



Protecting and improving the nation's health

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Dear Carolyn

### **Draft budget proposals for 2019/20 to 2020/21**

Thank you for offering Public Health England (PHE) the opportunity to comment on the London Borough of Brent's budget consultation for the period between 2019/20 and 2021/22, which was tabled at your Cabinet meeting on 15 October 2018.

We fully appreciate the financial constraints that local authorities are operating under and that the ring-fenced public health grant itself has been reduced. As such, we recognise that difficult decisions must be made so that the resources at your disposal are used to best effect. At this stage we are providing what I hope is a useful commentary to your proposed efficiencies.

You will understand that PHE's Chief Executive is the Accounting Officer for the grant and as part of the annual audit undertaken in partnership with the National Audit Office (NAO), spend is assessed against the ring fenced public health grant conditions to gain assurance that it has been spent in line with the purposes intended by Parliament. We have considered all the proposals outlined in the budget paper which we believe will impact public health outcomes and address each in turn below.

### **Budget Proposal 'Recommended'**

There are three proposed cuts outlined in the 'recommended' budget proposal which relate to the use of the public health grant, namely CWB001, CWB002 and CWB003.

We understand that CWB001 proposes savings of £250k (£100k in 2019/20 and £150k in 2020/21) through public health re-commissioning of substance misuse services. As with previous years, the Department of Health and Social Care<sup>1</sup> has set conditions on the use of

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<sup>1</sup> Department of Health and Social Care, - Public health ring-fenced grant 2019/20 circular

public health grant and state that a local authority must have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. We understand that the cost saving proposed above would be made via efficiencies with the plan to have no influence on patients' access to the current substance misuse services. The latest data for Brent (2017/18)<sup>2</sup> indicates improvement in successful treatment completion for those already in treatment services. However, it is also important to emphasise that there has been a gradual increase in the estimated proportion of individuals in Brent who are dependent on opiates and/or crack cocaine or alcohol but who are not in treatment<sup>3</sup>. We would like to emphasise the importance of getting more people into treatment, while maintaining successful treatment outcomes.

The proposal outlined in CW002 outlines your plans to recommission Children's Centres and Health Visiting as a single contract. We encourage innovation and see the potential of bringing these services together, whilst maintaining or improving outcomes and tackling inequalities in the Borough.

As you will be aware, Brent does perform poorly in comparison to the England average in relation to child and maternal health<sup>4</sup>. For example, the Borough has very high levels of childhood obesity and on average 34.6% of five-year old children in Brent<sup>5</sup> have experienced tooth decay or extraction.

Poor oral health is inextricably linked to general health and wellbeing. Poor oral health can have a significant impact on the child and family. For children affected, tooth decay can lead to pain, discomfort, sepsis, sleepless nights, and time off school, which may impact school readiness and wellbeing<sup>6</sup>. Parents may need to take time off from work to care for their children or attend dental appointments. Dental neglect may also be an indicator of a wider safeguarding issue.

Tooth decay remains the most common reason for non-emergency hospital admission for children aged 5 to 9 years-old in Brent. In 2017-18 there were 520 finished consultant episodes (FCEs) with a primary diagnosis of tooth decay for 1-19 year olds whilst the number for 5-9 year olds was 322 FCEs.

In Brent, child health outcomes are being addressed through the work programmes of children's centres and the mandated universal offer of health visiting teams in which oral health is embedded. There are opportunities for brief oral health advice both at the mandated checks and opportunistically as part of making every contact count. However, the recommended budget proposal of CWB002 carries the potential risk of disrupting this fundamental work.

There is potential for improving delivery through the re-commissioning of children's centres with health visiting by developing a fully integrated model. There is positive evidence to support the bringing together of 0-5 services and embedding these alongside 'family hubs'. (see CWB 008 - appendix B). However, doing this well will require a public health focus with oversight and accountability through the Director of Public Health.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/767140/DHSC\\_allocations\\_circular\\_template\\_final\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767140/DHSC_allocations_circular_template_final_1.pdf)

<sup>2</sup> Local Area Trend Report 2017/18

<sup>3</sup> Trend analysis based on last four Diagnostic Outcomes Monitoring Executive Summary (DOMES) reports

<sup>4</sup> Public Health Outcomes Framework - <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000007/ati/102/are/E09000005>

<sup>5</sup> Public Health England (2018). National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017 A report on the inequalities found in prevalence and severity of dental decay.

<sup>6</sup> Nuttall N, Harker R (2004). Impact of oral health. Children's dental health in the United Kingdom 2003. London: Office for National Statistics.

Innovation in Brent through introducing the Maternal Early Childhood Sustained Home Visiting programme (including the lift the lip dental check) has created an opportunity for building skill-mix within the team and encouraging further multi-disciplinary working. This may help to improve recruitment and retention rates for the specialised workforce, currently a challenge in Brent. However, this type of workforce transformation must be planned and implemented carefully, as each service has very clear but different aims and objectives. As seen in other parts of London, this kind of recommissioning can take two years to fully integrate otherwise the services will fail to deliver real benefit for local residents.

In contrast to the first two efficiencies identified under the 'recommended proposals', CWB003 is more problematic. Proposal CWB003 anticipates an approximately 50% reduction in stop smoking services by ceasing the provision of untargeted smoking cessation with a financial saving of £250k (£125k in 2019/20 and £125k for 2020/21) for the council. However, the reduction in this evidence-based service risks poorer health outcomes, increasing health inequalities associated with tobacco use and a failure to realise the potential savings not only to the NHS but social care from having fewer residents who smoke. We would therefore question the scale of the reduction and the types of alternative measures suggested to support Brent residents quit smoking.

Recent data suggests that prevalence of smoking among adults in Brent has risen from 12.8% (n=32,020) in 2016 to 15.8% (n=39,707) in 2017<sup>7</sup>. This prevalence is higher than both the London and national averages 14.6% and 14.9% respectively. In addition, the number of individuals setting a quit date per 100,000 smokers aged 16 and over is down from 5,601 in 2016/17 to 3,906 in 2017/18.

The associated annual cost of tobacco use in Brent is considerable. It is estimated that smoking in Brent costs society a £57.9m<sup>8</sup> in total. Supporting people to quit smoking has a high return on investment and is one of the most cost effective and affordable public health measures available to councils. According to the NICE tobacco return on investment tool, every £1 spent on smoking cessation, saves £10 in future health care costs and health gains<sup>9</sup>.

Smoking remains the major preventable cause of premature death and disability. It is responsible for the premature death of half of all life-long smokers. Tobacco use is a strong driver of health inequalities, and one of the most significant public health challenges. It is for this reason that the national Tobacco Control Plan for England (2017)<sup>10</sup> sets a vision to create the first smoke-free generation in the UK. While the adverse health impacts of smoking are evident among all those who smoke, there are particular groups that are most in need of support. We appreciate that the current proposal retains a level of service for pregnant women and mental health service users, however, other vulnerable groups such as patients undergoing treatment for alcohol and drug misuse, people in lower socioeconomic groups, LGBT communities, the long-term unemployed and some minority ethnic groups will be affected by the current proposal.

There is evidence that these groups are more likely to smoke and spend a larger proportion of their income on cigarettes<sup>11</sup>. For example, many people may recover from their drug or

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<sup>7</sup> Public Health England: Local Tobacco Control Profiles – Brent (2018)

<https://fingertips.phe.org.uk/profile/tobacco-control>

<sup>8</sup> The local cost of Tobacco – ASH “Ready Reckoner”: 2018 edition, v6.8 – published 06 Sept 18

<http://ash.lelan.co.uk/>

<sup>9</sup> Health Matters: preventing ill health from alcohol and tobacco use (October 2017) <https://www.gov.uk/government/publications/health-matters-preventing-ill-health-from-alcohol-and-tobacco/health-matters-preventing-ill-health-from-alcohol-and-tobacco-use>

<sup>10</sup> Department of Health: Towards a Smokefree Generation – A Tobacco Control Plan for England (July 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/630217/Towards\\_a\\_Smoke\\_free\\_Generation\\_-\\_A\\_Tobacco\\_Control\\_Plan\\_for\\_England\\_2017-2022\\_2\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf)

<sup>11</sup> Public Health England: Tobacco Commissioning Support Pack (2019/20) - Brent

alcohol dependence only to later die of their continued and untreated tobacco dependence. In Brent, an estimated 58% of substance misuse clients were identified as smoking tobacco at the start of treatment. Of these only 3% were provided smoking cessation intervention<sup>12</sup>. In terms of your aim to reduce inequalities, these cohorts will suffer the most from proposed cuts to provision of stop smoking services.

Whilst the current proposal retains services for pregnant women, it does not include the offer of support to their partners and those living in the same household. There is a strong body of evidence on the harms of second hand smoke to both pregnant women and their new born babies and the devastating relationship of second hand smoke with the increase in sudden infant death syndrome. The Royal College of Physicians (RCP) published a landmark report which concluded that “passive smoking is a significant cause of morbidity and mortality in babies and children<sup>13</sup>”.

We would therefore urge you to revise your current funding cuts in a way that allows provision of smoking cessation services on a wider scale in order to protect pregnant women and their babies, people undergoing treatment for substance abuse, as well as those individuals using mental health services.

At a time when the NHS is being encouraged to do more to help local people quit smoking through the Long-Term Plan, we would hope that a cross agency, integrated approach to tobacco use is forged in each borough going forward.

### **Budget Proposal ‘Difficult’**

Proposal CYP008 outlines your intention to develop family hubs from children’s centres. While we accept the rationale for this proposal, it is essential that this happens alongside CWB002 for the reasons outlined above, as they are directly linked. Currently services are co-located but not integrated. High levels of obesity and child tooth decay are key public health priorities in Brent. Family hubs offer breast feeding support, advice to establish healthy weaning and developing oral healthy behaviours early through bringing families and services together for improved synergy and enhanced outcomes. This model provides opportunities for brief oral health advice and sign posting to dental services early for prevention.

### **Budget Proposal ‘Very Difficult’**

The proposal outlined in CWB004 describes your intention to make cuts to your NHS Health Check programme. We will require clarification and further detail on the nature of this proposal, as every upper tier local authority is required to offer, or ensure that arrangements are in place to offer, all eligible residents a NHS Health Check. The programme’s design, expected health benefits and return on investment were assessed on this basis.

It was originally expected that by the end of 2018/19 100% of Brent’s eligible population would have been offered a NHS Health Check with a proportion of the ring-fenced public health grant used to put these arrangements in place.

Official data returns show that so far, between 2014 and 2019 Brent has offered health checks to 85% of the eligible population, making it unlikely that the Borough will have offered all eligible people a check by the end of 2018/19. It is important that any plans to re-prioritise or cut the programme do not jeopardise Brent’s current performance.

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<sup>12</sup> Public Health England: Adult - drugs commissioning support pack (2019/20) - Brent

<sup>13</sup> Royal College of Physicians: Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010 <https://www.rcplondon.ac.uk/news/passive-smoking-major-health-hazard-children-says-rcp>

In addition to the concerns raised above, the proposal outlined in CWB004 carries additional risks for health and oral health in relation to identifying those at risk of diabetes. A recent European consensus<sup>14</sup> has established the bidirectional link between diabetes and periodontal (gum) oral health. There is a growing body of evidence to underpin that supporting people with type 2 diabetes to improve their periodontal health will improve the management of their blood glucose levels and overall general health, as well as vice versa.

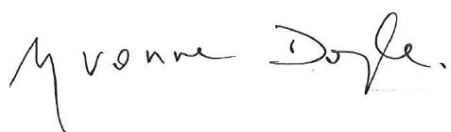
Modelling supports a financial return on investment, illustrating another example of the necessity of health checks to signpost individuals at risk to access healthcare services. We also know that the population likes this chance to take stock of their health risks and talk to health professionals about how to keep healthy.

### **Budget Proposal 'Most Difficult'**

The proposal outlined in CYP010 to close all children's centres will have a devastating impact on outcomes for some of the most deprived children and families in Brent and is therefore something we cannot support. The provision of sufficient children's centres to meet local needs is a statutory requirement in the Childcare Act 2006. With their multi-agency focus, children's centres can bring communities together. They provide a hub for midwives, health visitors, early education and childcare workers, links to job centres and adult skills providers, parenting groups, and a range of family activities. They are a key part of early help, targeted to meet local priorities in the context of diminishing resources. With the development of place-based commissioning, children's centre services have become a pivotal part of the early help offer, allowing families to access the help they need to meet those early challenges, help to tackle inequalities, and give children a healthy start.

We would therefore strongly encourage you not to close all children's centres across the Borough and instead work closely with partners and residents to support the delivery of these valuable preventative services in a different and more cost-effective way.

We understand Brent's financial situation but would encourage you to reconsider the long-term impact of the proposals you have identified and their effect on population health and health inequalities. With that in mind, it is hoped that these suggestions are helpful. We are more than happy to come and meet with you or your Director of Public Health to support the decision-making process.



### **Yvonne Doyle CB MD**

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Cc: Melanie Smith, Director of Public Health  
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<sup>14</sup> Sanz M, Ceriello A, Buysschaert M, Chapple I, Demmer RT, Graziani F, et al. Scientific evidence on the links between periodontal diseases and diabetes: Consensus report and guidelines of the joint workshop on periodontal diseases and diabetes by the International Diabetes Federation and the European Federation of Periodontology. Diabetes research and clinical practice. 2018; 137:231-41.