



Health Improvement in Local Government: Challenges and Opportunities

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RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE





BACKGROUND

This briefing sheet is part of a series of studies undertaken by the Royal Society for Public Health reviewing changes in commissioning public health in England, with a particular focus on public health improvement. This briefing follows on from two earlier reports.

‘Liberating Health Improvement’ (RSPH, 2011) identified that the

“delivery of systematic lifestyle support messages, in order to improve population health, is seen as a priority but that structural reform is not (as yet) sufficiently joined up in relation to workforce development to ensure that this will happen. Health improvement is a multi-agency and interdisciplinary function and needs systemic nurturing from individuals at community level right through to commissioners and providers.”

‘Paving the Way’ (RSPH, 2012) identified the policy implications of the transition of public health into a local government led system, in particular the need for:

- A ‘visionary leadership’ to drive forward strategy;
- Growth of public health improvement work in the wider workforce;
- Building a shared understanding of health improvement;
- Working collaboratively and sharing best practice; and
- Guiding behaviour change to build capacity, capability and confidence in staff, learners, patients, carers and the public.

Given the scale and pace of change in public health, the RSPH commissioned further research in 2012. The research, which informed this briefing, comprised of in-depth interviews with a range of professionals working in public health and associated fields which aimed to:

- Provide an update on the impact of changes on the commissioning of health improvement work, in particular training and skills development programmes with the wider public health workforce and in local communities; and
- Where possible, identify key implications for the future commissioning and delivery of health improvement work and key challenges and opportunities.



KEY CHALLENGES EMERGING FROM THE RESEARCH

A NEW PUBLIC HEALTH SYSTEM:

Across the country public health is at different stages of its journey of transition into local government. The detail of how public health will operate within its new home and what its core 'offer' may be remains, in many areas, unclear. Most public health teams are undergoing restructure as they transition, some being split up between local government functions, with arrangements varying from area to area. Once established, public health will need to map out different systems and ways of working, including becoming familiar with new sets of relationships and interdependencies. **Commissioners within public health will need to take account of a new array of stakeholders and the new operating environment.** The transition is taking priority and is slowing down, if not creating a hiatus in, planning and delivery.

FINANCIAL CHALLENGES:

Transition is happening in a difficult financial climate, which is particularly challenging for local government. Although public health monies are currently ring-fenced, there is considerable uncertainty as to what this means in practice for the future, especially given the downward pressure on local government finances. The size of public health budgets is uncertain for many, although for some the savings requirement is already known and considerable. **Caution is dictating that in some areas, public health spend on health improvement is restricted.**

A PUBLIC HEALTH SYSTEM LED BY LOCAL GOVERNMENT:

Public health is learning the language and culture of local government, particularly in areas where joint working has not been usual. **Public health and health improvement** are no strangers to political controversy but are now subject to different political challenges and **are having to compete with a wide range of other local issues.**



Equally, local government is also learning about its new public health improvement role. Local government familiarity with aspects of public health can both help and hinder this, depending on what assumptions are made about the nature of health improvement work and its relevance to other local government duties and functions. Levels of understanding of, and enthusiasm for, health improvement work differs from authority to authority, and may be dependent on elected officers' own perceptions of how it can benefit local communities.

THE MOVE TO LOCALISM: In the past, health improvement has been informed by evidence gathered nationally, with work being underpinned by shared approaches often resulting in similar programmes being rolled out countrywide. With its move into local government, **health improvement is now influenced by the 'localism' agenda.** This is already challenging some aspects of established public health improvement practice. For example, **the focus on reducing health inequalities is not in line with local government policy in all areas of the country.** In some authorities, public health is finding ways of 'reframing' this approach to fit with local strategy. In addition, certain local authorities are concerned that targeting health improvement services may mean that some local populations are overlooked. They may prefer the approach of delivering universal health improvement services equally across the locality. Others, conversely, see a need to focus health improvement spend on the 'most troubled families'. There is also a concern that work should remain driven by evidence and not by local politics.

COMMISSIONING HEALTH IMPROVEMENT WORK: Until the new system finds its feet, it is unclear what form future arrangements for commissioning health improvement may take, although it is likely that arrangements will differ from region to region.

Perceptions of the role that Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NHSCB) will play (and how much they will invest) in health improvement differ across the country. **The key to influencing CCGs and the NHSCB is widely perceived to be Health and Wellbeing Boards (HWBs)** – both the priorities they place on health improvement within Health and Wellbeing Strategies, and the authority they will have to drive through health improvement work.



KEY OPPORTUNITIES

Local government enthusiasm for delivering on health improvement: Health improvement is not new to local government; many authorities have a history of delivering successful health improvement work and commissioning health improvement programmes from the voluntary sector, often in partnership with the NHS. Given local government's reach into local communities and its duty to focus on prevention, health improvement may sit comfortably in local government. In some authorities there is already an enthusiasm for delivering health improvement. In others, its relevance and the benefits it can offer local communities need clarifying and promoting. **Health improvement benefits should be framed within the wider determinants of health and health improvement outcomes understood to contribute to better outcomes in housing, the environment and all other areas for which local government is responsible.** The language of health improvement will need to take this re-framing into account.

Public health improvement and the local government workforce:

The new system presents a major opportunity to skill up local government workforces in delivering on health improvement outcomes. If this is to be achieved, **there needs to be clarity and consensus on how health improvement outcomes can contribute to wider local authority outcomes.** Parallel with this is an opportunity to integrate health improvement into a range of local government functions and work programmes. There is an opportunity for health improvement to bridge the gap between health and social care.

New providers of health improvement services:

The opening up of the market for the provision of health improvement services beyond current NHS and voluntary sector providers, with the intention of driving up quality and value, **offers an opportunity for commissioners to focus on quality assurance and move away from the micro-management of contracts.** If this happens, training and development providers will be best placed to deliver if they can evidence how they can contribute to better quality assurance services, and how they can deliver against outcomes frameworks.



New ways of engaging with local communities: Local government has established systems in place for consulting and involving local people. This offers opportunities for local government-led health improvement work to engage with a variety of stakeholders, although a new challenge arises in ensuring engagement is truly representative of intended beneficiaries so that work remains properly evidence-based.

Behaviour change: Behaviour change has played an increasing role in health improvement work over the last ten years. Large-scale behaviour change-focussed programmes have been rolled out across the country, for example health trainer services and 'Making Every Contact Count' programmes. Despite transition resulting in a slowing down of some of this work, public health commissioners in most areas indicate their intention to retain the focus on behaviour change. However, public health is also looking for national guidance and leadership on this, chiefly from Public Health England (PHE).

The role behaviour change plays in health improvement and the benefits it delivers for local communities needs to be described in full to local government. This is best done by demonstrating how behaviour change approaches can play a part in delivering better outcomes for local government.

Leadership: Leadership for health improvement on a local level currently appears fragmented, with an expectation that HWBs will provide collaborative strategic leadership, although it remains to be seen with what level of authority. Whilst it is unclear on a local basis how much emphasis CCGs will place on health improvement, there are opportunities to influence CCGs' agendas nationally so that they prioritise health improvement programmes.

There is an opportunity for health improvement to be included, wherever possible, on care pathways with mapping across to appropriate standards and training as well as developing comprehensive health improvement pathways that clarify the benefits and outcomes for local populations.



CONCLUSIONS

Those participating in this research highlighted the importance of:

- Promoting the role of health improvement as a core part of the local government public health offer;
- Translating the language of health improvement so that it speaks to social care and a range of other local government functions;
- Providing support for public health teams whilst they establish their roles within local government;
- Allowing the new public health system to bed down before taking any long-term strategic decisions;
- Providing support for the local government workforce, particularly elected officers, on the role and benefits of public health improvement; and
- Promoting the benefits of training local government workforce in health improvement and behaviour change approaches.

The Royal Society for Public Health

John Snow House, 59 Mansell Street, London E1 8AN.

Tel: 020 7265 7300 • **Fax:** 020 7265 7301

Email: info@rsph.org.uk • **Website:** www.rsph.org.uk

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