

Shared Intelligence

Demonstrating the beneficial impact of local government spending

A report by Shared Intelligence

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Introduction

Local councils are responsible for delivering over 800 services ranging from adult social care to environmental health, libraries to trading standards, children's services to highway maintenance and from public health to planning. Councils provide universal services, benefiting the whole community, and targeted services aimed at individuals and communities with particular needs.

Councils have defined statutory responsibilities, but deliver against a far broader agenda, often returning greater outcomes for other parts of the public sector. In many cases, councils have a convening role, ensuring an integrated approach between different organisations responsible for meeting the needs of particular individuals or communities. Council services and activities deliver significant financial benefits for other public service providers: reducing the demand for some services and providing more cost-effective alternatives to others. This includes, for example, enabling older people to live independent lives, tackling drug and alcohol abuse and supporting vulnerable families and young people.

It is essential that this wider financial impact of council activities and services is taken into account in the public expenditure planning process and in particular decisions about council funding. This report is intended to inform that decision-making process by bringing together evidence of the wider financial and economic impact of council spending.

It is possible to classify the wider financial impact of council services on other service providers in at least four ways:

- First, councils can provide alternative ways of meeting the needs of people who require support. These alternatives can be cheaper and are often preferred by the individuals concerned. This includes the provision of social care in people's homes or in the community, as opposed to more expensive hospital care.
- Second, in many cases early intervention by councils can prevent subsequent demands on other services (for example, support for parents can reduce childhood obesity and subsequent costs on the health service, while work with vulnerable young people can prevent them entering the criminal justice system).
- Third, some council activities, for example parks and open spaces and libraries, deliver wider health and wellbeing and environmental benefits.
- Finally, councils' convening role, in relation to, for example, troubled families, can reduce costs overall by improved targeting and reduced duplication.

The other service providers which benefit financially from council activities and services include:

- The National Health Service (NHS) which benefits as a result of councils' provision of social care and their preventative work and early intervention;
- The police and wider criminal justice system which benefits from a wide range of council activities from support for families and young people through to councils' trading standards and other regulatory services;
- The Environment Agency and power suppliers who gain from the direct and indirect environmental impact of many council services.

It is important to note, however, that the ability of councils to fund preventative activity in relation to adult social care and children's services is being constrained by budgetary pressures. This is also true of expenditure on other services with wider health and wellbeing benefits, including libraries, parks and open spaces and councils' regulatory services.

The following sections collate evidence available on the wider financial and economic impact of the key areas of council activity under three headings:

- People services and public health, where the financial benefits for other public services are most direct and the evidence is most robust;
- Place and regulatory services, where many of the financial benefits are indirect and much of the evidence relates to specific interventions or examples;
- The financial benefits arising from the use of councils' convening role.

People services and public health

This section sets out the evidence of the financial and wider benefits for other service providers, particularly the NHS, of people services including adult social care and children's services and public health. It is in this area that the evidence of the impact of council-led and commissioned preventative activity and early intervention is strongest; but it is an area of activity that is under increasing budgetary pressures because of increased demand.

Adult social care

Adult social care plays a key role in enabling older people and adults with disabilities to live as independently as possible. It delivers care in people's homes or in community settings, keeping people out of hospital and reducing demand on the NHS. Councils are spending an increasing proportion of their budgets on social care, rising from 34 per cent in 2010-11 to 38 per cent in 2019-20.

There are three ways in which adult social care delivers financial benefits for the NHS:

- For some people social care at home or in the community can prevent admission to hospital or into residential care. In most cases it is cheaper and preferred by the people concerned;
- Contributing to reducing delayed transfers of care (DTC), which occur when a patient is ready for discharge from hospital and is still occupying a bed;
- Through preventative activity, reducing demand for both health and social care services.

In an analysis for its 2018 Budget Report the Association of Directors of Adult Social Service (ADASS) found that:

- The average cost of social care was £91.10 per day compared with the cost of £221.90 for an excess hospital bed day;
- The cost of delivering excess bed days in hospital in 2016-17 was £258,847,069 and the cost of meeting that need through residential social care would have been significantly less at £73,883,284.¹

ADASS concluded that "this demonstrates the significant savings that social care can offer the taxpayer, aside from the fact that it provides tailored care at home and in the community, where people would rather have it."²

Social care has also made a significant contribution to reducing the number of delayed transfers of care that are attributable to it. In that 2018 Budget Report, for example, ADASS disclosed that over the previous year the number of delayed transfers of care attributable to adult social care had fallen by 187,864, reducing NHS costs by around £60m.³

A key priority for councils is to support people's wellbeing at home which can reduce pressure on the health service and on residential social care. This involves a focus on prevention, early intervention and asset-based approaches which build on people's strengths and the resources in their families and communities. In many cases, collaboration between councils and the voluntary sector is key to the provision of preventative activities, including commissioning services from charities and community organisations.

Housing adaptation

The adaptation of housing, to enable people to stay safe and warm in their own homes for as long as possible, is important and can produce savings for the NHS. Falls and accidents in the home can be

avoided by making small improvements such as installing grab rails and carrying out trip hazard repairs to delay the need for out-of-home care. Hip fractures alone cost the NHS almost £2 billion each year accounting for 1.8 million hospital bed days.⁴ It is a widescale issue with around 220,160 emergency hospital admissions as a result of falls in 2017/18.⁵

Specific preventative interventions for older people includes falls prevention interventions in local areas as well as handyperson schemes which allow older people to live independently for longer with greater comfort and security. Handyperson services can be delivered by a range of providers, including the local authority inhouse Home Improvement Agencies (HIA). The LGA Prevention Model showed that there can be a saving of £1.13 for every £1 spent by local authorities on handyperson schemes. This study stated that from a national spend of £19 million there could be a “total benefit” of over £21.5 million in terms of NHS savings from reductions in falls as well as adaptations which can allow older people to live independently in their own homes for longer.⁶

Extra Care

Extra care housing comes in a variety of models and is beginning to address a growing demand for choice amongst a growing older population. Provision and policy are wide ranging across the country and schemes are often run by private providers, housing associations and charities but with care teams often being commissioned by councils. Councils primarily add value through their statutory role of planning to influence the amount of extra care provision in their areas, but there are those which build extra care housing as part of their wider housing provision. Sunderland City Council and the London Borough of Greenwich are two authorities which have funded extra care housing, with nine and five schemes respectively.⁷ This direct provision is augmented by an increasing number of other councils across the country making extra care housing a priority in their local plans and housing strategies. The provision of extra care housing, another means of ensuring people can retain their independence for longer, generates significant savings for both the NHS and social care departments by reducing the demand for residential care.

There are a variety of funding mechanisms which councils use for extra care housing. In some areas, authorities have allocated capital expenditure to help growth in the provision of extra care housing. A 2013 report on the financing of extra care housing stated that, “Despite budgetary pressures, this is again seen by some local authorities with adult social care responsibilities as an intervention that will produce long term savings in social services spending on institutional placements”.⁸ This highlights the importance of extra care housing in helping to produce savings and keep older people out of residential care for longer.

A number of studies of extra care provision have demonstrated the financial benefits it can deliver. Although based on a scheme that was not funded by councils, a study by Aston University for The Extra Care Charitable Trust showed the extent to which this approach as a whole can contribute to savings. It demonstrated that the extra care approach can save councils as much as £4,500 per year for high care customers and £1,700 for low care needs customers.⁹ A further study for the trust showed that residents in their extra care programmes save the NHS around £1,994 per person over five years.¹⁰ This is accompanied by a reduction in isolation and loneliness, an 18 per cent reduction in the risk of falls and a multitude of other benefits resulting in a 38 per cent reduction in NHS costs in terms of GP visits and unplanned hospital visits.¹¹

Working with the voluntary and community sectors

Councils often fund and support voluntary groups which have an important part to play in leading preventative activity at a local level. The wider impact of this was demonstrated by a 2017 Red Cross report on prevention which showed that lower-level preventative services, such as befriending or

help with daily activities (e.g. bathing, feeding and eating, personal care and hygiene and functional mobility, shopping, food preparation, housework and travelling outside the home) could result in a reduction in cost savings related to the need for care and support equivalent to £880 per person.¹²

Befriending services play a vital role in both reducing isolation and improving general wellbeing. For example, the Herts Neighbours Network, commissioned by Hertfordshire County Council and delivered with a range of partners, highlights the commissioning role which councils play in this area. One report states that services such as these are estimated to payback around £3.76 in reduced mental health service spending and general health improvement for every £1 spent.¹³ Tackling loneliness, which is another aspect of preventing mental health problems, for example, through talking therapy, can have a public sector cost-saving of £1.75 for every £1 spent, representing an estimated net saving of £302 million to the public purse in savings for the NHS and tax and benefit saving.¹⁴

Prevention at risk

There are serious concerns that the financial impact of increased demand for social care provision, at a time when councils' overall budgets have been cut, is reducing their ability to support this preventative activity. The key messages from the 2019 ADASS Budget Survey state that "councils have less money to spend on universal services that can help people to remain independent and add to the quality of their lives". The report adds: "As budgets reduce, however, it becomes harder for councils to manage the tension between prioritising statutory duties towards those with the greatest needs and investing in services that will prevent and reduce future needs."¹⁵

Children's services

Councils' ability to fund preventative activity for children and young people is under similar financial pressure to that facing adult social care. In a recent report on the pressures on children's social care, the National Audit Office said that councils have responded to financial pressures "by reducing spending on non-statutory children's services and increasing spending on statutory social work. The proportion of spending on preventative services, such as children's centres, fell from 41 per cent in 2010-11 to 25 per cent in 2017-18."¹⁶

Councils are required to protect and promote the welfare of children in need in their areas, working with families to provide support services that will enable children to be brought up within their own families. The children's services role of councils can be defined by using a four-tier framework from Tier 1 universal services, such as schools and health visiting, through more targeted services (Tier 2) culminating in Tier 3 and 4 comprising specialist services for children and families with severe and complex needs. It is likely that families requiring specialist services are also interacting with other public service organisations such as the NHS and the criminal justice system, imposing costs on them.

The Early Intervention Foundation has concluded that "well-targeted and implemented early intervention can lead to reductions in public service use and reduce demands on frontline practitioners". It has estimated that the costs of late intervention for children and young people add up to £17 billion a year across England and Wales (at 2016-17 prices). £6.4 billion of this are incurred by local government and the EIF calculates that the costs incurred by other sectors are: NHS - £3.7 billion; Welfare - £2.7 billion; Police - £1.6 billion; Justice - £1.5 billion; Education - £655 million).¹⁷ These costs to the other service providers include, for example, the costs to the health system of drug and alcohol misuse and the costs to the criminal justice system of youth offending.

A priority for councils is to act early to support children at risk of poor outcomes and their families; to help support health and wellbeing and more resilient communities; while at the same time producing a range of economic and financial benefits that significantly outweigh the costs of intervening. These economic and financial benefits achieved are for not only the families subject to these interventions but also the NHS and criminal justice system. They further represent savings in terms of reduced demand for council adult and children's services as well as the avoidance of the potential costs detailed above. The following paragraphs include examples of this early preventative activity and evidence of the financial and economic benefits they can generate.

Early years interventions

Early years interventions, paid for and provided by councils, include support for 'mothers before and after giving birth, breastfeeding and nutrition support, parenting support, access to health services and childcare, and access to early education.'¹⁸ In the long-term, these interventions can bring the benefits of increased school attendance, reduced NHS costs and reduce entry into the criminal justice system. Evidence from the European Union and United States shows that for every £1 spent on early childhood development programmes such as those listed above, there can be a return of between £1.30 and £16.80 with wider benefits and returns on investment in the following years.¹⁹ This World Health Organisation approved study of the benefits that early intervention can have includes the savings which can be made in reduced demand for primary and secondary care. The Sure Start Programme, explored later in this report, shows further evidence of the savings which early years intervention can have.

Some of these interventions such as the targeted provision of toothbrushes by councils in schools shows direct council action which is estimated to have an Return on Investment (ROI) of £5 for every £1 spent by councils.²⁰ The calculation states that the benefits include increased school attendance in the long run, boosting future academic attainment and earning potential as well as reducing NHS costs for healthcare services required later in life.

Direct interventions to support parenting have also been important elements of council's prevention investment, this has included information guides for parents and pre-school parenting programmes. Studies have shown that every £1 invested in parenting programmes to prevent conduct disorders saves the NHS, education and criminal justice £8 over 6 years.²¹ One such programme is the Incredible Years programme delivered to parents by children's centre staff.²² LGA prevention modelling suggested that a spend of just over £100 million could produce savings of more than £337 million in adult benefits for the NHS, police and council adult and children's services.²³ The report, however, does not break down the proportions of these savings which would be received by each service mentioned.

While the above intervention is designed to support children at risk of developing conduct disorders, there are also interventions to support children with existing conduct disorders. This type of intervention, to support both those with, or at risk of developing conduct disorders, is one which has been estimated to save £45.45 over a lifetime for each £1 spent by councils.²⁴ It is an intervention usually commissioned by council children's services and can represent savings for the criminal justice system, the NHS and increased earning potential and can therefore have a knock on effect for GDP and the economy.

In order to determine whether the positive outcomes brought about by these individual studies can be scaled up, further research would be needed into models of delivery and costings required to deliver this impact.

Youth Services

Council funded youth services are some of the most vulnerable offered by councils with total spending cut from around £650 million in 2010/11 to £390 million in 2016/17. The decreases in council spending on youth work has been linked with the rising problem of knife crime. A report by the All-Party Parliamentary Group on Knife Crime, published in May 2019, showed that in areas where the cuts to council youth work spending was the highest, there was an increase in knife crime. For example, in Wolverhampton, where youth service spending was cut by 91 per cent in the year 2017/18, there was an 87 per cent increase in knife crime offences.²⁵

A number of studies looking at youth services in both the UK and internationally have shown that they offer important returns on investment. Two reports are of particular note in this regard, one from Ireland and one from Scotland. These range from £2.03 for spending on youth service facilities to £6.66 economic benefit from youth work for each £1 spent by local authorities, as evidenced by a 2012 national Irish study.²⁶ The often-cited report on the social and economic value of youth work in Scotland by Hall Aitken references this range of social returns estimating that for Scotland, there was at least £7 in value for every £1 spent on youth work.²⁷ While the Irish study looked at the economic benefit of youth services, and included the economic values of increased literacy and numeracy and reduced healthcare costs in its model, the Scottish report used a social return on investment calculation with its own quantifications of non-monetary benefits including assumed health and wellbeing benefits.

Adult learning

Councils play an important role in the provision and funding of adult learning, as well as through partnerships with local enterprises, in part through Local Enterprise Partnerships, Jobcentres, the voluntary and community sector, as well as the education and training sector. Improving the skill and qualification level of a population, particularly those in more disadvantaged groups can have indirect benefits of improving social capital, connectedness, health and employment outcomes. Adult learning specifically can provide a number of benefits. These include personal benefits of improved health and earning potential, and therefore can increase the Treasury's tax receipts. As well as this, there is a potential for reduced NHS spending and out-of-work benefit claims associated with employment and improved mental and physical wellbeing.²⁸

Wider studies on the impact of adult learning have shown that it can have a wide societal impact as well as delivering benefits to the individual. One study for the National Institute of Adult Continuing Education looked at the benefits of learning on different domains in life. It estimated that, for adults participating in a part-time course there was a possible value, according to Treasury Greenbook calculations, of £1,167 including £148 personal benefit as a result of improvements in health.²⁹

Public health

Local government's capacity to adopt preventative approaches, and to collect evidence of their impact, has been significantly strengthened by the transfer of responsibility for public health to local councils in 2013.

Public health interventions can help to tackle harmful behaviours in a variety of ways from early detection in school-based programmes, treatment, advice and direct activity such as needle and syringe programmes. These activities are funded by councils through their public health budgets, delivered by public health teams, adult and children's services and co-commissioned with Clinical Commissioning Groups (CCGs) in local areas. Councils play a further important role of funding and planning prevention services, especially around harmful behaviours. These programmes and

activities bring important benefits including increased health of the population, and with that the additional benefits of reduced NHS spending as well as savings for the police and criminal justice system. Many studies support the evidence that local preventative interventions in areas such as falls (as set out earlier in this report), quality of housing and sedentary lifestyles can directly contribute to reducing demand on the NHS, councils and other public services.

Despite this, public health budgets have been cut. The 2019/20 budget for Public Health is £3.2 billion, a 2.2 per cent fall on the previous year.³⁰ The study *'Return on investment of public health interventions: a systematic review'* shows that prevention is a proven method of reducing demand. It concluded that the median return on investment of local public health interventions was £14 for each £1 invested.³¹ The report further stated that "the cuts to public health budgets therefore represent a false economy. They are likely to generate billions of pounds of additional costs to the health services and wider economy."³² A further study also suggests that 94 per cent of the financial returns from local public health spending are savings for the NHS in terms of reduced costs and demand for NHS services. Further savings from public health spending includes that for councils themselves, the criminal justice system and police.

Councils deliver interventions to tackle harmful behaviours such as smoking, drugs and excessive alcohol consumption. They provide a range of financial benefits through a variety of roles mentioned above including funding and planning, commissioning and co-commissioning.

Councils play a vital role, alongside CCGs, in funding and planning local alcohol and drug treatment and prevention services. Public Health England (PHE) has estimated that there could be a combined benefit of around £4.2 billion for drug and alcohol treatment. Specialist interventions to reduce continuing dependency into adulthood could have as high a societal benefit as between £49-£159 million for a 7-10 per cent reduction in dependency. Interventions such as these could result in £4.3 million in health savings and £100 million in crime benefits per year. This equates to a potential benefit of between £5-£8 for every £1 invested.³³

The National Institute for Health and Care Excellence (NICE) has calculated that needle and syringe programmes, which cost around £200 per year per injector, can reduce spending on A&E attendance and hospital stays as well as longer term health costs due to injury and infection. The savings this intervention can achieve includes between £21,000-£41,000 each year for every prevented case of Hepatitis C treatment. As well as this there can be a saving of between £10,000-£42,000 a year for every prevented case of HIV treatment.³⁴

Councils also play an important role as co-commissioner of interventions around smoking cessation. Commissioning of local stop smoking services (LSSS) to provide brief advice and referral has been estimated to have a minimum saving of around £119 per quitter over the first five years.³⁵ Council-commissioned LSSS to support smokers reduce their smoking and move towards quitting has also been calculated by NICE to be a cost-effective intervention.

There is also evidence that council procurement and commissioning processes secure more cost-effective delivery than was the case before the transfer to local government in 2013. For example, in 2017, local authority commissioned services had measured more children in England on the National Child Measurement Programme than before and at less cost than the NHS had previously done, making an important contribution to tackling childhood obesity.³⁶

Work-related interventions

Work-related and workplace interventions, particularly those which boost employee health and wellbeing, have also been shown to deliver financial benefits. For this type of intervention, councils

can act as both provider and commissioner of holistic staff stress management programmes such as workplace accreditation for employers who provide essential workplace wellbeing for their staff. One study estimates that wellness programmes have an ROI of between £2 and £10 for every £1 spent.³⁷

The importance of a healthy workforce is emphasised by the fact that when an individual who had been claiming benefits for health-related worklessness moves into a job paying the National Living Wage, there are “savings of £6,900 for the government”. This is augmented by a £13,100 boost to the local economy and a significant monetary gain to the individual; supporting steps towards economic independence.³⁸

Place and regulatory services

This section sets out the evidence on the financial and wider benefits of councils' place and regulatory services for other service providers. In most cases the impact is less direct than in relation to the people services and a wider range of organisations benefit from it. The evidence reflects that some of it is more broad brush, citing general rates of return while other evidence relates to specific interventions or to examples from particular places. It is unwise to generalise from some of the specific examples quoted, but the overview picture is one in which the wider benefits of the services explored in this section – including housing, parks, libraries, the arts and regulatory services - are significant.

Housing

Councils play a variety of roles in relation to housing: as house builders, housing enablers, landlords, planners, place shapers and enablers of growth and as responsible guardians to the vulnerable and the homeless. Reference has already been made to the importance of housing in enabling older people and people with disabilities to live independent lives. Housing is also important in the context of supporting children and young people and it is one of the wider determinants of health.

Homelessness imposes significant financial pressures on other public services, most notably the NHS and the criminal justice system. There is evidence of the benefits for these other services of action to reduce homelessness and rough sleeping.

For example, a series of council-led interventions in Norfolk were designed to reduce homelessness. Support is provided through 'Money first', for effective budgeting and money management skills; 'Home first', to help those in temporary accommodation into stable living situations; 'Jobs first' to work with jobs services to get people in to work; and the Help Hub, a collaborative model to keep individuals and families on a universal pathway with 27 partners on an interdisciplinary team including Department for Work and Pensions (DWP), the CCG and council social care teams. These interventions have a projected saving of £1.2 billion over a roll out period of 10 years. Representing potential savings including those for the NHS, as well as for housing providers in the reduction of rent arrears and efficiency savings of being located in one centralised hub.³⁹ The ability to scale this to a national level would need to be researched and modelled to understand the full potential impact.

Another project using this single point of access is The Point, a multi-agency hub funded by the Royal Borough of Greenwich. It enables young people between the ages of 16-19, and up to 25 for young people with learning disabilities, to access a wide range of information and advice to support the independence of these young people and reduce homelessness. Research into the social return on investment of this project has identified a potential return of £5.24 for every £1 invested by the council.⁴⁰ The study makes the assumption that this return will produce savings for the NHS, the criminal justice system and wider economy through increased training and skills and employment.

Leisure and cultural services

Councils' responsibilities in this area include the provision of libraries, parks and open spaces. Councils also support a variety of arts and cultural activities and leisure services. These services have a wide range of impacts which can reduce the costs faced by other organisations including:

- improved health and wellbeing through, for example, physical activity and the benefits of culture and open spaces;
- providing facilities and activities for young people and other groups and communities;

- contributing to the local economy.

The following paragraphs bring together examples of the evidence of the wider impact of these services.

Parks and Green Spaces

There is a definitive lack of robust national evaluative studies of the benefits and savings provided by parks and green spaces. Several studies, however, have calculated the benefits of parks and open spaces for the economy, the health of local communities and for the environment but these calculations vary in their robustness. One existing study suggests that parks and green spaces have been estimated to save the NHS around £111 million per year based solely on a reduction in GP visits.⁴¹ The same study, by the *Fields in Trust*, gives a low-end estimate for the total wellbeing value of park usage of £34.2 billion per year to the entire UK adult population.⁴² The wellbeing value is an ONS measure which quantifies the total mental and physical benefits of park usage as well as the monetary value of increased life satisfactions and overall quality of life. This estimated wellbeing value therefore includes the savings for the NHS in relation to reduced demand for primary and secondary care as well as for the wider economy.

Additionally, a 2017 study for the Greater London Authority estimated that London's greenspace was worth £950 million in avoided healthcare costs, both physical and mental.⁴³ The study also presented evidence of a significant benefit to the local economy of the activities that take place in parks stating that in London alone, the estimated value of recreational activities in parks is £926 million per year.⁴⁴ A study of Sheffield's parks showed that for every £1 spent by the council £36 of services were supplied, providing benefits for the local economy.⁴⁵

In addition to this economic return on investment, there is also a social one attached to parks and green spaces. Green infrastructure has been shown to enable community cohesion, social interaction and a reduction in crime, benefitting the local community but reducing demand on the police and criminal justice system. A DCLG report cited in a *Forest Research*⁴⁶ study gives a mid-estimate of a £361 million saving from a 1 per cent reduction in violent crime, vehicle thefts and burglary.⁴⁷ This saving is a combination of savings for the NHS, police and criminal justice system in terms of quantified physical, mental and emotional costs of crime and the value of property lost and stolen.

Promoting physical activity

Many councils deliver programmes to encourage physical activity, often with support from organisations such as Sport England. Councils were instrumental in helping to shape Active Partnerships, formerly County Sport Partnerships, across England. They help to offer strategic direction to councils in funding sport to achieve positive outcomes for their residents as well as helping to coordinate national and local programmes to engage communities in sporting activities. These programmes can deliver significant ROI reducing demand for acute services, including for example costs arising from obesity for the NHS and DWP.

As well as this, they can help with increasing the access of residents to leisure services is also an intervention shown to have wider economic and health benefits. For example, Birmingham City Council's Be Active programme provides free leisure services to residents and has estimated a return of £22.80 for the NHS from reduced demand for primary and secondary care for each £1 spent.⁴⁸

Active encouragement for people to walk or cycle to school or work can also deliver wider benefits. One study by the Department for Transport demonstrates the benefits of cycling: a "total benefit" of between £479 and £641 for each individual cycling more often, instead of driving. This "total

benefit” includes direct NHS savings of £28.30 per person in reduced GP visits and the wider NHS savings from long-term health problems. These health savings are augmented by wider environmental benefits of reduced congestion and air pollution and productivity gains.⁴⁹

Arts and culture

The cultural sector as a whole is one of the fastest growing and worth tens of billions to the UK economy. In the year 2019/2020 the local authority budget for cultural services was £2.1 billion, a £9 million, or 0.4 per cent, reduction in the budget for the previous year.⁵⁰ Despite its importance to the British economy the local authority budget for arts and culture has more than halved (£4.9 billion in 2009/10) in the past decade.⁵¹

The importance of creative health and the wider benefits of arts funding was highlighted most prominently in the 2017 All Party Parliamentary Group Arts, Health and Wellbeing report which stated that:

- the arts can help keep us well, aid our recovery and support longer lives better lived.
- the arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- the arts can help save money in the health service and social care.⁵²

This report added to the evidence that investment in culture and arts generates economic and social benefits evidence. These benefits come from programmes such as arts and culture social prescribing.

For example, a 2016 study looking at the social return on investment of the St Helens Creative Alternatives (an arts on prescription programme) showed that there was a return of £11.55 for every £1 invested, including that invested by council.⁵³ The quantification of these benefits followed the DCMS models (Bockler, 2012 and Fujiwara et al, 2015) which highlight the monetary savings of the NHS in terms of reduced GP visits and strain on mental health services as a result of engagement with arts and culture.⁵⁴ The calculations showed that for each £1 spent by the council more than half of the quantified returns would be for the NHS as well as for individuals on the social prescribing programme.

Heritage and Museums

Heritage and museums also generate benefits for health and wellbeing. This is evidenced by a directory of museum social prescribing activities in the North West estimated a £3 social return on investment for each £1 invested.⁵⁵ While this calculation includes the benefits derived from both council and private-owned museums, the report recognises that across England the heritage and museum sector is one in which councils play a vital role, as discussed in the case of York below.

Similar to the wider benefits of arts and culture funding, museums and heritage assets also provide important economic benefits to the communities that they are in.

In common with many other councils, the City of York owns and funds a significant number of cultural and historic assets in the city. The York Museums Trust calculated that council-funded heritage assets employed over 100 people and generate an overall ROI of £10 for every £1 that the City of York Council invest.⁵⁶ This return includes the total benefit of employment in the area, and the contribution which the Museum Trust brings to the local and regional economies.

A 2005 study of Bolton’s museums, libraries and archives service estimated that there was a cost-benefit ratio of 1:1.6 for the service. So, for every £1 spent by Bolton, there was £1.60 value generated. This translated to the service being worth £10.4 million but only costing £6.5 million

annually.⁵⁷ The lack of literature on the impact of council's contributions to heritage and museums means that the Bolton study, although from 2005, is still valuable in showing the benefit of council spending on heritage museums and libraries.

Libraries

There is extensive evidence of the wider economic and financial impact of library services. They have become vital community hubs, co-locating important services and providing a public space for a far greater set of public services than its basic function.

Libraries too have been vulnerable to cuts in council spending; reducing their ability to have the potential impact evidenced above. Data collected by The Chartered Institute of Public Finance and Accountancy (CIPFA) shows a £30 million fall in council spending on libraries between 2016/17 and 2017/18 alone.⁵⁸ There has also been a net reduction in the number of libraries since 2010 with CIPFA citing a far higher figure of 178 net library closures between 2009/10 and 2014/15 when compared with the DCMS estimate of 33 net closures over the same period.⁵⁹

Despite the fall in funding and the closure of libraries, studies have shown that public libraries have direct impact on reducing demand for acute services as well as improving general health and wellbeing.

There is a good evidence base on the financial impact of library services. For example, research published by Arts Council England in 2015 calculated that being a library user was associated with a reduction in GP related medical costs of £1.32 per person per year,⁶⁰ a figure which is consistent with previously calculated figures such as those in Fujiwara et al.⁶¹ A report for The Chartered Institute for Library and Information Professionals (CILIP) echoes this conclusion stating that regular library users have a 1.4 per cent increased likelihood of reporting good general health. Citing the Arts Council 2015 report, they state that the "aggregate NHS cost savings across the library-using population" in England could save the NHS £27.5 million per year.⁶²

Libraries also make an important economic contribution to places. International studies such as the *National Welfare and Economic Contributions of Public Libraries (2013)* in Australia and economic impact studies of libraries in Indiana, Wisconsin and Pittsburgh in the United States have shown that libraries generate significant economic benefits.⁶³ Councils also continually strive to find innovative uses for library spaces to add greater value to the overall place-shaping agenda.

Regulatory services

Local authorities have wide-ranging regulatory responsibilities including trading standards, environmental health and fire safety. These services generate financial benefits for other public services in a variety of ways, including reducing the health impacts of smoking and alcohol, tackling crime and reducing air pollution.

There is, however, a lack of quantitative evidence of the impact. This gap in relation to trading standards was highlighted by the University of Birmingham. In an assessment of the service it pointed to the benefits for consumers and businesses and concluded that "more than anything, and without the kind of quantitative data that is needed for computations of cost-benefit ratios, the research has left us in no doubt as to the hugely positive net benefits for society, nationally as well as at a community level, of local authority trading standards when set against the annual costs involved."⁶⁴

A Kings Fund briefing note on the impact of regulatory services on health looked at three particular functions: the regulation of takeaways and fast foods; the improvement of air quality and fire safety.

On fast food it points to a direct link between a fast-food rich environment and poorer health, particularly obesity. It refers to calculations carried out in 2002 that, for an average local authority area, the NHS incurred costs of around £18m due to obesity. The public health interventions made, funded and commissioned by councils work alongside regulatory services to help to tackle issues such as this as explored in the public health section above (page 10).

On air quality it cites evidence of premature deaths due to long-term exposure to air pollution with more than 340,000 life years lost annually. They point to the ability of local councils to regulate the flow and types of traffic to reduce air pollution and its health effects including the introduction of low emission zones. The Kings Fund quotes a review carried out for the Royal Borough of Kensington and Chelsea which demonstrated an “overall cost-benefit return of £620 in benefits for every £100 spent” on reducing air pollution.⁶⁵ This £620 includes the health benefits derived from reduced noise and air pollution, assumed to be savings for the NHS, as well as benefits for the economy in terms of increased productivity. However, the report did not go into detail in how this calculation was made.

Highways and transport

The maintenance of roads and footways is important in many respects: well-maintained roads are safer and enable vehicles to operate more efficiently, reducing air and noise pollution. Yet there is little quantitative evidence on the financial impact of expenditure on highways maintenance for other organisations. One international study of local roads maintenance in the United States pointed to a saving of \$4 in structural maintenance costs in the long term for every \$1 spent on preventative maintenance.⁶⁶

The Department for Transport recognised the importance of road network maintenance and the role played by councils. Their investment strategy showed significant value for money produced by maintenance and renewal schemes with an average return of £13 for each £1 spent stating that “effective stewardship of the network requires us to maintain and renew our assets to keep them working safely and effectively, and to improve reliability and performance for the travelling public”⁶⁷ This emphasises that the stewardship of local councils in maintaining their road networks further contributes to keeping the public safe on the road. The document further showed that investment in local road maintenance each year, at around £1 billion, made sound economic sense in terms of helping to meet government objectives of reducing fuel consumption, emissions from transport and noise pollution.⁶⁸

Impact and vulnerability

Through place and regulatory services, therefore, councils play an important part in both reducing demand on overstretched services and producing savings for themselves, the NHS and other vital services. As well as this they help to improve the quality of life of their residents and contribute to the wider economy. These services, which are also vulnerable to budgetary pressures and have seen reducing funding in recent years, have proven economic and social benefits as illustrated by the wealth of studies around housing, leisure and cultural services, regulatory services and transport and highways. The studies mentioned above point to councils playing a variety of roles from provider to commissioner and funder. They point to a need to properly fund place services which includes assets at the heart of many communities from parks to libraries; and vital infrastructure which needs to be maintained so as not to incur further costs for councils in the future.

Multi-agency collaboration

One of the most important roles which councils play is convening groups of organisations in their places to collaborate on the delivery of programmes which reduce demand for services and enable the participating organisations to make best use of their collective resource.

Place-based multi-agency collaboration is key to delivering responses to complex needs and problems. It enables the input of relevant organisations to be better co-ordinated and integrated, reducing duplication, maximising impact and delivering a better service for the people involved. By doing so it enables improved outcomes to be delivered at less cost.

This section sets out a number of examples of this type of multi-agency collaboration which aim to improve outcomes for families, contribute to the health and wellbeing of residents and reduce crime. Being place-based in focus means that the examples highlighted below are largely specific to the geographies in which they took place. Nonetheless they are examples of the breadth of councils' roles within partnership working. The examples used have proven financial benefits as well as robust evidence of their impacts. They are, however, not exhaustive as evidenced by the fact that this document has made frequent reference to the collaboration between councils and their partners. From partnerships with CCGs to ensure joined-up working in people's services and public health to co-location with government agencies to support work to reduce homelessness, councils convene collaborative partnerships to support communities.

These services and programmes have been funded in a variety of ways (including specific government grants, direct council spending, and expenditure by other participating organisations) but the convening role and mandate of local councils is key to their effectiveness.

Troubled Families

The Troubled Families Programme is run by councils and was convened to tackle six high-level problems affecting local areas:

- Worklessness;
- Poor school attendance;
- Mental and physical health problems;
- Crime and anti-social behaviour;
- Domestic violence and abuse; and
- Children who are classified as in need of help and protection.

The programme came about as an attempt to reduce the need to make costlier late interventions by assisting families with multiple problems who were at the highest risk of entering the criminal justice system, claiming out-of-work benefits and accessing acute services. It highlights the benefit of councils working alongside partners to tackle and identify complex problems and needs within their own places; achieving considerable economic and fiscal benefits as a result.

Funded through a service transformation grant of around £200,000 per year for each council, the programme is intended to transform the way in which public agencies support vulnerable families. It requires councils to record and share data for more joined-up working between agencies and partners so that they can create a single referral route to local agencies. Councils use the fund to recruit teams who identify those families who are most in need. These families are then supported by the government funding and social services. The programme is a good example of how councils, in this case upper-tier councils, are delivering and managing programmes in their own places around the country.

The key findings of the latest independent evaluation of the project showed that it had wide-ranging benefits. The programme was found to have reduced the proportion of looked after children, a 32 per cent difference to the comparison group. This is significant for the pressure that it relieves for children's social care and represents significant savings. Troubled Families has also been shown to have a significant impact on reducing crime. The evaluation showed that there was a reduction in the proportion of both adults and juveniles receiving custodial sentences. This represents a respective difference of 25 and 38 per cent between the programme cohort and the comparison group.⁶⁹

The programme also had a benefit for those in a state of workless with a statistically significant difference between those adults claiming Jobseeker's allowance in the comparison group and those on the programme. Among those on the programme it was 9.3 per cent after 19 to 24 months whereas it was 10.5 per cent for those who were not part of the participating cohort.⁷⁰

The Troubled Families programme also generated considerable economic and fiscal benefits representing a reduction in the demand for high-cost acute services such as on children's social care and criminal justice. The estimated net public benefit (which this report defines as the total of economic, social and fiscal benefits) for the 2017/18 cohort was £366 million. This is a benefit of £2.28 for every £1 spent on the programme. The fiscal benefits for the same cohort was £147 million or £1.51 for every £1 spent.⁷¹ The government has recognised the importance of this programme and the September 2019 spending round promised continued funding for the programme.⁷²

Information Sharing

The multi-agency approach, taken by councils to tackle pressing and complex issues, is also achieved through effective communication between the groups and partners which councils convene.

The Cardiff Model is the name given to an approach to information sharing between different agencies through community safety partnerships in which councils played an important role of convening groups, particularly through the participation of Directors of Public Health. The initial Cardiff study, after which the model is named, showed a 40 per cent reduction in violence-related A&E admissions over four years, making an estimated saving of £7 million in health, legal and social costs. This amounts to an £82 saving for each £1 spent.⁷³ Programmes carried out to replicate the Cardiff model have had similar successes such as that carried out between Public Health Surrey and the Greater London Authority.⁷⁴

Sure Start

Sure Start is a prime example of a place-based, multi-agency approach to early years support, which included health professionals as well as those from social care.

The Sure Start programme was a programme set up to support parents and their children under the age of four. The programme supported children's learning skills as well as their health and wellbeing and early development. Councils were originally funded to deliver this programme through the Early Intervention Grant which has subsequently been replaced by an early intervention allocation to each council. At the height of the programme there were over 3,600 Sure Start Centres around the country. By 2015/16 this had fallen by over a thousand meaning that there are fewer than 2,600 remaining. A 2019 study of the programme estimated that it had a total financial benefit of around £65 million. Direct cost savings for the NHS as a result of reduced hospitalisations is estimated to be a £5 million share of that.⁷⁵ The early intervention funding which made these benefits possible has been cut extensively from around £1.8 billion in 2009/10 to just over £1 billion a decade later for the financial year 2019/20.⁷⁶ As discussed earlier in this report (page 7), the Early Intervention

Foundation stated that early intervention can lead to reductions in public service use and demands on frontline practitioners, these cuts therefore represent a false economy.

The programme showed the importance of early intervention, as explored above, and councils' roles in convening collaborative partnerships across the public sector to provide important savings for acute services and a better quality of life for individuals.

Children and young people's mental health

Councils play an invaluable part in helping to convene and fund collaborative partnerships which tackle complex problems such as children and young people's mental health (CYP).

CYP mental health is an area of Public Health and Social Care which has a multi-agency approach, being partly funded by councils in partnership with CCGs. For example, in 2018/19 a total spend on children's mental health was £225,605,217. Of this, councils provided almost half of the funding at £113,274,101. This can be broken down into £69,774,307 from Children's Services and £43,499,793 from Public Health. All these figures are also likely to be underestimates as this data comes from a Statutory Information Request by the Children's Commissioner for England, which was not responded to by all councils and CCGs.⁷⁷ There are a number of specific interventions led by different groups which goes into caring for younger people's mental health including those activities run by councils through children's social services. A study by Investing in Children, referenced in the government's 2015 *Future in Mind* report, shows that cognitive behavioural therapy in school costs £229 but has a lifetime benefit of over £7,252, including a £3,520 lifetime benefit to "taxpayers" as a result of reduced demand for NHS care later in life.⁷⁸ This highlights the multiagency aspect as teachers, school nurses, GPs and social workers can identify those children who need help and refer them to the pathways that they need. Whether this is support from social care professionals or specialist medicated pathways offered by GPs or other NHS providers.

Employment

Councils convening activity has not been isolated to Public Health activities. Investment in initiatives to encourage and generate local employment provides a much-needed addition to the DWP portfolio.

The Solent Jobs programme is an example of councils convening activities which provide a benefit to residents and wider society. It further highlights the importance of convening collaborative programmes which includes both central government agencies and local partners in the public and private sectors. The programme, funded through the Portsmouth and Southampton City Deal and European Social Fund, was led by the two councils and convened a number of agencies to support those out of work to get back into jobs. These agencies included NHS and social service support for mental and physical health needs, DWP, housing associations and partnerships with local private sector companies.

A 2019 review of the programme's outcomes by the Learning and Work Institute estimated a cost-benefit, in line with Treasury guidance, of £1.76 in benefits for society, including the benefits of increased employment included reduced benefit payments, healthcare costs and increased tax revenue, for every £1 spent.⁷⁹ This shows the benefits which can be achieved from large, and support-heavy, employment programmes convened by councils.

The programme emphasises the effectiveness of councils using funding, from a variety of streams, to the wider benefit of their communities.

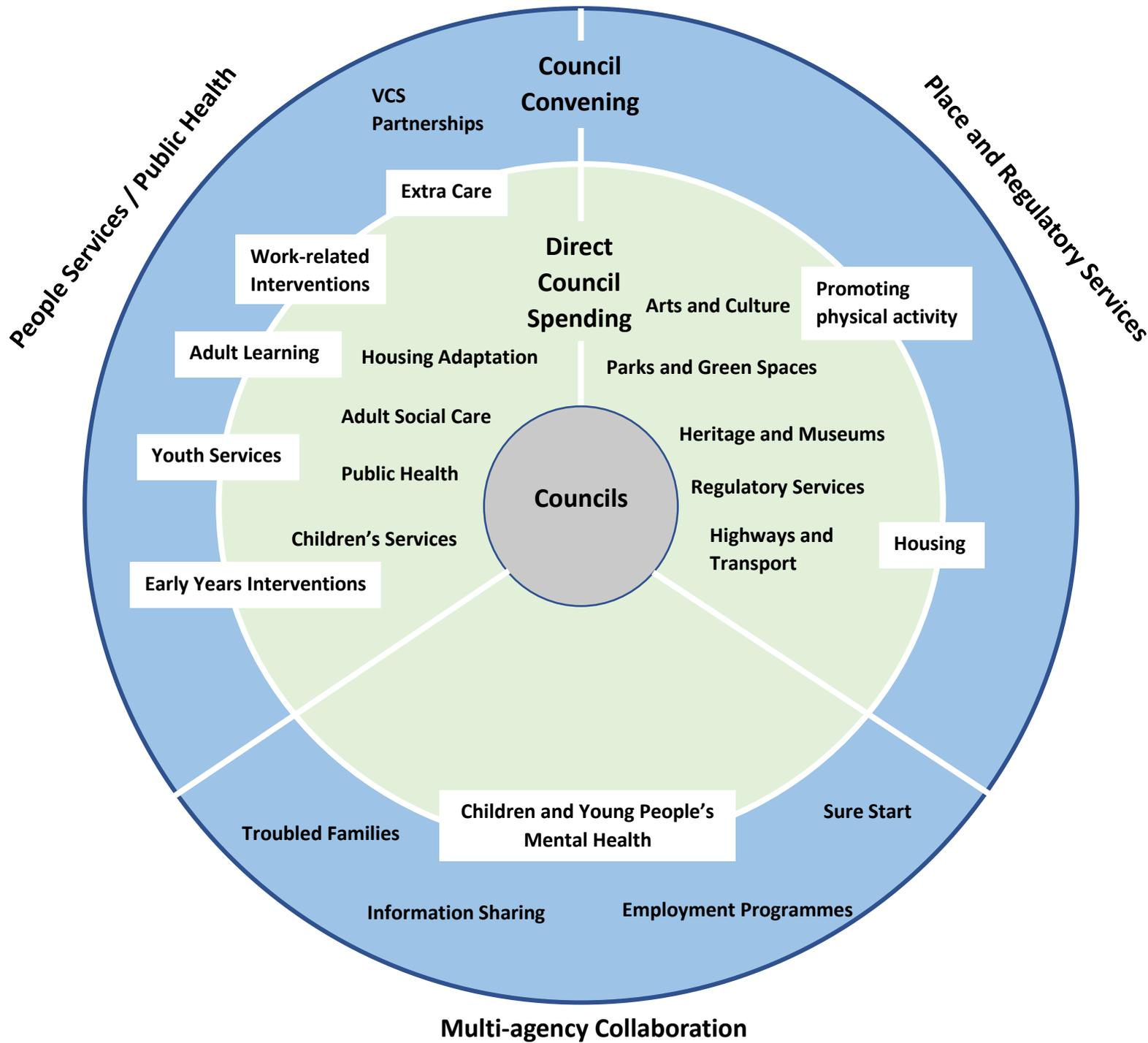
Overall conclusion

In many ways the evidence on which this report draws is unequivocal: expenditure by local councils has a significant beneficial impact on other providers of public services most notably the National Health Service, the police and the wider criminal justice system. In other ways, substantiating and quantifying that impact has proved to be extremely challenging. There are three reasons for this.

First, in many cases the impact of action by councils has been to enable other service providers to cope with inexorably rising demands more effectively than would otherwise have been the case. This has two implications: it is a more difficult story to tell than explaining that spending £X over here saved £Y over there; and it is harder to quantify.

Second, as is explained in some detail in the section on multi-agency collaboration, an important element of the contribution of local councils' role is the use of their convening power. The ability to focus on the "Leeds £" or the "East Sussex £" enables organisations across a place to secure better value for money and achieve better outcomes from the available resources. On the basis of the evidence we have reviewed, however, it is not possible to quantify the financial impact of this convening role and it varies significantly from place to place.

Finally, this report has drawn on a wider range of evaluations and assessments from the UK and further afield. The multitude of methodologies and calculations has made comparing overall benefits and savings challenging. There is a case to be made for consistency of approach and for more evaluations at a national level to calculate the wider impact of council expenditure. This will become pressing as different parts of the public sector begin to tackle the climate emergency, another area of public policy in which council's convening role and the need to make best use of limited resources across organisations will be critically important.



Roles played by Councils:

- Funder
- Convener
- Commissioner
- Co-commissioner
- Service provider
- Regulator
- Educator
- Planner
- Partner
- Influencer
- Asset owner

Partners in Convening activity:

- NHS, PHE, CCGs, STPs
- Central Government / Agencies (i.e. DWP)
- Schools/Colleges/Universities
- Local / National businesses
- Public Sector Bodies
- Voluntary and Community Sector
- Emergency Services
- LEPs
- Housing Providers / Associations

Which parts of the public sector benefit from direct council spending?

- NHS
- Criminal Justice System
- Councils themselves
- Education
- The Economy
- Emergency Services

Individuals can benefit from direct council spending.

Appendix I: Notes

The evidence used in this report was primarily collected from a systematic series of Google Scholar searches on identified topic areas using a chosen set of primary, secondary and tertiary terms linked to key research words. Topics considered pertinent to the overall research that were not identified during the search process were put through the same systematic searches to ensure consistency and robustness. Gaps in the research identified later in the process were filled using intelligent Google searches on specific topic areas, using the same terminology used in the systematic searches for non-academic sources of evaluation material.

The reports and studies referenced within this report use different metrics and models to make calculations of the costs, benefits and returns on the spending reported. While there are established definitions of social, economic, fiscal, financial, public, and personal costs, benefits and returns, individual reports have used their own calculations. This means that while two studies may report, for example, social returns on investment, each study may have included different metrics for the models that they use for their calculation. As such, where figures are given, references are provided throughout this report and there has been no independent verification any of the examples cited and calculations made.

Appendix II: Methodology

After the initial review of the literature found by the LGA we continued the research into identified themes by using agreed 'primary', 'secondary' and 'tertiary' terms for use in a series of systematic Google searches. These search terms are shown in the table below:

Primary search terms	Secondary search terms	Tertiary search terms
"local authority" spending	"health"	"impact"
"council spending"	"public health"	"financial impact"
	"physical health"	"benefits"
	"mental health"	"financial benefits"
	"social care"	"need prevention"
	"adult social care"	"financial prevention"
	"children's social care"	"wider economy"
	"heritage"	"Cost-benefit"
	"infrastructure"	"return on investment"
	"housing"	
	"justice"	
	"legal"	
	"libraries"	
	"domestic violence"	
"drug and Alcohol"		

These searches were carried out in Google 'advanced search' to capture both academic publications and more general government studies and independent reports. For each search we looked at the first 30 UK-based results from the year 2009 to present. This means that during our initial systematic searches we looked at almost 2,200 results including duplicates.

These results were supplemented by the reports sent by the LGA and from our own knowledge. We also took a snowball approach to the research and additional documents were found through the citations and references contained in the reports we found.

This snowball approach also allowed us to identify gaps and fill them using documents found through the searches. Additional gaps, which we identified during the research process, were added filled using intelligent Google searches. We also used these to add detail based on the findings from the systematic searches. These Google searches used the same, or similar, search terms to those used in the earlier systematic searches.

When looking through the articles we found we used the following research questions to guide the research and collect results.

1. What is the nature of the action that has been taken?
2. What role did the council take?
3. How is positive impact demonstrated in the report? What results were achieved?
4. Which other part of the public sector or economy is impacted?
5. What discussions/collaboration/joint working is there with that/those organisation(s)?
6. Is there a financial impact reported?
7. Is there a calculation shared and if so, how is this calculation made?
8. Is this a council calculation or has it been agreed with the organisation(s) which benefitted? Was this independently verified / evaluated?
9. Any other points of interest?

The search process that we carried out identified examples, calculations and studies from what are widely held to be reputable sources. This report includes a sample of the findings we considered to be most useful when looking at the impact of council spending. We make no attempt, however, to assess or independently validate the information contained within these reports and studies.

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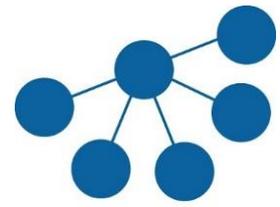
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