

# A Dose of Localism: The Role of Councils in Public Health

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The LGiU has launched a joint report today with Westminster City Council which calls for councils to incentivise people to exercise and live healthily. The report has received extensive media coverage including from the [BBC](#), [Sky News](#), [Financial Times](#), [The Times](#), [The Independent](#), [The Daily Telegraph](#), [Daily Mail](#), and the [Guardian](#). In particular, the report's recommendation that healthy behaviour is encouraged by varying benefits to meet the costs of exercise has received particular attention within the media. This will enable councils to reward positive lifestyle choices.

The briefing provides an overview of the report and will prove relevant to policy officers and commissioners in public health and elected members with the portfolio, or overview and scrutiny responsibility for this area.

## Overview

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. 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.

## Briefing in full

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 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

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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.

The report looks at how local authorities can meet these aspirations as demand rises and resources reduce.

## Recommendations

The LGiU believes that the most effective public health services will be provided by communities for themselves and be preventative rather than acute. The report examines how councils can promote these kinds of services across the full range of local government functions. Greater integration of public health across all services, as well as enabling communities to provide services for themselves, and investing in prevention will all prove crucial.

We offer five key recommendations:

**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.

The LGiU and Westminster City Council hope that the report 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.

The full report is available [here](#).

**For more information about this, or any other LGiU member briefing, please contact Laurie Thraves, Policy Manager, on [laurie.thraves@lgiu.org.uk](mailto:laurie.thraves@lgiu.org.uk)**