

The Healthy Communities programme: Events

Know where you want to go: how can local authorities lead the public health agenda?

Local government is set to take on responsibilities for public health as part of the biggest shake-up of health delivery for sixty years. Uncertainties around how this will be managed and implemented are understandably preoccupying both staff and members. But a recent conference heard that local authorities must first work out what improved health outcomes would look like in their area and identify creative ways of getting there in a context of tighter spending.

Key points

- Local authorities will have an important leadership role for public health
- Government does seem keen to give local authorities more freedoms to make decisions locally about improving health in their area, although quite how that will be achieved is not yet clear
- Councils need to develop a clear understanding of what their public health priorities are and then focus on setting up structures that will help to achieve these
- Working with existing partners and forging closer working with others, most notably the emerging GP consortia, will be important in establishing relevant local health priorities
- Although there are opportunities for local authorities, the scale and pace of change, within a context of spending cuts, is likely to be deeply unsettling for staff and members – maintaining service delivery during this period will be vital but difficult

From here to there

Leading the Public Health Agenda: The Role of Councils in Improving Health was organised by Local Government Improvement and Development and held on 15 November 2010.

The conference came less than a month after the Comprehensive Spending Review, which set out deep cuts in local authority spending, and only weeks before the publication of the public health white paper.

It also came in the wake of the health white paper Liberating the NHS, which proposed the abolition of primary care trusts (PCTs) and strategic health authorities (SHAs), and the transfer of public health to local authorities.

It was therefore held at a time of deep uncertainty for many delegates, albeit a time of potential opportunity too.

Ministers see the leadership role of local authorities as one of the significant reasons for transferring public health to councils. The new Permanent Secretary at the Department of Health, Una O'Brien, told delegates that within government there is "a

real sense that local government can play a stronger part in shaping the priorities for health and care across a geographical area... there is a real energy for this”.

Rob Whiteman, Managing Director of Local Government Improvement and Development, acknowledged that “change is a worrying thing” but the opportunity to deliver in a fundamentally different way for local communities would be “an enormous prize”.

Professor Jon Glasby, Director of the Health Services Management Centre at the University of Birmingham, argued that local areas should resist the temptation to focus on what the new structures and processes will look like, and instead try and develop “a genuinely shared understanding about where they are now and a genuinely shared understanding about where they want to get to.”

Doing this should make it easier to identify how to get there – that is, the structure – or at least help to create “some criteria against which to judge the various options.”

While the focus on devolving power should in theory give local authorities more scope to decide their own public health priorities, it is likely that these will continue to be influenced by the Marmot Review into health inequalities published earlier in 2010 (O’Brien told delegates that the Marmot Review had “survived the election”).

Professor Sir Michael Marmot also spoke to delegates and endorsed an approach of “starting at the end and working back”:

“If you accept that this is what you’ve got to work on then the question is how are you going to do it, which becomes the policy issue. Public health then has a clear role in monitoring and implementation, and in the development of policy.”

What should local authorities do to lead the public health agenda?

The conference was chaired by Councillor David Rogers, Chair of the Community Wellbeing Programme Board at the Local Government Group. He opened the event by launching the Group’s discussion document on the role of councils to improve health and address health inequalities called *The Health of the Public*.

As he made clear, there are many answers to the question of what local authorities can do to lead the public health agenda, not least because the localism agenda implies that councils will be able to make their own decisions. However, he made clear the need for local authorities to be working towards the same outcomes as other key national players. While the Local Government Group “welcomes the shift from process targets towards locally determined outcomes... we will be pressing the government to develop a single outcomes framework for the NHS, for social care and for public health, which is also meaningful to local people.”

Other speakers suggested a number of ways for how local authorities could build on existing work to lead in this area:

- focus on productivity: Whiteman argued that the current focus on “productivity” and “social productivity” (the ability to get from a community the maximum social outputs that it is capable of delivering) will require local authorities to achieve more outputs from less money and to understand “what really does work, and what doesn’t”
- extend partnership working: this will now include working with GPs and the emerging GP consortia on both the future agenda and immediate issues such as integrating health and social care, and how to address equality

- take a place-based approach: how can councils combine their existing neighbourhood-based intelligence with the health and clinical understanding of GPs at the local level?
- connect public health activities to a wider wellbeing agenda: at the conference LG Improvement and Development launched a report it commissioned from the new economics foundation (nef) called The Role of Local Government in Promoting Wellbeing. One of the report's authors, Juliet Michaelson, spoke about the links between public health and wellbeing and the critical role of all council departments for integrating this agenda. The language of wellbeing may be more persuasive than health inequalities for getting buy-in from other council departments
- embrace community budgeting: Lord John Shipley, former Leader of Newcastle City Council, told the conference that officers and members should welcome community budgeting as a way to set local level spending priorities, but that the timetable is "far too slow" – a full rollout is not expected until 2013
- provide more security for safeguarding arrangements for children: how can authorities strengthen current JSNAs and relevant relationships and activities?
- support vulnerable people: with so much energy likely to go into making transition arrangements work how can authorities support older people, people with learning disabilities and other vulnerable groups to ensure that they maintain service provision?

Challenges ahead

There was considerable support for the thrust of the white paper and the government's public health proposals. For example, Jim McManus, Joint Director of Public Health at Birmingham City Council and Birmingham PCT, enthused that the "massive opportunities [are] limited only by our ability to understand the solutions we already have".

But there are also plenty of immediate challenges:

- Funding: although public health spending is due to be ring-fenced, Professor Glasby used the example of free swimming to illustrate the different choices that authorities will make regarding how invest in public health as part of their wider spending. Some will opt to continue targeted free swimming, others will completely contract out the running of their leisure services facilities. In an era of localism "both seem quite logical policy responses to a very difficult policy context". But what would be the public health impacts of both decisions?
- Cultural integration: much was made of the forthcoming health restructures and mergers. According to Professor Glasby this kind of organisational upheaval is often not accompanied by enough sensitivity to important cultural issues. For example, many areas will find it challenging to integrate traditional public health approaches into the local authority unless the director of public health truly has been working jointly across the council and PCT.
- Maintaining service delivery: the Department of Health is working hard to set up the transition from the existing structures to new arrangements, but questions remain about well staff will focus on health outcomes in the context of such significant change.

- Investing for long-term prevention: O'Brien reminded delegates that the 2004 Wanless report on securing good health for all was in no doubt that "acting to prevent and to intervene early in people's health is really fundamental in the long run to the affordability of the NHS" – but will long-term investment be cut to make short-term savings?
- Measuring public health interventions: programmes that are designed to prevent ill health are notoriously difficult to assess (how do you prove that you successfully stopped something from happening?). Professor Glasby suggested replacing evidenced-based practice with "practice-based evidence", which builds in an assumption of learning and reflecting.
- Arrangements in two tier areas: a number of district councils responded to the white paper consultation with a concern about how health and wellbeing boards would work in two-tier areas. O'Brien assured the audience that the government was looking for a way that "securely connects in districts".
- Joining up central government: delegates felt that their efforts to work jointly were hampered by central government departments not working better together. O'Brien acknowledged this frustration. She hopes that beyond the immediate reforms the role of the Department of Health will change to being "more about the public's health than being the HQ of the NHS... what that must do is free us up to be the champion across Whitehall and do that joining up".

What's next?

In the weeks following the conference the government expects to:

- publish a white paper on public health (note that this was published on 30 November 2010)
- provide more information on its plans for managing the transition within the NHS
- put forward a bill for implementing the NHS reforms (end 2010/start 2011)
- write to local authorities to encourage them to come forward as early implementers for health and wellbeing boards.

Government does seem to want to give local authorities more freedoms to make decisions locally about improving public health, although quite how that will be achieved is not yet clear. O'Brien put it like this:

"We want to allow local authorities to say 'we can think of a better way of spending health promotion money than the way it's currently done'... we're trying to bring together that view of the end state with the real practical issues... [but] we don't have an answer yet."

So, the agenda is firming up, but there is still much to play for.

More information

Presentations available to download at

<http://www.lga.gov.uk/lga/core/page.do?pagelId=15046851>

The Health of the Public (2010)

<http://www.communities.idea.gov.uk/c/980146/forum/thread.do?backlink=ref&id=8393349>

[Note this is a CoP weblink]

The Role of Local Government in Promoting Wellbeing (2010)
<http://www.idea.gov.uk/idk/core/page.do?pagelId=23692693>

Healthy lives, healthy people White Paper: Our strategy for public health in England
<http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm>

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