Arthritis Research UK welcomes the opportunity to respond to the Health Select Committee’s inquiry into Public Health post-2013.¹ We would be pleased to expand on the points below, and to provide further information to the Committee as oral evidence.

Arthritis Research UK is the charity dedicated to stopping the devastating impact that arthritis has on people’s lives. Everything that we do is focused on taking the pain away and keeping people active. Our remit covers all conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis. Together, these conditions affect around ten million people across the UK and account for the fourth largest NHS programme budget spend of £5 billion in England.² Arthritis is the biggest cause of pain and disability in the UK, and each year 20% of the general population consult a GP about a musculoskeletal problem such as arthritis.³ We fund research into the cause, treatment and cure of arthritis, provide information on how to maintain healthy joints and bones and to live well with arthritis. We also champion the cause, influence policy change and work in partnership to achieve our aims. We depend on public support and the generosity of our donors to keep doing this vital work.

Summary points:

3. Public health approaches, in particular those addressing obesity and physical inactivity, have a vital role to play in tackling musculoskeletal conditions and promoting musculoskeletal health.

4. Our report⁴ findings highlight current gaps in the recognition of the burden of musculoskeletal conditions at a local level.

5. We are deeply concerned that the continued cuts to public health spending, together with the proposed removal of central Government funding into local authorities’ public health spending, will result in a reduction of local public health services and risk greater health inequality.

6. We are particularly concerned that because services to address obesity and physical activity are not prescribed public health functions, local authorities challenged to make savings will cut these services which are vital to people with musculoskeletal conditions.

7. This response covers the following areas:
   - Overview
   - Importance of a public health approach to musculoskeletal health
   - Effectiveness of local authorities in delivering the envisaged improvements to public health
   - Public health budget and spending
   - Case study suggestions.

---

² Department of Health (February 2014), 2012-13 Programme budgeting benchmarking tool.
³ Arthritis Research UK National Primary Care Centre, Keele University (October 2009). Musculoskeletal Matters.
Overview

8. Arthritis and musculoskeletal conditions affect around ten million people in the UK. The UK Global Burden of Disease study identified musculoskeletal conditions as the largest single cause of years lived with disability (YLDs), and the third-largest cause of disability adjusted life years (DALYs).

9. Musculoskeletal conditions are disorders of the bones, joints, muscles and spine, as well as rare autoimmune conditions such as Lupus. There are three broad groups of musculoskeletal conditions:
   - Group one includes rheumatoid arthritis and comprises systemic inflammatory conditions which attack joints and other organs, requiring specialist treatment to suppress the immune system. These conditions are common - for example, around 400,000 adults in the UK have rheumatoid arthritis.
   - Group two conditions such as osteoarthritis and back pain are conditions of musculoskeletal pain which affect millions of people; 8.75 million people in the UK have sought treatment for osteoarthritis. These conditions are generally treated by GPs in primary care through physical activity and pain management, though some people require joint replacement surgery.
   - Group three is fragility fractures and osteoporosis, a painless weakening of bone where the first sign of a problem may be when a fragile bone breaks causing pain and disability.

10. Musculoskeletal conditions interfere with people’s ability to do their normal activities. Common symptoms include pain, stiffness and a loss of mobility and dexterity. The pain and disability caused by these conditions ruin quality of life, robbing people of their independence and impairing their ability to participate in family, social and working life. Musculoskeletal conditions are also an important but arguably under-recognised contributor to health inequalities. Not only are those in the lowest income quintile more likely to report chronic pain, but the pain they experience is also likely to be more severe.

Importance of a public health approach to musculoskeletal health

11. Public health approaches, in particular those addressing obesity and physical inactivity, have a vital role to play in tackling musculoskeletal conditions and promoting musculoskeletal health. Obesity substantially increases the risk of osteoarthritis and musculoskeletal conditions such as back pain, gout and to some extent rheumatoid arthritis. Obese people are more than twice as likely to develop knee osteoarthritis as those of a normal body weight. Much of the population is at increased risk of developing a long term condition due to their physical inactivity.

12. We believe musculoskeletal conditions should be at the heart of public health activities at a local and national level. However, despite their significant impact, the Chief Medical

---

Officer has described osteoarthritis (the most common form of arthritis) as 'an unrecognised public health priority'.

13. Public health services that are important in preventing and addressing musculoskeletal conditions include obesity services and facilities to promote physical activity. In contrast to other prescribed public health functions (including for example, sexual health services) there is no mandatory requirement for the provision of functions to address obesity or to support physical activity in either adults or children. In 2014/15, local authority spending on obesity and physical activity accounted for just 6.5% of the projected overall local authority public spending.

**Effectiveness of local authorities in delivering envisaged improvements to public health**

14. The Health and Social Care Act (2012) places a duty on the Secretary of State to secure ‘continuous improvement in the quality of services provided to individuals for or in connections with - … the protection or improvement of public health.’ The Act also places public health duties on local authorities to take steps to improve the health of people in their area, including ‘providing services or facilities designed to promote healthy living’ and for the ‘prevention, diagnosis and treatment of illness’.

15. From 1st April 2013 local authorities assumed responsibility for a range of public health services. In addition, October 2015 saw the transfer of the responsibility for children’s public health services from 0-5 years to local authorities.

16. In 2015, Arthritis Research UK examined the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) documents which local authorities have a statutory duty to produce with their Clinical Commissioning Groups (CCG). Although we found that falls, fragility fracture and osteoporosis were included in the majority (95%) of JSNAs, other common musculoskeletal conditions were not. In particular, osteoarthritis which affects over 8.75 million people in the UK was only included in 36% of JSNAs. One in four local authorities have not included any mention of arthritis, musculoskeletal conditions or osteoarthritis in their JSNA. These findings highlight gaps in identifying the local health needs and set the direction of travel for local health authorities which do not reflect the burden of musculoskeletal conditions at a local level. Omissions in planning are likely to translate into inequitable and inadequate provision of services by local authorities.

17. We are currently working with local authorities to ensure they are aware of the burden of musculoskeletal conditions and the importance of public health approaches in addressing them (see box).

---


Arthritis Research UK in partnership with Imperial College London has developed and launched the Musculoskeletal (MSK) Calculator, a prevalence modelling tool for osteoarthritis of the hip and knee. Using this data, we have worked with Public Health England to co-produce bulletins to illustrate the scale of the burden of osteoarthritis both nationally and locally. The bulletins provide specific data on hip and knee osteoarthritis and are targeted towards local authorities to inform their provision of local services, including public health services.

In addition to prevalence data, the bulletins contain risk factor information and examples of local actions that can be taken to reduce the burden of osteoarthritis in local areas. All 152 local authorities with responsibility for public health in England are included within nine regions.

Public health budget and spending

18. The NHS 5 Year Forward View makes it clear that to ensure the future health of the nation, a sustainable NHS and economic prosperity, we have to take a preventative approach to health seriously. Public health spending is essential to ensure the support and services that people need to maintain and improve their health and wellbeing.

19. Public health spending in 2014/15 was £5.9 billion, including allocations to Public Health England (PHE), NHS England (NHS-E) and a ring-fenced local authority grant of £2.8 billion.

20. Initial allocation of the public health grant to local authorities in 2013/14 was based on an assessment of prior public health spend by primary care trust plus an increase above baseline. A formula was developed to describe how allocations should be made, in principle, based on need (‘target allocations’). Individual local authority grants were adjusted in 2013/14 and again in 2014/15 to bring them toward these targets, addressing inequity. However, in 2014/15 13 local authorities remained more than 20% below their target allocation of the grant. The DH and PHE decided not to reallocate funding from local authorities spending above their target since ‘total public spending was only about 3% of health funding’ and ‘they did not believe any local authority had more funding than needed’.

21. In 2015/6, the government confirmed £200 million of in-year savings from the local authority public health grant. Following consultation, these cuts were made at a flat rate across all local authorities, compromising the progress towards allocating public health funding fairly and adequately. In addition, in the Spending review the Government set

---

out the intention to make further savings in local authority public health spending – delivering average annual real-term savings of 3.9% over the next five years.\(^{30}\)

22. The Government’s long-term approach to further transferring responsibility for public health spending was also set out in the Spending review. Firstly, the ring fence on local authority public health spending was only confirmed until 2018. Secondly, the Government will consult in 2016 on options to fully fund local authority public health spending from their retained business rates receipts.\(^{31}\) Public health funding reliant on business rates require strong local economies to facilitate good public health services. The current economic climate risks local authorities with weaker economies that maybe most in need of good public health services being unable to raise enough to fund adequate public health services locally, leading to greater health inequality.

23. We are deeply concerned that the continued cuts to public health spending, together with the proposed removal of central Government funding into local authorities’ public health spending, will result in a reduction of local public health services and risk greater health inequality. Continued reductions in public health have wider ramifications for health and social care at a local and national level.

24. We are particularly concerned that because services to address obesity and physical activity are not prescribed functions, local authorities challenged to make savings will cut these public health services which are vital to people with musculoskeletal conditions.

**Case study suggestions**

25. The committee invited suggestions for case studies as part of the inquiry. We would like to propose case studies on the topics of:

- **Musculoskeletal conditions** - the high prevalence of conditions such as back and neck pain and osteoarthritis, their amenability to public health approaches, and the previous lack of recognition of these conditions as a public health priority (see 12 above) justify a particular focus of attention.

- **Public health and work** – Good work is beneficial to health\(^{32}\), and the workplace is an important setting in which public health messages can be actively promoted. A focus on this area would complement the work of the Government’s new Joint Unit on Health and Work.

- **Physical activity** – this aspect of public health provision is relevant to a number of health conditions including musculoskeletal conditions. This is a current focus of attention for Public Health England as well as the Chief Medical Officers.\(^{33}\)

- **Obesity services** – this aspect of public health provision is relevant to a number of health conditions such as knee osteoarthritis. It would be timely in light of the childhood obesity strategy which is expected in 2016.\(^{34}\)

---

\(^{30}\)Arthritis Research UK (2015). Response to HM Treasury’s Spending Review. [http://www.arthritisresearchuk.org/~media/Files/Policy%20files/Policy%20pages%20files/Arthritis%20Research%20UK%20representation%20to%20the%20Spending%20Review%202015.ashx](http://www.arthritisresearchuk.org/~media/Files/Policy%20files/Policy%20pages%20files/Arthritis%20Research%20UK%20representation%20to%20the%20Spending%20Review%202015.ashx).


