

## **1. About the Local Government Association**

- 1.1. The Local Government Association (LGA) is the national voice of local government. We are a politically led, cross-party membership organisation, representing councils from England and Wales.
- 1.2. Our role is to support, promote and improve local government, and raise national awareness of the work of councils. Our ultimate ambition is to support councils to deliver local solutions to national problems.
- 1.3. The Local Government Association (LGA) welcomes the Health and Social Care Committees inquiry into prevention. Below we have outlined our view on which issues the inquiry should be exploring and where it should focus its attention.

### **Preventing ill health**

The LGA has consistently argued that the current social care and health system is unsustainable and will buckle under the weight of demand unless we re-engineer our planning and service provision to protect health, prevent sickness and intervene early to minimise the need for costly hospital treatment and care. Focusing on treatment alone is not the answer. We need preventative strategies that mitigate or defer the need for costly interventions and at the same time delivers better outcomes for individuals.

There is now a political consensus – including recent commentary from former government advisor [Andy Haldane](#), that our worsening national health is holding the economy back with long-term sickness now one of the most common reasons why people are economically inactive. The World Health Organisation (WHO) estimates that almost one third of the disease burden in developed countries can be attributed to four main behaviours: smoking, alcohol intake, poor diet, and physical inactivity.

Each year:

- smoking costs the NHS £2.4 billion and a further £1.2 billion in social care costs.
- alcohol-related harm is estimated to cost £3.5 billion in England
- obesity costs the NHS £6 billion
- physical inactivity is associated with 1 in 6 deaths in the UK and is estimated to cost the UK £7.4 billion

As the figures above demonstrate, prevention has become increasingly important as the cornerstone of the drive to reduce people's need for costly treatment and care. Given the current level of economic pressures on councils and the NHS, shifting the health and care system from treatment to prevention is challenging.

A strong case was made for investing in prevention back in 2002 when the [Wanless Report](#) estimated that effective public health policy which leads to high levels of public engagement in terms of their health could be saving the NHS £30 billion a year by 2022/23. In addition, the Government's consultation green paper [Advancing our health: prevention in the 2020s](#) set out how it plans to embed the vision and tackle the causes of preventable ill health in England.

Research also clearly shows the effectiveness of some of preventative interventions. [Analysis](#) by the University of York suggests that the expenditure through the public health ring-

fenced grant is 3-4 times as cost-effective in improving health outcomes than if the same money had been spent in the NHS. The benchmark study by [Karen Barnett and others on multimorbidity](#) found that by delaying onset of 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> condition can have massive benefit for NHS and social care demand.

If we are to make a reality of 'prevention is better than cure' it will require significant progress across six key areas, and we urge the Committee to look at focussing on these areas:

1. **Health is more than just healthcare** - Health is often thought of as more of a concern for NHS than for local government, as was quoted in the All Party Parliamentary Report on longevity: "We have been caught in a false view that our national health means the NHS." The role of councils in tackling the causes of poor health is crucial, particularly given the strong focus on place and cross-sectoral working, which local government is set up to deliver.
2. **Adult social care has a significant role to play** - Despite the importance of adult social care prevention, there is an inherent tension between its level of priority and its investment. The LGA has long argued for additional funding would allow for a much more serious level of investment in, for example, handyperson services, falls prevention services, and aids and adaptations. The funding would also enable more investment into the VCSE sector, which provides important services such as befriending, meals on wheels, and post-discharge support after time spent in hospital.
3. **The Government should introduce a [Prevention Transformation Fund](#)**. We recognise that providing additional financial support is challenging, especially given the financial pressures across the public sector. However, the alternative is that without resources specifically for primary and secondary prevention, there is a risk that we won't see the radical step change required to reduce impacts on the NHS and adult social care.
4. **Adopt a system-wide approach** - It is difficult for councils to build a business case to invest their scarce resources in initiatives where the financial benefits accrue to other agencies such as the NHS or the benefits system. It can only be tackled by adopting a system-wide approach, rather than budgets for treatment and budgets for prevention operating in silos.
5. **Address perverse incentives** - The health care system rewards hospitals for dealing with the very complications we are trying to avoid by increasing budgets or offering performance payments for treatment services at the expense of investing in prevention and early intervention.
6. **Greater understanding of what we spend on prevention**. We need a clear idea of what we currently spend on prevention across the system, and an aspiration about what the percentage of total government spend needs to be to improve health and care.

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