

# Public health: The evolving role of local government and cities in England

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10<sup>th</sup> Congress of the Spanish Healthy Cities Network, Convent of  
Santa Cruz la Real, IE University  
Segovia

# Four themes

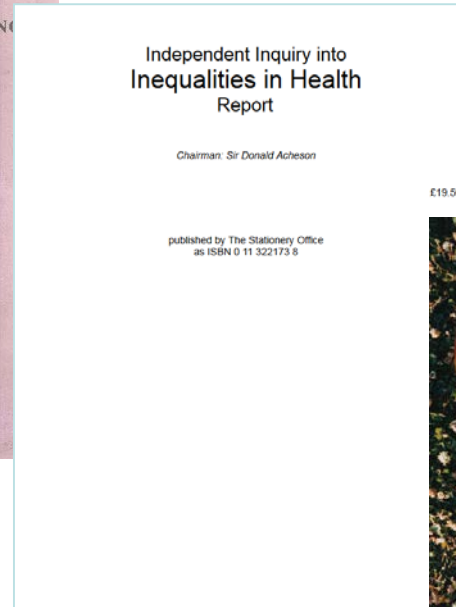
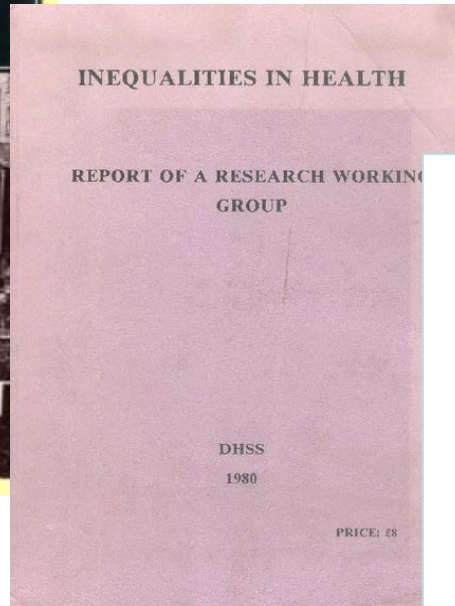
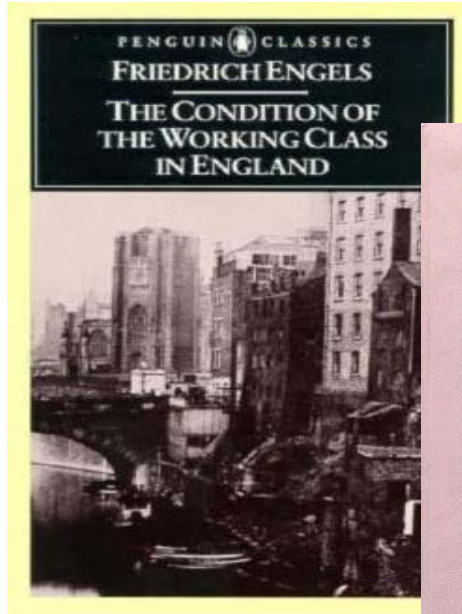
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1. Policy reform in public health in England.
2. What this means for local government and public health in England.
3. An assessment of how well this has been working
4. Wider developments in how cities and other 'places' are increasingly active in health in England

...Conclusions

# **1. Policy reform in public health in England**

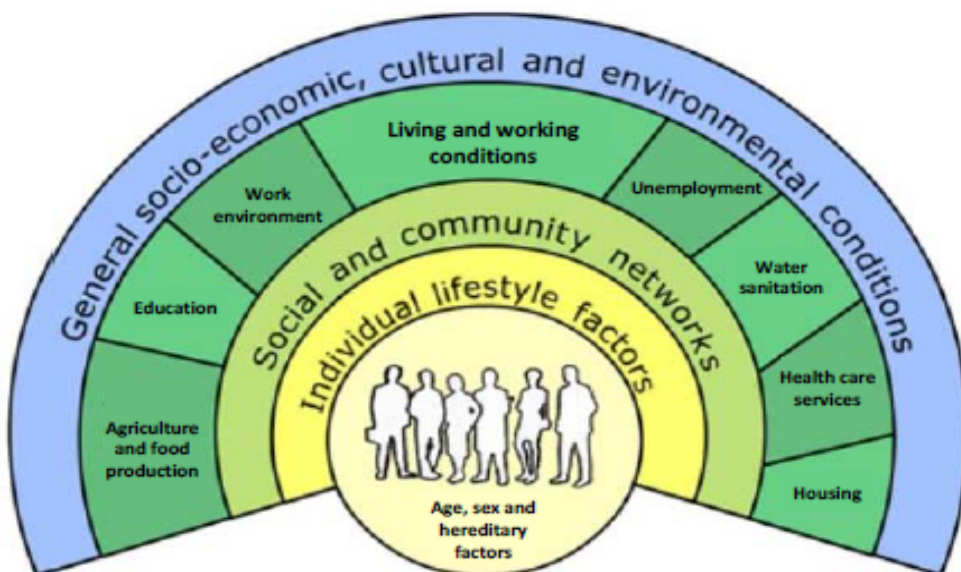
# Long recognised in England that health is more than health care



# Familiarity and acceptance in government circles about broad evidence

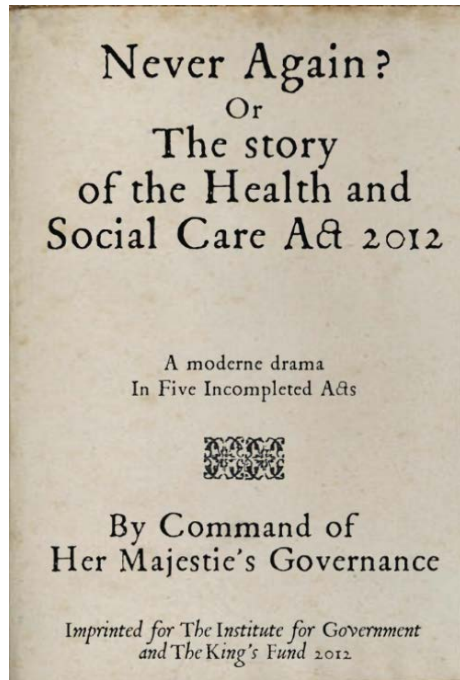
5. The crucial importance of these wider determinants of health is the reason we welcome the move in 2013 of public health to local authorities. They are well placed to embed the health and wellbeing agenda within their local communities across all the policies for which they are responsible. Whilst recognising the challenges that public health practitioners have faced as a result of the large scale system change resulting from the Health and Social Care Act 2012, we consider that public health should remain embedded in local communities. This report primarily addresses the areas of public health provision covered by the Health and Social Care Act 2012.

## The wider determinants of health



Source - Whitehead and Dahlgren, 1991

# Reforms in 2012 'returned' many responsibilities with funding to local government, from the NHS



+



=



Politics of coalition

+

high profile analysis

=

change

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## **2. Local government and public health in England**



# Very complex layering of responsibilities!

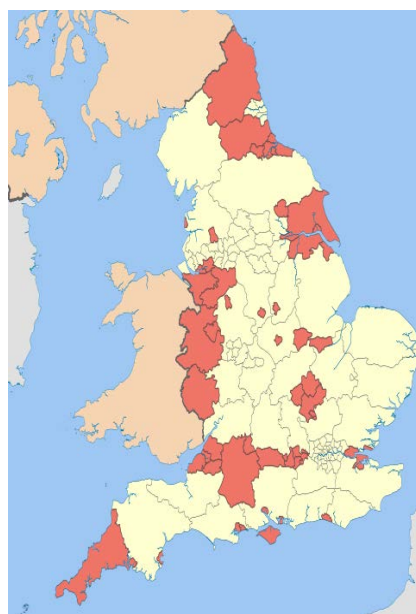
**Two-tier area** -  
county councils +  
district councils with  
complementary roles



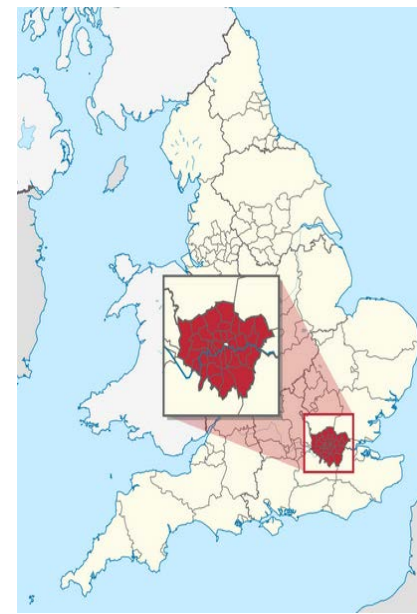
**Metropolitan areas** –  
combine roles of county  
councils + district  
councils in highly urban  
areas



**Unitary authorities** –  
combine roles of  
counties and districts in  
non-metropolitan areas



**London** – 32 councils  
(‘boroughs’) + Greater  
London Authority  
(Mayor) for transport etc





# \*New\* public health roles (2013+)

## Responsibilities

**tobacco control and smoking cessation services; alcohol and drug misuse services**

**public health services for children and young people** aged 5-19 (inc Healthy Child Programme 5-19; and in the longer term all public health services for children and young people)

the National Child Measurement Programme

interventions to **tackle obesity such as community lifestyle and weight management** services; locally-led nutrition initiatives; **increasing levels of physical activity** in the local population

NHS Health Check assessments

public mental health services; **dental public health** services; accidental injury prevention; population level interventions to reduce and prevent birth defects; **behavioural and lifestyle campaigns** to prevent cancer and long-term conditions; local initiatives **on workplace health**; supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

comprehensive **sexual health services** (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

local initiatives to reduce excess deaths as a result of seasonal mortality

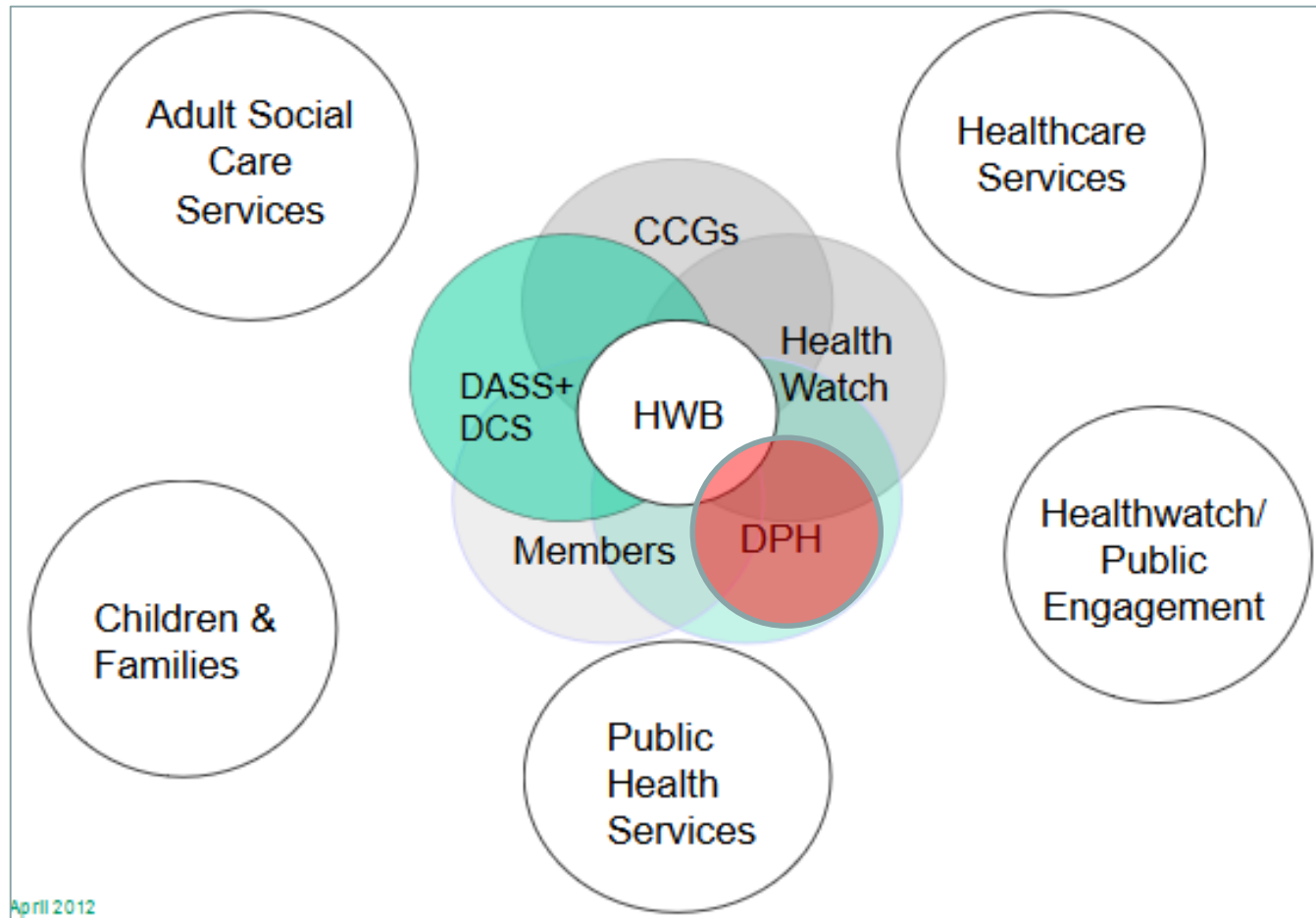
the local authority role in dealing with **health protection** incidents, outbreaks and emergencies

public health aspects of promotion of **community safety, violence prevention and response**; public health aspects of local initiatives to **tackle social exclusion**; local initiatives that reduce **public health impacts of environmental risks**.

# Combined with **\*existing\*** levers over health

Responsibility	Including...
Children's services	Schools (except academies and free schools); pre-school education; youth, adult and family services; adoption, fostering and child protection; youth centres & youth justice
Highways, roads and transport	Highways (non-trunk); street lighting; road safety and traffic management; public transport; some airports etc
Adult services	Older people (inc nursing home, residential, day care and meals); physical and learning disability and mental health needs; asylum seekers
Housing	Social housing; benefit and welfare services; homelessness'; housing strategy
Cultural services	Culture and heritage; recreation and sport; open spaces; tourism; libraries
Environmental services	Death services; community safety; environmental health; licensing; agriculture and fisheries; waste collection and disposal, street cleaning etc
Planning & development	Building control & development; planning policy; economic investment & regeneration
Protective services	Fire & rescue; court services such as coroners
Central services	Local tax collection; registration of births, marriages and deaths; election administration; emergency planning; local land charges and property searches

# New roles → powerful(?) Director of Public Health at centre of Health and Wellbeing Board



# Support → New body Public Health England



## About us

We exist to protect and improve the nation's health and wellbeing, and reduce health inequalities.

### Contents

- Responsibilities
- Priorities
- Who we are
- Corporate information

## Responsibilities

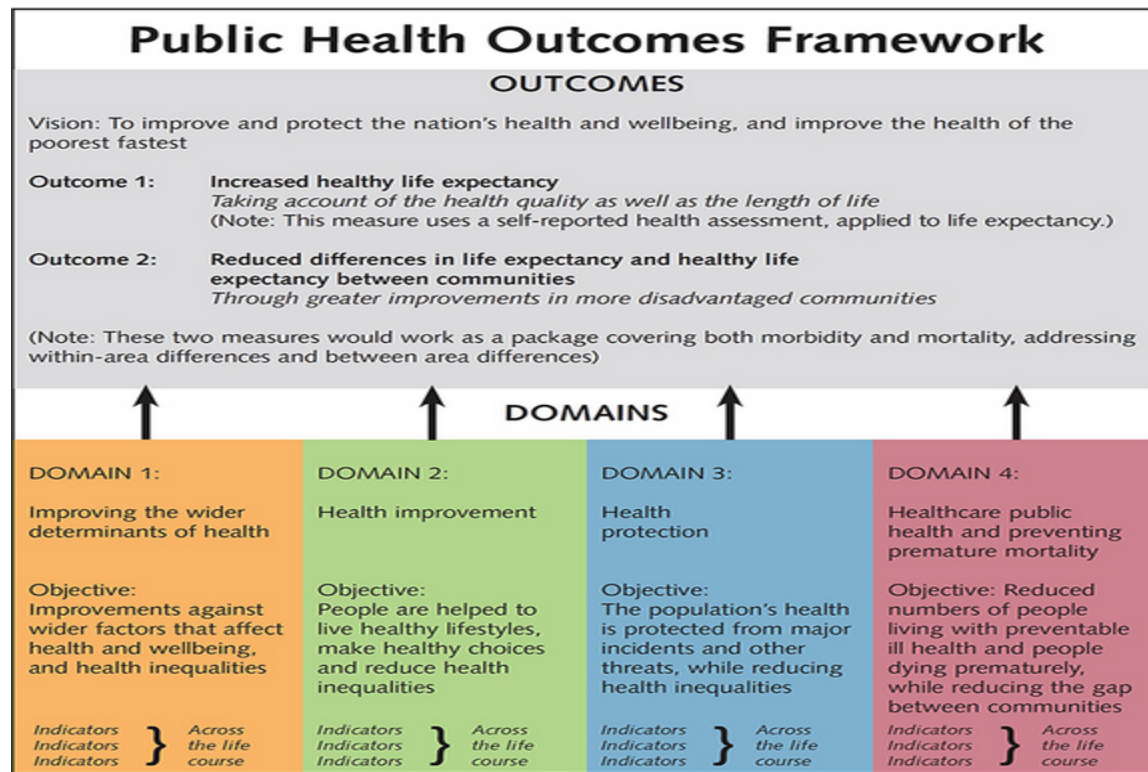
We are responsible for:

- making the public healthier and reducing differences between the health of different groups by promoting healthier lifestyles, advising government and supporting action by local government, the NHS and the public
- protecting the nation from public health hazards
- preparing for and responding to public health emergencies
- improving the health of the whole population by sharing our information and expertise, and identifying and preparing for future public health challenges
- supporting local authorities and the NHS to plan and provide health and social care services such as immunisation and screening programmes, and to develop the public health system and its specialist workforce
- researching, collecting and analysing data to improve our understanding of public health challenges, and come up with answers to public health problems

We do this through world-class science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services.

# Support → Excellent data inc the PHOF

- › Lots of resources for benchmarking across local authorities including open-access constantly updated data from the Public Health Outcomes Framework (PHOF)



# Support → Excellent tools and guides inc health economics



### **3. Our assessment of the public health reforms post-2013**



# 1. Overall government public health policy

Positives	Negatives
Greater local authority responsibility and funding for public health is the right thing to do, given their closeness to wider determinants of health	A public health system which is neither fish nor fowl, trapped between a delivery and outcomes-focused system
The introduction of Public Health England has been valuable, and although still finding its feet, including the need to generate and disseminate more health economic evidence to the system	A lack of clarity on accountability for outcomes when they go wrong or don't improve, over-reliance on "support" vs penalties?
The introduction of the PHOF, the first time government has set out an explicit range of outcomes for public health	Over-reliance on the public health responsibility deal to deliver outcomes and the Health Incentive Premium Scheme, a laughable incentive for improvement, no push on "Making Every Contact Count"
Relatively generous public health allocations to LAs in first two years	Cash standstill in LA allocations for 2015-16 (and subsequent to new government, an in-year cut of £200mn)
	The end of the Cabinet sub-committee on public health – and with it a high level govt machinery to ensure health impact assessment of wider govt policies that impact on public health

"Our overall verdict is that the government has delivered its commitment to reform public health and provide dedicated resources, but it has not given public health the priority it promised."

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## Has the government delivered a new era for public health?

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14 April 2015

The King's Fund verdict is our take on the big questions in health and social care. Here we take a look at the coalition government's progress on public health reform.

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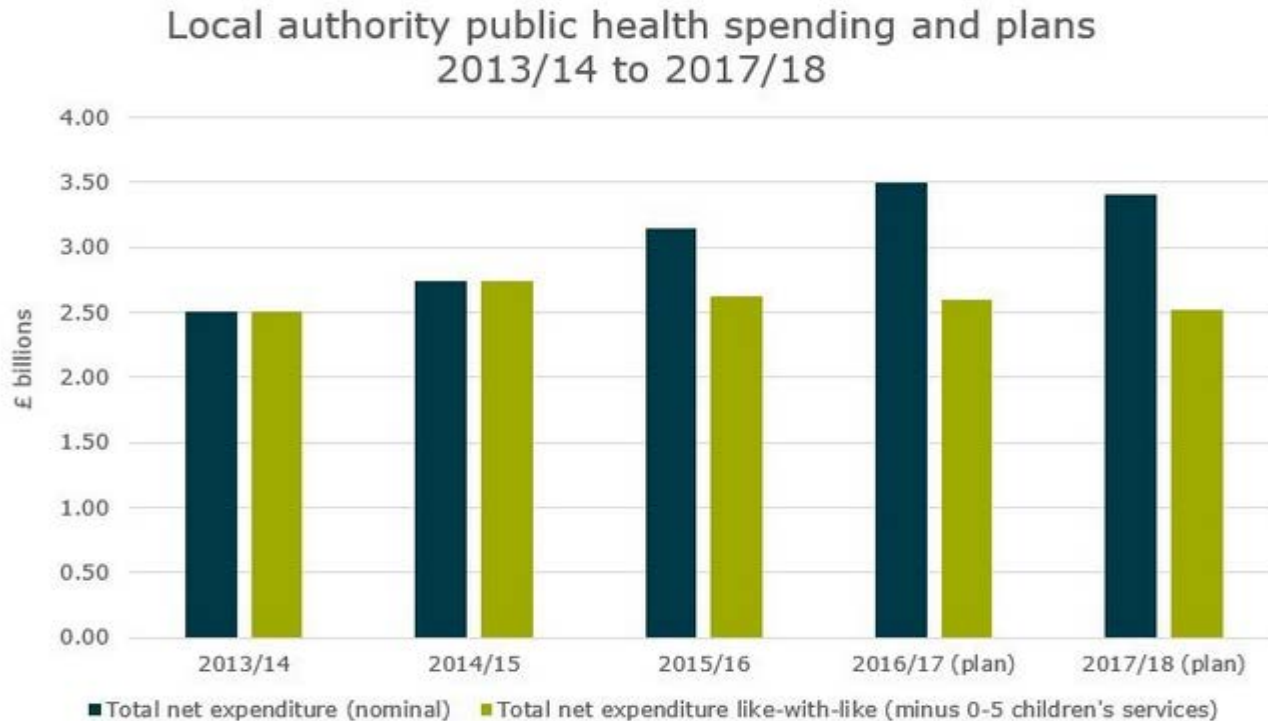
**The issue in a nutshell**

The coalition government's health reforms didn't stop with reforming the NHS. The White Paper, *Healthy lives, healthy people*, published in November 2010, promised 'a new era for public health, with a higher priority and dedicated resources'. As we reach the end of the government's five-year term, has this promise been kept?

## 2. The level of resources

- › After initial increases in resources for local government public health these have fallen (like-for-like)

**Figure 1: Local authority public health spending and plans 2013/14 to 2017/18**



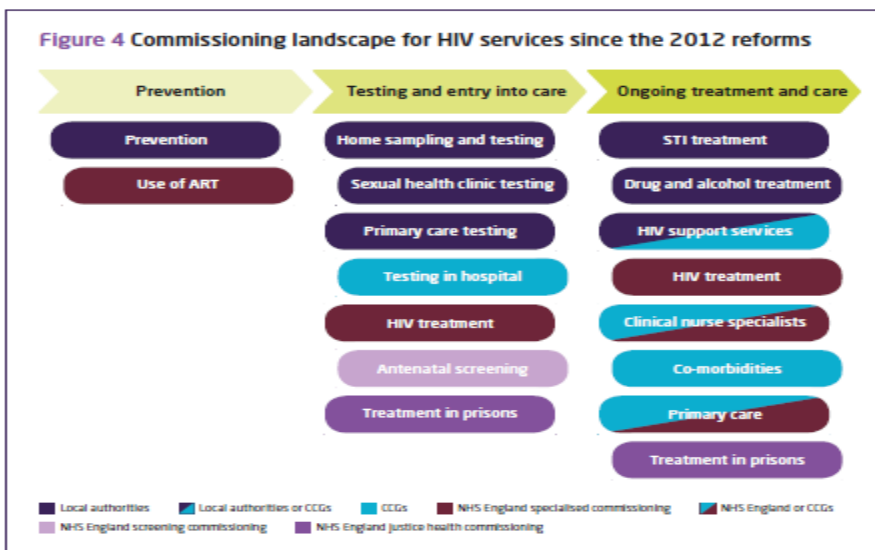
### 3. Integration *and* fragmentation

#### › Integration

- The move to local government has enhanced the integration between behaviour change, specific public health services and the wider responsibilities of local authorities
- In some places (e.g. Sheffield, Wigan, Hertfordshire) Directors of Public Health are driving system wide change and influencing the policies and spending of whole cities

#### › Fragmentation

- The reforms have created greater fragmentation for some pathways of care, for example HIV



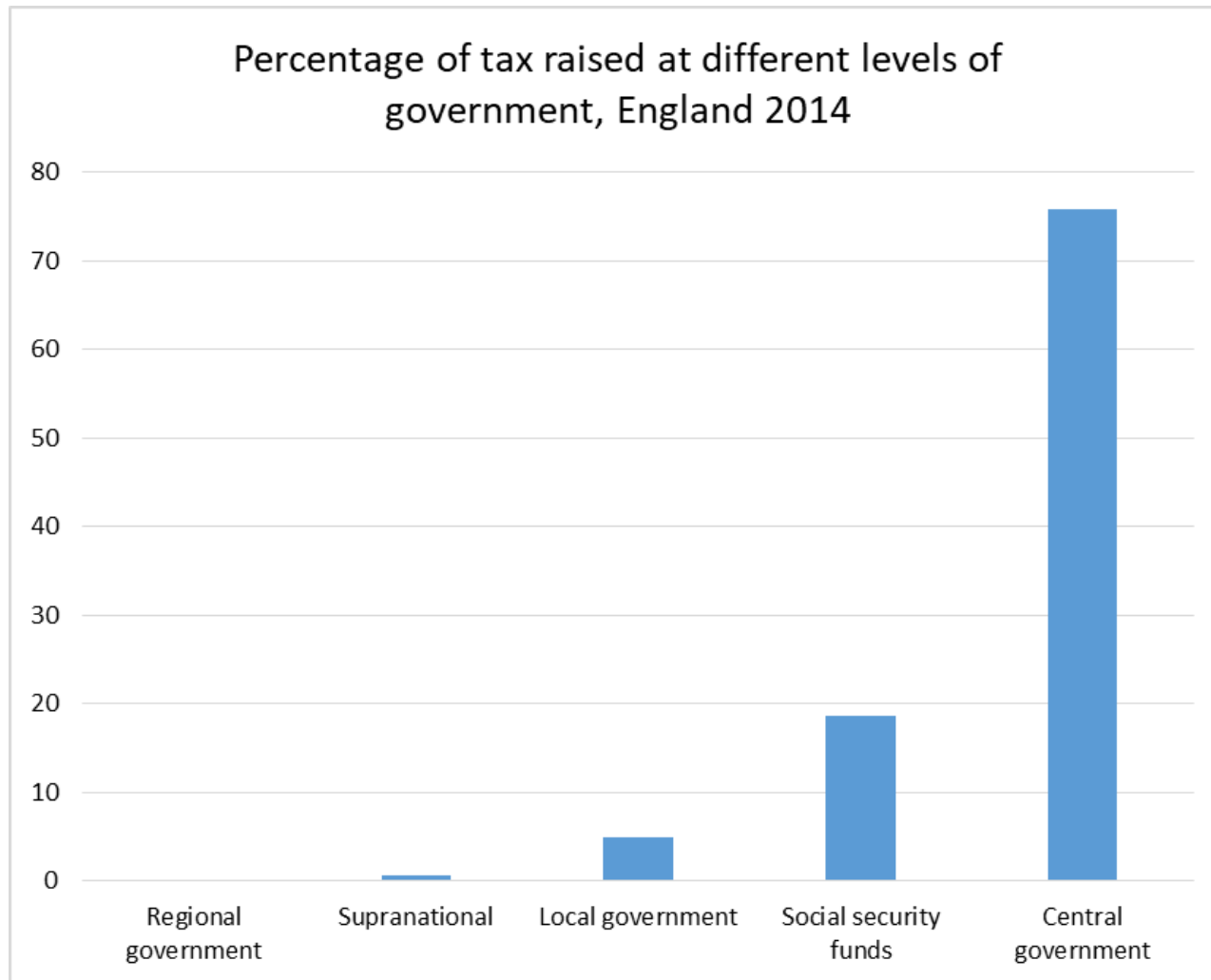
## 4. Inequalities in health

- › Latest data shows inequalities in health widening between poorest and wealthiest places across a wide variety of measures

Indicator	Inequality by area deprivation (measured by the slope index of inequality)			Latest data compared to...	
	Baseline	Previous	Latest	Baseline	Previous
Life expectancy at birth (males)	9.1	9.1	9.2	Widened	Widened
Life expectancy at birth (females)	6.8	6.9	7.1	Widened	Widened
Healthy life expectancy at birth (males)	18.6	18.9	18.9	Widened	Static
Healthy life expectancy at birth (females)	19.1	19.7	19.6	Widened	Narrowed
Potential years of life lost from causes amenable to healthcare – adults (per 100,000)	2,817	-	3,194	Widened	-
Life expectancy at 75 – males (years of life)	2.8	-	2.9	Widened	-
Life expectancy at 75 – females (years of life)	2.7	-	2.8	Widened	-
Under 75 mortality rate from cardiovascular disease (per 100,000)	106.5	103.1	109.0	Widened	Widened
Under 75 mortality rate from cancer (per 100,000)	103.9	103.5	105.5	Widened	Widened
Infant mortality (per 100,000)	3.0	2.7	3.1	Widened	Widened
Health-related quality of life for people with long-term conditions (health status score)	0.149	0.150	0.153	Widened	Widened
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000)	978	1,009	1,007	Widened	Narrowed
Emergency admissions for acute conditions that should not usually require hospital admission (per 100,000)	932	952	965	Widened	Widened
Patient experience of GP service (% reporting good experience)	5.2	6.5	7.4	Widened	Widened
Access to GP services (% reporting good experience of making appointments)	5.2	6.8	8.2	Widened	Widened

## **4. The wider developing role of cities and health in England**

# England one of most fiscally centralized nations in developed world



# A recent shift to devolution \*within\* England – generally, plus for health and social care

TheKingsFund> Ideas that change health care

## Briefing

### Devolution: what it means for health and social care in England

Devolution of powers and funds from central down to local government has emerged as one of this government's flagship policies. The notion of devolving health care was not core to the original devolution agenda, which focused on driving local economic growth. The inclusion of health and social care in the so-called 'Devo Manc' agreement announced in November last year therefore came as a surprise to many. Along with powers over housing, skills and transport, the landmark deal between the Treasury and Greater Manchester paves the way for the councils and NHS in Greater Manchester to take control of the region's £6 billion health and social care budget.

Ahead of further devolution deals expected to be announced as part of the Spending Review 2015, this briefing describes the origins of the devolution agenda and charts its progress in relation to health and social care. Before drawing some broad conclusions, the penultimate section explores some of the key policy and implementation questions that remain unresolved.

Alongside secondary research, this paper is built on insights captured at events held at The King's Fund as well as a series of conversations with representatives from various national bodies, think tanks and local areas involved in devolution, for which we are immensely grateful.

#### What's happening and how did we get here?

#### A potted history of devolution and centralisation in England

Over the past 150 years, there has been a tendency for UK governments to centralise power. The result is a UK system that is one of the most centralised of all countries belonging to the Organisation for Economic Co-operation and Development (OECD); 75 per cent of tax revenues were raised centrally in 2012 (OECD 2014), and in 2014 just under 25 per cent of public expenditure was by local government (OECD 2015).

By comparison, in Sweden (for example), almost half of revenues are spent at local government level (OECD 2014). Decentralised approaches within Europe also apply to health care; in countries including Sweden (Bidgood 2013), Denmark and Norway, for

## › The NHS and social care...

- Brings enthusiasm, sense of place, "get on and do it"
- All national accountabilities and standards remain
- For NHS, read delegation not devolution?

## › Impact on health greater through...

- Devolution's effects on the wider determinants of health
- Local leadership (cross-sectoral and political) keeping its nerve
- The context, either no cash, or granting of transformation funds



# Led by Greater Manchester...



## The Greater Manchester economy in context



2.7m people



1.14m jobs



93,000 businesses

Source: ONS

Source: ONS, GVA estimates 2012

GM ECONOMY, 2011

**£48.2bn**

BIGGER THAN

WALES  
ECONOMY, 2011

**£47.3bn**

NORTH EAST  
ECONOMY, 2011

**£41.6bn**

NORTHERN  
IRELAND  
ECONOMY, 2011

**£29.9bn**

# With new powers, and new mayor

## New powers

The region's new powers include:

- more control of local [transport](#), with a long-term government budget to help us plan a more modern, better-connected network
- new [planning](#) powers to encourage regeneration and development
- a new £300m fund for [housing](#): enough for an extra 15,000 new homes over ten years
- extra funding to get up to 50,000 people back into [work](#)
- incentives to skills-providers to develop more work-related [training](#)
- extra budget to [support and develop local businesses](#)
- the role of the Police and Crime Commissioner being merged with the elected [mayor](#)
- control of investment through a new 'earn back' funding arrangement which gives us extra money for the region's infrastructure if we reach certain levels of economic growth.

The elected mayor will be responsible for the fire service, and have more control of planning through a new Greater Manchester Land Commission.

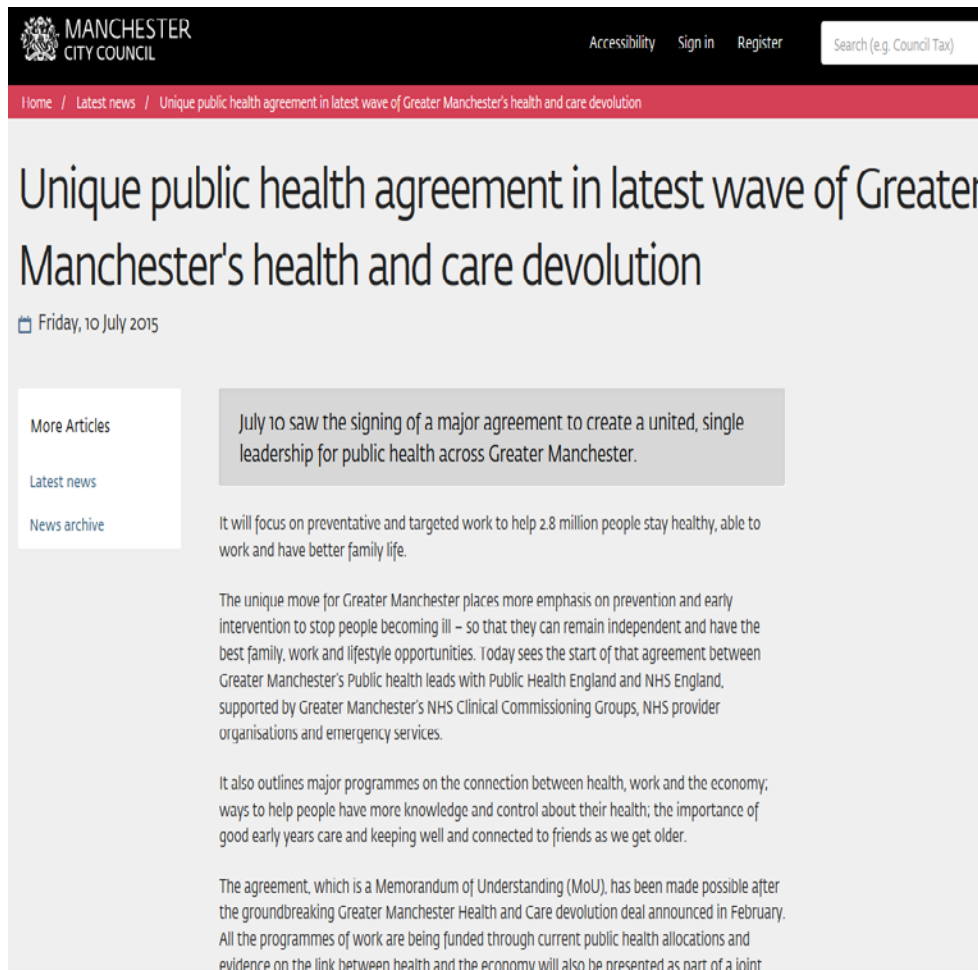
## [Health devolution](#)

Greater Manchester now controls long-term health and social care spending, ready for the full devolution of a budget of around £6 billion in 2016/17.

## [Justice devolution](#)

Building on previous Greater Manchester devolution deals, the government has agreed to give further freedom and flexibility to Greater Manchester Combined Authority (GMCA) and the Mayor/Police and Crime Commissioner around criminal justice and offender management.

# Including a public health agreement



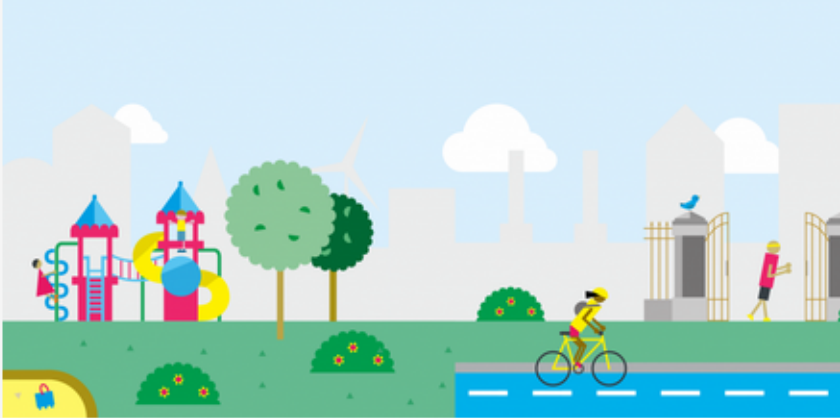
- › MOU, with GM System Prevention and Early Intervention Board
- › Focus on vascular disease, GM Alcohol Strategy, combining the work of emergency services to help with integrated health and care arrangements, and uptake of health checks.
- › Wider streams on
  - Public health and economic growth
  - A social movement for health
  - Early years (inc double FNP)
  - Living well and work
  - Ageing well inc neighbourhood design

# London mayor, strongly interested in health

**MAYOR OF LONDON** **LONDON ASSEMBLY**

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## Have your say - better health for all Londoners

Start date: 23 August 2017  
End date: 30 November 2017


The Mayor has launched his Draft Health Inequalities strategy to help create a healthier and fairer society, and to help make the healthier choice easier for everyone, including the most disadvantaged.

We want to know what you think about these plans and your ideas for improving health and wellbeing for all Londoners.

While the health of Londoners has improved over the years, not everyone enjoys the full benefits of a life lived in good health.


Someone's health can be affected by: where they live, what they do for a living, their income or

### Related stories



#### Healthier Food Businesses

The Healthier Catering Commitment is a scheme that helps food businesses offer healthier choices to their customers.



#### Improving mental health

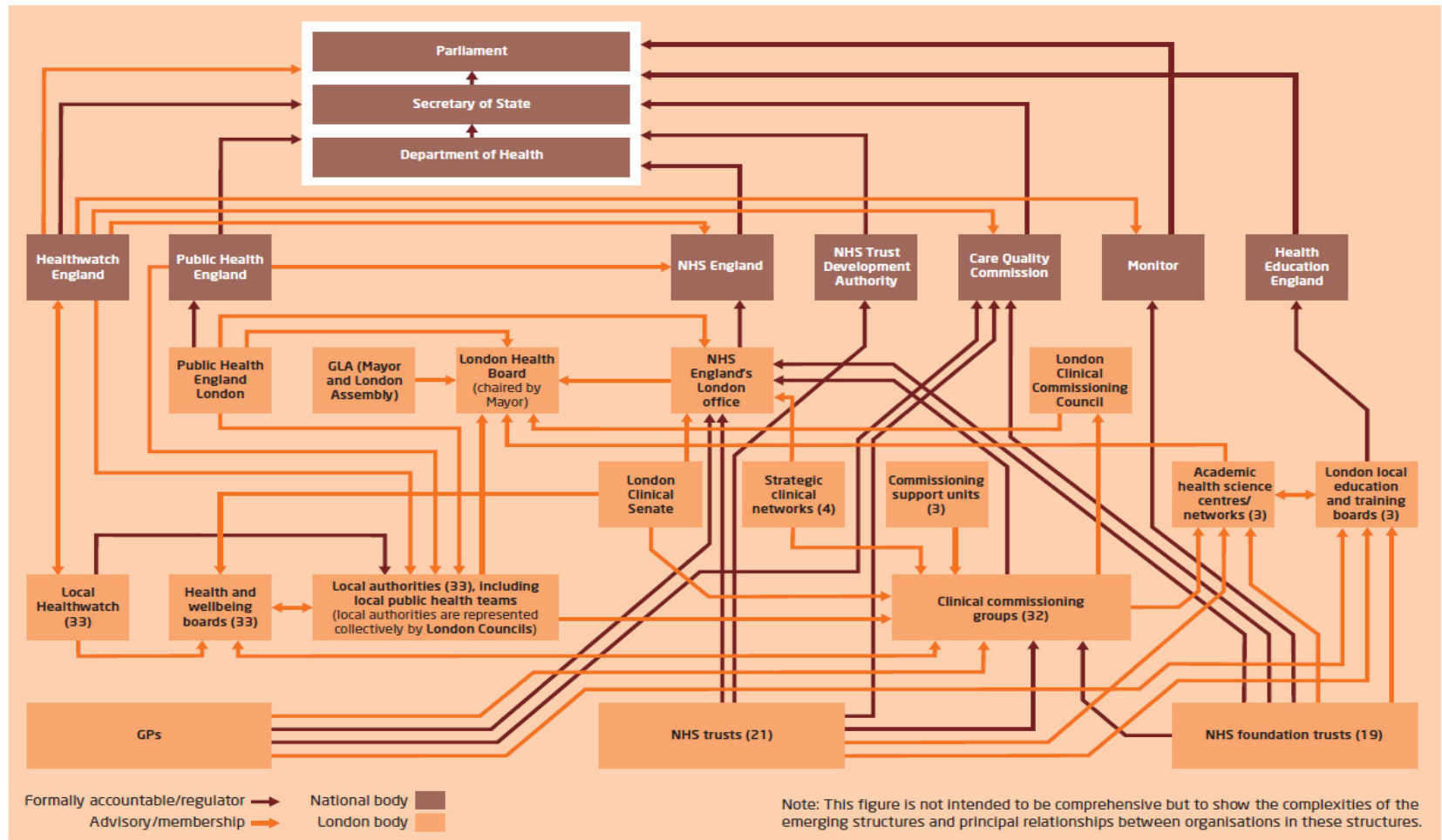
Learn more about the Thrive LDN: a citywide movement to improve the mental

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health care**

# But extremely complex governance makes London-wide decision-making slow and hard

Figure 1 Principal formal relationships between health bodies in London



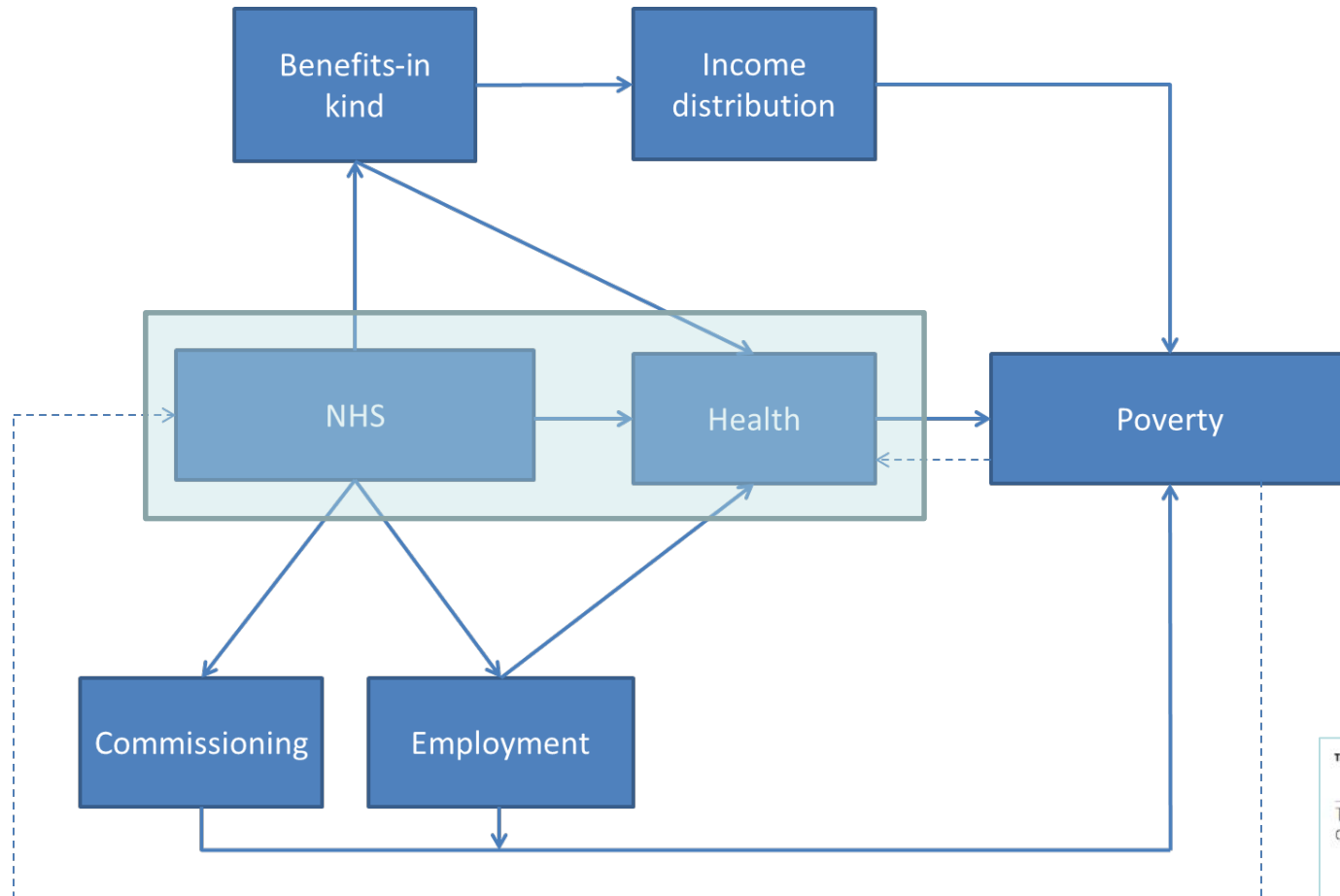
# More broadly, health and fairness commissions...



- › “Fairness commissions” in 23 places, to June 2015.
- › Focus on poverty, inequality and the effects in “place” and those who are affected and those who can make a difference.
- › NHS represented in some, in various ways, to various extents but needs to be a corporate citizen.
- › Liverpool’s Health Commission – part of the Fairness Commission – goes far beyond models of integrated care and sees the NHS as a key player in a city-wide strategy to address the consequences and causes of poverty.

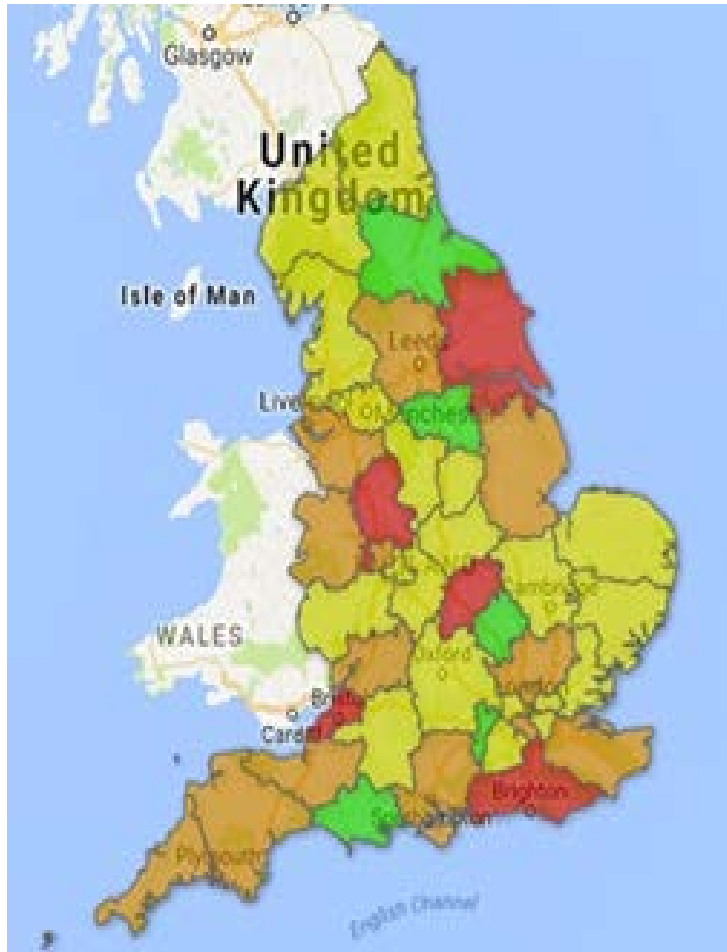


**...and re-thinking the NHS as a wider determinant of health in local communities**





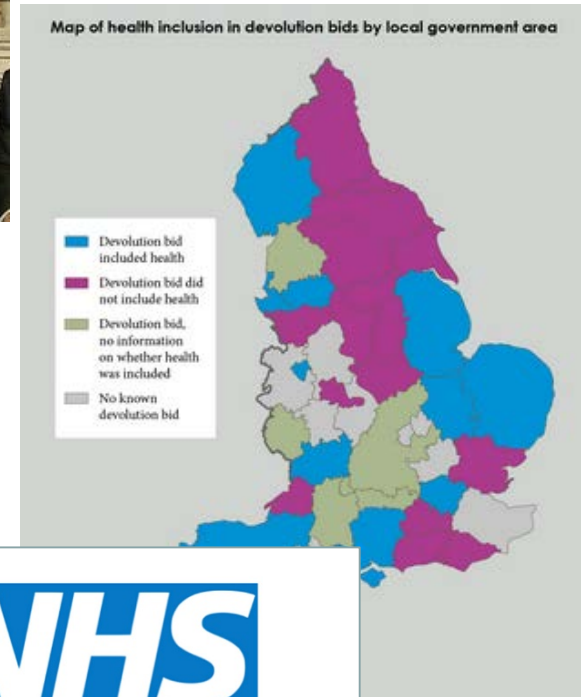
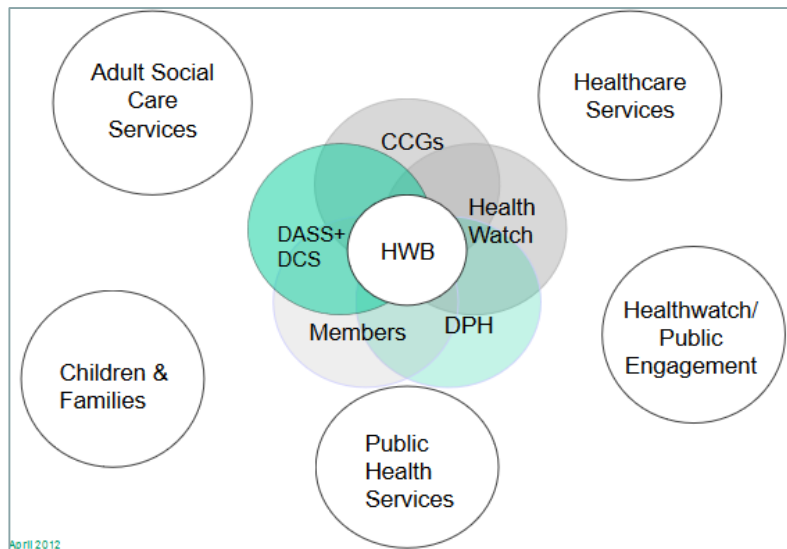
# ...NHS is focussing more on 'place' too



- › There are 44 new place-based Sustainability and Transformation Partnerships (STPs) across the NHS.
- › These are intended to support better collaboration between NHS hospitals, to support place-based integration of services.
- › They are supposed to work closely with local authorities, including on public health.
- › But i) boundaries do not match local authority areas ii) vast majority are led by NHS leaders, only or two by local authorities iii) worries in local government of NHS 'takeover'

# Place and health → does it really make sense?

2012



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**NHS**  
**SUSTAINABILITY &  
TRANSFORMATION PLANS**  
**SUSTAINABILITY &  
TRANSFORMATION  
PARTNERSHIPS**

# Conclusion

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- › New public health reforms have given stronger powers and transferred funding for public health to local government in England, since 2013.
- › This has led to stronger integration and greater influence of public health in some places coupled with support from Public Health England, but the overall backdrop is falling budgets for local authorities, and inequalities are widening.
- › More broadly there is a renewed interest in the roles of cities and health, brought about by
  - wider moves towards devolution
  - local health and fairness ‘commissions’
  - the influence of mayors in Manchester and London
  - The NHS is also becoming more interested in ‘place’ through STPs and working with local government on health issues.
- › How all this ‘will work’ at the level of cities, and other places, is still evolving.


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## Governing for health in global cities: lessons for, and from, London


 Accountable care Public health











### Why we're doing this project

More than 8 in 10 people in England live in cities or towns. The urban environment creates hazards for health but also significant opportunities for health improvement. As part of our work on population health systems, The King's Fund is exploring what a successful place-based approach to health in cities could look like.

City governance has an important impact on health and wellbeing. The health of urban residents is determined in part by how decisions are made within public authorities, and what powers and responsibilities sit at various levels. This includes decisions about urban planning, the built environment, transport, economic development, housing, policing and many other factors, in addition to decisions about the health care system itself.

The focus of this project is learning for, and from, London, home to more than 8.5 million people. The capital is unique among UK cities in terms of its size, diversity and complexity. We aim to understand what London can learn from other major global cities in relation to population health improvement. We will also capture lessons from recent work in London that other cities may benefit from.

We hope that the project will support leaders in London and elsewhere to develop successful approaches for population health improvement in complex urban environments.