The Committee plans to consider the impact of the structural changes at a general level, and is likely to consider in particular:

- The delivery of public health functions
- The effectiveness of local authorities in delivering the envisaged improvements to public health
- The public health workforce
- Public health spending.

Introduction

RoSPA welcomes this opportunity to provide a submission to the Health Committee.

We remain very concerned that public health makes scant reference to the value and priority that should, we believe, be attributed to the prevention of accidental injuries and deaths. This is a highly significant issue which is often overlooked because of its superficial complexity and its interdependence with other issues. In this document, we highlight the importance of evidence-based local decision making and investment in priorities that deliver the best possible return in terms of local rates of mortality and morbidity.

In particular, we would like to highlight that:

- Fatal accident rates in England are rising (11,452 in 2013/14 compared with 10,729 in 2012/13). While rates of workplace and road accidents are stable or falling, they are rising in the home and in leisure.
- Accidents place a considerable burden on hospital A&E departments. Our collaboration with the Royal College of Emergency Medicine has shown that A&E departments treat a disproportionate number of unintentional injuries within three age groups: under-5s, 15-24s and the over 70s.
- Accidents are financially costly to Government and society. The cost of treating accidental injuries to under 5s is at least £140million per year. At £7.4billion per year, the cost, to society of these injuries, is far higher.
- Accident prevention is, compared to other potential public health interventions, easy to implement and inexpensive to deliver.
- The return on investment, measured in quality-adjusted life years, outstrips every other potential public health intervention.

We recognise that accidents are not the single largest public health issue. However, in terms of their impact on society and their efficacy of intervention, they should be the first priority for any public health strategy.
The delivery of public health functions

Local authorities are ideally placed to deliver public health initiatives. They are close to the local population and already have responsibility for local education, housing, transport, policing and social care.

However, local authorities face a considerable challenge in coping with the ever-increasing demands of an ageing population against an increasingly chronic shortage of funding.

It has never been more important for local authorities to make wise investment decisions that deliver the very best possible return in terms of health and wellbeing.

The effectiveness of local authorities in delivering the envisaged improvements to public health

Local authorities need to invest in programmes that deliver the best return in terms of preventing the causes of preventable mortality and morbidity.

The Public Health Outcomes Framework (PHOF) has given local authorities a fairly comprehensive suite of performance indicators from which to select their local priorities. Whilst this gives flexibility and encourages local experimentation, it leads to wasteful duplication and local priorities that don’t necessarily reflect national priorities. Few local authorities have adopted all the injury-related PHOF indicators and yet across the country, the rate of fatal home and leisure accidents is rising.

While public health has achieved some notable success, such as smoking cessation, we believe that a disproportionate amount of money is being invested (a half of local public budgets) in programmes that try to tackle sexual health and addictive behaviours involving drugs and alcohol. Whilst these programmes might eventually bear fruit, other programmes such as community safety, seasonal mortality and accident prevention receive minimal funding. This is despite the evidence such as increasing rates of fatal accidents.

We therefore advocate that local authorities are encouraged to adopt PHOF indicators that measure their performance against the 8 leading causes of preventable mortality and morbidity: unintentional (i.e. accidental) injury, intentional injury (suicide and assault), diseases of the respiratory, circulatory, endocrine (e.g. diabetes) systems and behaviour-related cancers.
The public health workforce

We warmly welcome the Government’s investment in expanding the Health Visitor workforce. Health Visitors perform a vital role in supporting new parents and they are a crucial part of any programme aimed at delivering the “best start in life”.

Health visitors are trusted professionals who are welcomed into new parents’ homes. They are in an ideal position to provide advice about everyday hazards, ranging from hot surfaces and scalding liquids to trip hazards and staircases.

However, despite the expansion in the Health Visitor workforce, we know that their time with families is limited. They have to provide advice on nutrition, common infections, behaviour difficulties and depression. This leaves very little time for the Health Visitor to focus on physical safety.

We also welcome the way in which the Fire & Rescue Services are increasingly carrying out public health tasks. However, as with Health Visitors, fire staff tend to focus on their priority – fire prevention.

From our experience with the nationwide Safe At Home programme and our Birmingham-based LifeForce volunteer programme, it takes up to an hour by a RoSPA-trained educator to carry out a home safety check, explain the individual hazards which each family faces, and arranges the fitting of safety equipment.

Once identified, many hazards and hazardous situations (such as not leaving a young child unsupervised in the bath or keeping medicines and cleaning products out of reach) can be eliminated by better parental awareness and parenting skills. New parents are very receptive to advice on how to improve the way they care for their young child(ren).

Other hazards such as stairs and upstairs windows can be minimised thanks to the use of appropriate safety equipment including gates and window restrictors. Injury rates are highest within the lowest socio-economic groups which cannot afford such equipment.

We believe a significant share of public health funding should be allocated to enabling RoSPA-trained educators, be they health visitors, fire staff or RoSPA employees to visit every new parent and carry out a home safety check.

Public health spending

The public health budget is considerable. It needs to be considerable in order to drive the improvements in prevention which will, in time, reduce pressure on the NHS and allow the NHS to continue to function within a finite budget.
The precarious state of the UK’s public finances makes it essential for the public health budget to be invested as cost-effectively as possible. RoSPA therefore advocates an evidence-based approach based on local need together with the opportunity to improve the health of the public at the lowest possible investment by the taxpayer.

To help local decision-makers, RoSPA has developed a logical, evidence-based decision-making framework to prioritise investment across the full range of public health interventions. This free tool (the ‘matrix’), is a new decision-making analytical tool that is the synthesis of three proven methodologies: Programme Budgeting and Marginal Analysis (PBMA), Save to Invest (StI) and Multi Criteria Decision Analysis (MCDA). The ‘matrix’ is being used by some Directors of Public Health and was presented to the 2015 Public Health England conference.

The ‘matrix’ approach encourages local decision-makers to rank each of their public health programmes against mortality, morbidity, cost of the programme, effectiveness and return on investment. In most cases, there is plenty of local data available to enable this ranking process. Where data isn’t immediately available, a Delphi approach involving a group of public health experts, can deliver a consensus on an appropriate ranking.

An analysis starting with publicly available mortality data from the Office of National Statistics and considering Preventable Years of Life Lost (PrYLL) would suggest a radical re-allocation of local public health resources, away from sexual health, drugs and alcohol dependency to a far greater emphasis on seasonal mortality, community safety and accident prevention.

Instead of continuing to struggle to modify addictive behaviours, such a radical change of focus would deliver rapid and highly beneficial outcomes to communities because the messages are largely welcomed, readily adopted and deliver behaviour change that is both immediate and long-lasting.

RoSPA is prepared to make key staff available to help facilitate the use of the ‘matrix’ by local public health decision-makers.

Applying the ‘matrix’ approach will make local decision makers consider every public health intervention. In most cases, the ‘matrix’ approach will help identify all the areas where public health investment needs to be maintained and other areas where it can be cut without having a significant effect on the health of the population.

However, the ‘matrix’ approach will also highlight the areas of public health expenditure where performance (in terms of health outcomes for the local population) is significantly worse than the national average. If this is the case across a number of critically important areas, the local authority will have a strong case for additional investment to help pay for enhanced public health programmes aimed at bringing performance closer to the national average.

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