



A DOSE OF LOCALISM

THE ROLE OF COUNCILS IN PUBLIC HEALTH



City of Westminster

Executive summary

The transfer of public health from the NHS to local government has been welcomed. It is local government services, such as housing and environmental health, that have the most significant impact on public health outcomes.

However, local government is receiving responsibility for public health at a challenging time. On the one hand, local government faces a significant increase in demand. Cases of diabetes, dementia and heart disease are set to increase rapidly.

On the other hand, councils face a significant reduction in resource. Local government received a 28 per cent reduction in resource over the current spending review period. This is compounded by the government's proposals for allocating the £2.2 bn public health budget that could see deprived areas receiving less resource.

The LGiU believes that realising the full potential of the transfer of public health, and meeting the current resource challenge, local government will need to:

1. Integrate public health across all service areas
2. Help communities to provide services for themselves
3. Invest in prevention.

This report examines these aims and provides recommendations to advance them. The recommendations are listed below. Our findings are based on two joint LGiU and Westminster City Council (WCC) roundtable discussions that brought together senior officers and members responsible for housing, adult social care, libraries and leisure and public health. Recommendations are, however, made independently by the LGiU and do not necessarily reflect the views of WCC.

Recommendation 1: Innovate. Councils should design innovative services that embed the public health approach across service areas. Examples include:

- utilising public space to tackle overcrowding
- better planning of public services to improve health and wellbeing
- reducing licensing red tape for smaller, non alcohol-led venues to encourage a more responsible approach to drinking
- improving employee and customer health by promoting higher quality services in local shops
- prescription of leisure activities to raise activity levels
- linking welfare measures to behaviours that promote public health.

Recommendation 2: Show who benefits from invest to save. Public health analysis, in addition to establishing an objective picture of need through documents such as the JSNA, needs to build on the community budget pilots to provide more robust cost benefit analysis of actions that deliver longer term savings from early intervention and preventative action and where future benefits accrue.

Recommendation 3: Recruit and develop community commissioners. There is a growing recognition that community input in decision-making can help promote health outcomes. However, the key to realising these health gains is giving communities real decision-making power. One option is to employ community commissioners.

Recommendation 4: Identify and build on success. Bottom-up approaches cannot be “planted” by councils. Local authorities should instead focus on strengthening pre-existing networks in communities that could play a role in delivering services.

Recommendation 5: Councillors as community leaders. Ward councillors are the direct link between the local authority and the community. They are best-placed to encourage people to get involved in improving public health outcomes.

Introduction: The public health challenge

Historically, public health has been a core local government role. Some of the most significant improvements in the health of the nation originated in local authority action. Covering sewers, rubbish collection and provision of clean water taken together resulted in one of the most significant drops in mortality that this country has seen.

The creation of the NHS began to erode local government’s powers in public health. In 1974, public health responsibilities were comprehensively transferred away from local government to the NHS. Since then, the gap between the public health outcomes for the richest and poorest in our society has not been reduced.

In recent years, the health debate has moved back towards local government. In 2008, the government-commissioned Marmot Review recognised that the most crucial indicators of health are the responsibility of local authorities and not the NHS. The Marmot Review confirmed that individual health is influenced by wider social determinants such as income, education, local environmental quality and employment.

The review set out six policy recommendations:

- give every child the best start in life
- enable all children young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure a healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill health prevention.

The transfer of public health responsibilities back to local government has received broad support from both local government and health. Local government, with its network of services and close understanding of local communities, is best-placed to tackle issues such as poor local environments and worklessness that are responsible for the UK’s rising tide of ill health.

However, local government is receiving responsibility for public health at a challenging time. Councils face a 28 per cent reduction in resource over the current spending review period. In addition, the government is reforming the allocation of public health funding. The proposed new formula, based on death rates for the under 75s, will result in areas of deprivation receiving less resource. On average, the most deprived 20 per cent of councils will get £8 less per head of population.

In its Health and Wellbeing Strategy, WCC has set out three aims for public health. First, that Westminster is a safe, supportive and sustainable place where people are empowered to play as full a role in society as possible. Second, that more people live healthily for longer and fewer die

prematurely. Third, that people living with injury, disabilities or long-term conditions and their carers have a good quality of life and stay independent for longer. These aspirations will be shared by many authorities.

In the three sections below, this report looks at how local authorities can meet these aspirations as demand rises and resources reduce. In summary, the LGiU believes that the most effective public health services will be provided by communities for themselves and be preventative rather than acute. This report looks at how councils can promote these kinds of services across the full range of local government functions.

1. Integration of public health across all service areas

Public health is a small budget area. To realise the potential gains of the public health transfer to local government, councils need to reform key service areas. Two principles underpin effective services that promote public health: that they are preventative and reflect the importance of helping communities to provide services for themselves. This chapter includes suggestions of what this might look like.

Public health has tended to be seen as a narrow, clearly delineated function. It is, however, a relatively small budget and many of the key determinants of health, such as the quality of housing stock, are in the hands of other departments. The transfer of public health must not be seen as the acquisition of a new department but as a catalyst for the transformation of many local public services.

The LGiU, in consultation with contributors to the joint LGiU-WCC roundtables, has devised a series of suggestions for what “doing” public health could look like in different departments and service areas. These specific suggestions will not be right for all authorities. They do, however, reflect the clear principles that will underpin successful public health interventions: they are based on a preventative approach and reflect the importance of helping communities provide services for themselves. These approaches are both explored in more detail in section 2 and 3 of the report.

Housing

Utilising public space to tackle overcrowding. Overcrowding has a significant adverse impact on the physical and mental health of both children and adults. Shelter has found that overcrowding is linked to respiratory and infectious diseases, common mental health disorders, developmental delays and lower levels of educational performance. Overcrowding is a problem that in the long-term can be solved by the delivery of more, better homes. But that does not mean there are no short- and medium-term interventions that can reduce the detrimental impact of overcrowding. To reduce the adverse impact of overcrowding on educational attainment, some authorities are organising study groups in community facilities for children with not enough space to work in peace at home.

Planning

Planning public services to improve health and wellbeing. Poor health correlates with low-levels of participation in the labour market and poor perception of place. Regeneration of local centres can therefore make an important contribution to improving the health of communities. In the past year, some recommendations have been advanced to support the regeneration of high streets. The Portas Review presented recommendations that would help the retail sector lead regeneration of high streets. However, Portas neglected the role of public sector investments. This ignores the fact that the public sector is the main investor in many deprived communities.

Intelligent planning of new public services can promote health and wellbeing in two ways. First,

locating services in local centres promotes access through better links to transport. Second, locating new services in local centres draws visitors into high streets. The LGiU and RTPI has collated a significant amount of anecdotal evidence that suggests locating new health services out of town will result in lower levels of both utilisation and regeneration and, in turn, reduced health gains. In decisions about the location of new public services, authorities should balance the added health benefits of high street locations against lower-cost out of town alternatives.

Licensing

Reducing licensing red tape for smaller, non alcohol-led venues to encourage a more responsible approach to drinking. Excessive alcohol consumption is closely related to a range of public health issues. Late night bars that offer limited seating, play loud music and sell bottled alcohol are most likely to encourage problem drinking. Many local authorities have developed licensing policies that have effectively restricted the operation of this kind of venue. Westminster City Council's licensing policies are designed to change the composition of the night-time economy so it is less dominated by alcohol-led premises through measures such as requiring a minimum number of seats at all times and limiting sales to waiter service only.

However, imposing tougher conditions on existing venues is only part of the answer. Local authorities could do more to promote positive, more responsible alternative venues that could create the "cafe culture" that the 2003 Licensing Act promised but failed to deliver. The LGiU believes that local government could encourage greater diversity in the night-time economy by making it easier for venues to obtain Temporary Event Notices and remove the requirement for premises that serve a small number of customers to obtain a license. This must, of course, be balanced with issues such as increased noise pollution which are also a public health concern.

Local economy

Improving employee and customer health by promoting higher quality services in local shops. Corner shops are the cornerstone of many local economies. They provide a range of goods and services, often in areas of significant deprivation. Working through corner shops could help local government fulfil its public health role. As urban planner Euan Mills has noted, services such as CollectPlus have used corner shops' comprehensive network of distribution points for return and distribution of internet sales. In areas identified as food deserts, where fresh and affordable foods needed to maintain a healthy diet are unavailable, councils could offer incentives to local shops that make such services available through social investment funds.

In addition to making healthy food more readily available, such investment could deliver knock-on health benefits to communities. As contributors to the joint LGiU and WCC roundtables argued, getting more people into high-quality employment is the key to resolving a large number of long-term public health issues. The much-discussed regeneration of the Spar in Walthamstow shows how the regeneration of corner shops can promote access to healthy foods, create better quality employment and breath life into local supply chains. The Grocer reports that the store, which was previously a conventional off-licence, now sells more than 2,000 loaves of organic bread baked in store every week, has an in-store pizzeria and includes products from more than 100 small suppliers alongside everyday branded items.

Leisure

Prescription of leisure activities to help raise activity levels. Several local authorities have introduced schemes that allow GPs to prescribe physical activities at local facilities including council swimming

pools, gyms, yoga and walking clubs. These schemes tend to have been delivered in partnership with PCTs. Following the transfer of commissioning responsibilities to Clinical Commissioning Groups (CCGs), local authorities will need to ensure that GPs are aware of the strength of the local authority in this area through their relationships with CCG Chairs on Health and Wellbeing Boards. Local authorities should consider making provision for prescription of leisure activities in their service level agreements with providers. Such schemes will deliver benefits to both GPs and local authorities.

Welfare

Linking welfare measures to behaviours that promote public health. Relocalisation of council tax benefit and housing benefit combined with new technologies provide an opportunity for councils to embed financial incentives for behaviours that promote public health. The increasing use of smart cards for access to leisure facilities, for instance, provides councils with a significant amount of data on usage patterns. Where an exercise package is prescribed to a resident, housing and council tax benefit payments could be varied to reward or incentivise residents.

Recommendation 1: Innovate

Councils should design innovative services that embed the public health approach across service areas. These should reflect the clear principles that will underpin successful public health interventions: they are based on a preventative approach and reflect the importance of helping communities to provide services for themselves.

2. Investment in prevention

Acute services are more costly, and less likely to be effective, than preventative approaches. Councils have pioneered preventative approaches in health, especially in adult social care, in contrast to the NHS. However, many of the services that councils fund deliver savings to other parts of the public sector. There is therefore a compelling need for councils to quantify savings from preventative services to help them leverage urgently needed resources. In addition, there is an urgent need for a sustainable funding formula from central government to make investment in prevention possible.

Britain spends £110bn on health care each year. This figure is set to increase as Britain's population ages and becomes increasingly overweight. One-fifth of Britons will reach 100 and the number of Britons who are overweight will increase by 10 per cent over the next decade.

An ageing population and growing obesity levels will increase cases of dementia, diabetes and heart disease. These conditions impose an enormous financial burden on the NHS. Diabetes alone accounts for 10 per cent of NHS expenditure. This is in addition to the wider costs to economy which, in the case of dementia, are estimated at £27,000 annually per sufferer.

Early detection, combined with lifestyle changes, can delay or prevent these conditions. Dementia, diabetes and heart disease can all be tested for and obesity, smoking and alcohol dependence are significant risk factors for all three conditions. However, preventative services in the NHS are poorly developed. The King's Fund has found that just five per cent of NHS spending is currently invested in preventative services. This has led the LGiU to argue, in a previous publication, that we have a national sickness service and not the National Health Service that we need.

Local government is leading the way in delivering preventative health services. Local government's preventative approach is most embedded in adult social care. A dominant theme of the Local Government All Party Parliamentary Group (APPG) report on the future of adult social care, Care Now and for the Future, was the benefits of a shift to a more preventative system in driving down the cost of services and for delivering better outcomes. The APPG found that local authorities are deflecting an average annual cost increase of 4.1 per cent as a result of investment in preventative services and service redesign.

Local government faces two major challenges in funding preventative services in health. First, the economic benefits of prevention are dispersed and do not always accrue to those who fund prevention. There is evidence to suggest that for every £1.20 spent by local government on preventative services a further £1 saving accrues to the NHS. To help overcome the disjunction between beneficiary and investor, public health analysis can establish where future benefits accrue to ensure that local government can continue to invest in preventative public health services that deliver savings to other parts of the public sector far into the future.

The funding formula proposed by central government could create a second, more pronounced, challenge to the funding of preventative services. The proposed new formula, based on death rates for the under 75s, will see less priority given to areas of deprivation than the current formula. On average, the most deprived 20 per cent of councils will get £8 less per head of population and the most affluent will get, on average, £8 more per head than is currently spent. Pressure on resources could result in funding for preventative services, such as tackling obesity, losing out to demand-led services such as sexual health and alcohol and drugs misuse. This would significantly limit the ability of councils to realise the government's ambitions for tackling poverty-related ill health.

Recommendation 2: Show who benefits from invest to save

Public health analysis, in addition to establishing an objective picture of need through documents such as the JSNA, needs to build on the community budget pilots to provide more robust cost benefit analysis of actions that deliver longer term savings from early intervention and preventative action and where future benefits accrue. The joint LGiU and WCC roundtables were agreed that this is an essential aspect of local government being able to leverage funding for investment in preventative and early intervention services that provide significant improvements to the quality of residents' lives.

3. Helping communities to provide services for themselves

Local government faces a perfect storm of dramatically reduced resources and significant increases in demand. This challenge cannot be met by efficiency savings alone. If councils are to maintain the breadth and quality of service provision, councils will need to help communities to provide services for themselves. This will require councils to adopt a community leadership role characterised by incentivisation and encouragement and not dictation.

The scale of the demographic challenge that faces local government means that councils will increasingly be required to invest in the capacity of individuals and communities to support themselves. The public sector has become more interested in this approach in recent years to cut costs and, crucially, improve the quality of services.

A joint LGiU and Governance International report identified the following benefits helping communities to provide services for themselves. It found that citizens:

- understand how services work
- have time, information and financial resources
- have diverse capabilities and talents
- take a collaborative rather than paternalistic approach.

Now is a good time for local government to invest in co-production. Research conducted by Governance International has shown that changing demographics are an opportunity for increased levels of co-production as elderly people are more involved in improving public outcomes and services than younger people.

To achieve this transition, the public sector needs to focus on developing assets within communities. Joint Strategic Needs Assessments tend to take a deficiency approach: highlighting what a community doesn't have. Projects such as Well London that develop and empower people, however, have shown that building on the existing strengths of a community can reduce the impact of a poor social environment. Identifying opportunities for co-production will require a transformation in the way that health professionals, and local government to a lesser extent, regard communities.

Turning Point's Connected Care model provides a comprehensive example of what can be achieved by developing community capacity. The Connected Care model involves communities in the design and delivery of services. It trained 200 community researchers who have knowledge of the local community to engage a total population size 150,000. The result of this approach is that communities, commissioners and providers have come together to deliver radical reform of services. In a cost benefit analysis undertaken by the LSE, they estimate that for every £1 invested in the service this will result in a return of £4 saving to the public purse.

Recommendation 3: Recruit and develop community commissioners

There is a growing recognition that community input in decision-making can help promote health outcomes. Consulting local people who understand their communities' needs and priorities helps create user-focused services that can deliver better performance at lower cost. However, the WHO has found that that the key to realising these health gains from community engagement is giving communities real power and autonomy in decision-making.

Local authorities should actively consider embedding community involvement in their commissioning of public health services. One option is to recruit local people to "community commissioner" roles. Trafford Council, for instance, has recruited and trained a team of citizen assessors. The new citizen assessors undertook quarterly user-led audits of each provider. The user groups established an improvement plan for each provider as well as an overall plan for the service as a whole.

Recommendation 4: Identify and build on success

Councils recognise the need to support communities that may be less able to take advantage of new powers such as those introduced by the Localism Act. Providing support, however, does not mean that bottom-up approaches cannot be “planted” by councils. Rather it means building upon success and upon the relationships involved in that success. There are pre-existing networks in many communities that could take over certain services and could spread inspiration, support and guidance through the community. The Well London scheme, for instance, began by identifying “co-hosts”: small organisations with strong links into the local community that can help drive the improvement of local environments.

This approach is at the heart of the scheme’s considerable success. Of the 14,772 people who participated in phase one, 79 per cent reported an increase in healthy eating, 76 per cent reported increased access to healthy food and 77 per cent reported higher levels of physical activity. The key implication for local government is that their future role will increasingly be about communicating and connecting rather than delivering services directly.

Recommendation 5: Councillors as community leaders

The role of the councillor is evolving and changing every day. More and more councillors are seeing themselves as community leaders: people who have the access and ability to bring together diverse sections of their communities to understand priorities and concerns. Ward councillors are the direct link between the local authority and community. They are best-placed to encourage people to get involved in improving public health outcomes.

Conclusion

Public health presents a compelling challenge for local government. Issues such as obesity and diabetes exert an enormous toll in both financial and human terms. The evidence presented in this report suggests that meeting these challenges will require local authorities to pioneer a bottom-up approach to public health improvement that is characterised by early intervention and co-production.

The LGiU and Westminster City Council hope that this paper will help stimulate the debate about what effective local government leadership of public health looks like. Of course, the specific recommendations presented in this report will not be right for all authorities. The principles, ideas and approaches outlined in this report do, however, reflect the fundamental shift that local government will be required to make if it is to make real progress in improving the health of the communities that it serves.

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About the LGiU

The LGiU is a local government think tank and membership organisation - with nearly 200 local authorities and others subscribing to its networks . Our mission is to strengthen local democracy to put citizens in control of their own lives, communities and local services. We work with councils and other public services providers, along with a wider network of public, private and third sector organisations. Through information, innovation and influencing public debate, we help address local and national policy challenges such as demographic, environmental and economic change, improving healthcare and reforming the criminal justice system. We publish 200 expert briefings annually on key policy issues and co-ordinate the Local Government All Party Parliamentary Group. We also organise the Children's Services Network (CSN) and Local Government Flood Forum (LGFF) and are the host organisation for Local Energy Ltd.

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