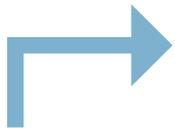


Local government leading for public health



Local government has a long and proud history of promoting and protecting the public's health dating back to Victorian times. It was only in 1974 that the NHS took over most public health functions. The Government is returning responsibility for improving public health to local government for several reasons, namely their:

- population focus
- ability to shape services to meet local needs
- ability to influence wider social determinants of health
- ability to tackle health inequalities.

Population focus

Local authorities are democratically accountable stewards of their local populations' wellbeing. They understand the crucial importance of "place" in promoting wellbeing. In other words, the environment within which people live, work and play, the housing they live in, the green spaces around them, and their opportunities for work and leisure, are all crucial to their health and wellbeing.

Taking a population perspective, which is at the heart of public health, is a natural part of the role of local government.

Shapers of place

Since local government holds many of the levers for promoting wellbeing it makes sense to give it greater responsibility and power to shape the locality in a healthy direction.

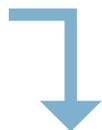
Every day of the year local councils have direct contact with many of their residents. A fully integrated public health function in local government at both strategic and delivery levels offers exciting opportunities to make every contact count for health and wellbeing. This local political leadership is critical to creating the powerful coalitions we need to promote health and wellbeing.

Local authorities are also well placed to release innovation, trying new ways to tackle intractable public health problems. They have considerable expertise in building and sustaining strong relationships with local citizens and service users through community and public involvement arrangements, which will help extend the engagement of local people in the broader health improvement agenda.

Social determinants of health

The social determinants of health are the conditions in which people are born, grow, live work and age, including





the health system. The strength of the evidence linking social determinants to good and poor health has been clearly demonstrated in the Marmot Review (2010) (*Fair Society, Healthy Lives*). Social determinants are one of the main mechanisms driving health inequalities.

Tackling health inequalities

Local authorities have ample experience of the reality of health inequalities in their communities. Many of the social determinants fall within their ambit, so they can take strategic action to prevent inequalities across a number of functions, such as housing, economic and environmental regeneration, strategic planning, education, children and young people's services, fire and road safety.

The Director of Public Health, located within the local authority, will be well placed to bring health inequalities considerations to bear across the whole of the authority's business, and to think strategically about how to drive reductions in health inequalities, working closely with the NHS and other partners.

However, they will also need to look more widely at issues such as crime reduction, violence prevention and reducing reoffending, which may also prevent health inequalities. They can do this through links to existing partnership working and through new relationships, for example with incoming Police and Crime Commissioners.

Looking forward

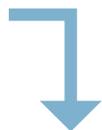
In one sense the Health and Social Care Bill can be seen to be returning public health home. But at the same time we recognise that local government has changed hugely since 1974, as have the issues for people's health. In particular, there have been major gains from the close integration of public health with clinical services, not least a greater focus on prevention in pathways, on prioritisation and on reaching the whole population.

There is a sound foundation to build on in terms of that close engagement within the NHS, which will remain critical to the delivery of public health goals, in particular in reducing risks, and in primary and secondary prevention.

Local government for its part has moved from a focus on delivering services to a much wider role of shaping local places. Having taken on the key role in promoting economic, social and environmental wellbeing at the local level, it is ideally placed to adopt a wider wellbeing role.

Therefore local leadership for public health is nothing new, but the context has changed. Bringing public health back into local government is not about recreating a pre-1974 landscape. It is about building a new, enhanced locally-led 21st century public health service, where innovation is fostered and promoted, supported by the expertise to be provided by Public Health England. Clear local political leadership will be critical to success.





Our vision for local government leadership of public health

Building on local government's long and proud history of public health leadership, our vision is for local authorities to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically.

This means:

- including health in all policies so that each decision seeks the most health benefit for the investment, and asking key questions such as "what will this do for the health and wellbeing of the population?" and "will this reduce health inequalities locally?"
- investing the new ring-fenced grant in high-quality public health services;
- encouraging health promoting environments, for example, access to green spaces and transport and reducing exposure to environmental pollutants
- supporting local communities – promoting community renewal and engagement, development of social networks (in particular for young families and children, and isolated elderly people), and the Big Society. This will bring a focus on what a healthy population can do for the local community, not least in terms of regeneration

- tailoring services to individual needs – based on a holistic approach, focusing on wellness services that address multiple needs, rather than commissioning a plethora of single issue services, and using new technologies to develop services that are easier and more convenient for users
- making effective and sustainable use of all resources, using evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent the best possible value for money for local citizens.

To do this successfully will require a willingness to use all the tools at local authorities' disposal in a new way and not just rely on commissioning traditional services. Public Health England will have a key role in sharing and signposting evidence on the most effective, including cost-effective interventions to improve and protect public health.

For local authorities this will mean working with a wide range of partners across civil society, not least the third sector, including through the shared leadership of health and wellbeing boards. They will be supported in this by HealthWatch, which will better enable people to help shape and improve health and social care services at both a national and, through its seat on the local health and wellbeing board, the local level.

Local authorities already do this up and down the country. From 2013, with new powers and new resources they will be ideally placed to go further in creating healthier communities.



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