared to the NHS. 30% cuts in budgets are not uncommon. In that environment the ring-fence around the newly arrived Public Health budget is likely to be strongly tested.
- **Obesity is complex** in its causes, the problem is pressing and the solutions are complex and not totally clear and will take a long time. This is not an easy message to communicate, especially in a political environment. There is no "silver bullet", although there will be many who think that there is, and that they know what it is.
- **The integration of the care pathway** for obesity will be complicated by the need for it to straddle local government and NHS commissioning. Close partnership working will be needed to ensure that a joined up pathway is experienced by patients.