

Arthritis Research UK incorporating Arthritis Care response to the Department of Health and Social Care's Call for evidence - local authority public health prescribed activity.

1. Arthritis Research UK, incorporating Arthritis Care welcomes the opportunity to respond to the Department of Health and Social Care's Call for evidence - local authority public health prescribed activity.¹
2. It is estimated that 17.8 million people in the UK currently live with a musculoskeletal condition² and this figure is likely to increase given rising levels of physical inactivity, obesity and an ageing population. Musculoskeletal conditions are the third highest NHS programme annual budget spend at around £5 billion³ and account for 30.8 million working days lost a year across then UK.⁴ A public health approach throughout the life course is a key part of tackling the burden of musculoskeletal conditions and the impact and costs to individuals, the health and care system and wider economy.
3. Local authorities provide services and facilities, in particular physical activity and weight management services, which support people with musculoskeletal conditions to manage their health and maintain their quality of life.
4. Much of the UK population is at increased risk of developing a long-term musculoskeletal condition due to their physical inactivity.⁵ Keeping physically active is especially important for musculoskeletal health because it can help strengthen muscles, keep bones healthy and prolong the life of joints, as well as help to maintain a healthy body weight.
5. Being overweight or obese can make the symptoms of musculoskeletal conditions, especially joint pain, worse, and pain-relieving treatments for musculoskeletal conditions less effective. Obesity substantially increases the risk of developing knee⁶ and hip osteoarthritis and other musculoskeletal conditions such as back pain and gout. More than two out of three knee replacements and one in four hip replacements in middle-aged women in the UK are attributable to obesity.⁷

What is your view on the principles of prescribed activity? Are they still the right ones? Is there evidence to support your view?

6. We acknowledge the principles which underpin the current prescribed functions and agree with mandating some public health functions due to a need for standardisation (e.g. NHS health check), availability to all (e.g. sexual health services) and some functions of the Secretary of State that are delegated to local authorities (e.g. contraception). However, we also believe that as the Secretary of State has duties to improve public health^a and reduce inequalities^b, these factors should also be reflected in the principles.
7. The public health functions that can help to address modifiable risk factors for arthritis and musculoskeletal conditions are activities to promote physical activity (children and

a The Health and Social Care Act 2012 c.7 Part 1 Arrangements for provision of health services Section 12
<http://www.legislation.gov.uk/ukpga/2012/7/section/4/enacted>

b Health and Social Care Act 2012 c.7 Part 1The health service: overview Section 4
<http://www.legislation.gov.uk/ukpga/2012/7/section/4/enacted>

adults) and address obesity (children and adults) all of which are currently non-prescribed functions.

8. We are concerned that as these are non-prescribed functions, local authorities challenged to make savings will cut spending in these areas. In 2015/16 the Government confirmed £200 million of in-year savings from the local authority public health grant.⁸ We know that for example, since 2010, £42 million has been cut from councils' sports and leisure budgets.⁹
9. Physical inactivity is estimated to cost the NHS between £455 million and £0.9 billion per year.^{10,11} The wider costs to society and the economy of physical inactivity (for example due to absenteeism and lost productivity) are estimated to be much higher, up to £7.4 billion a year.¹² Obesity is estimated to cost the NHS around £5.1 billion a year.¹³
10. There should be recognition of the role that physical activity and weight management services play in improving public health. This should be supported by reporting of provision of services, spending and outcomes at local and national level.
11. There need to be mechanisms in place to ensure that future funding arrangements for local authorities, whether through the public health grant or retention of business rates, continue to maintain investment in programmes to increase participation in physical activity and sport, and weight management programmes. This is of key importance to both tackling musculoskeletal conditions and reducing health inequalities.

What evidence are you aware of on the impact of the prescribing activity so far? Is there evidence to suggest the impact of the regulations varies between people or groups? This could relate, for example, to people of different gender, age, ethnicity or sexual orientation?

12. The prevalence of arthritis in those aged 45-64 (people who are of working age) is more than double in the most deprived areas (21.5%) compared the least deprived areas (10.6%) of the country.¹⁴ People in the most deprived local authorities face the most significant public health risks such as a lack of physical activity, poor diet and obesity as well as higher rates of musculoskeletal ill health.

How, if at all, does the evidence suggest that we could change the regulations prescribing activities to support better public health outcomes - for example, as expressed through the objectives of PHOF to increase healthy life expectancy and reduce differences in life expectancy?

13. The Public Health Outcomes Framework has indicators that recognise the importance of physical activity and obesity to public health outcomes and reports trends at a national level (see footnote^c) and also at a local level which helps identify health inequalities. Public health outcomes could be improved if spending by local authority on the provision of physical activity and weight loss services were also mandated. The availability of such

c The following indicators in the Public Health Outcomes framework relating to physical activity and obesity:

- PHOF 2.06i Percentage of children aged 4-5 classified as overweight or obese
- PHOF 2.06 ii Percentage of children aged 4-5 classified as overweight or obese
- PHOF 2.12 Proportion of adults classified as overweight or obesity
- PHOF 2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.
- PHOF 2.13ii Proportion of adults classified as 'inactive'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf 44

data, at both local and national levels would help to enable accountability, transparency and comparability.

14. We therefore believe that consideration should be given to making physical activity and weight management services prescribed activities, given the cost to the NHS and society and the impact on quality of life.

For further information on this submission please contact:
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 - 3 Arthritis Research UK (2017). State of Musculoskeletal Health 2017. <https://www.arthritisresearchuk.org/arthritis-information/data-and-statistics/state-of-musculoskeletal-health.aspx>
 - 4 Office for National Statistics (ONS) (2016). Sickness Absence Report 2016. Online at <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2016>
 - 5 Arthritis Research UK (2014). Musculoskeletal health – a public health approach.
 - 6 Coggon D et al. (2001). Knee osteoarthritis and obesity, International Journal of Obesity 25, 622-7
 - 7 Liu B et al. (2007). Relationship of height, weight and body mass index to the risk of hip and knee replacements in middle-aged women. Rheumatology (Oxford) 46(5): 861-867.89
 - 8 Department of Health (2015). Local authority public health grant allocations 2015/6: Consultation response. <https://www.gov.uk/government/consultations/local-authority-public-health-allocations-2015-to-2016>.
 - 9 <http://www.funding4sport.co.uk/2015/04/16/council-sports-budgets-cut-by-42m/>
 - 10 Public Health England (2016). Physical inactivity: economic costs to NHS clinical commissioning groups https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524234/Physical_inactivity_costs_to_CCGs.pdf
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 - 12 Public Health England (2016). Health matters: getting every adult active everyday <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adultactive-every-day>
 - 13 NHS Digital (2017). Statistics on Obesity, Physical Activity and Diet - England, 2017 http://www.content.digital.nhs.uk/catalogue/PUB23742_6
 - 14 GP Patient Survey Data 2011/12 <https://www.england.nhs.uk/statistics/2012/06/14/gp-patient-survey-june-2012/>