

DRAFT LANCASHIRE DISTRICT COUNCIL PUBLIC HEALTH OFFER

Introduction

Lancashire's 12 district councils play a significant role in supporting the health and wellbeing of the county's residents and communities.

This paper outlines the role of district councils and gives a flavour of how, by working in a more integrated way and focusing on early intervention and prevention, we can improve health outcomes for our residents.

The aim of this paper, having given the reader an insight into the health work of district councils is to extend an invitation to engage in a more collaborative and innovative way to strengthen the focus on prevention and early intervention.

Context

It is true that Lancashire's district councils face challenges, most noticeable the reduction in government grant which is forcing councils to revisit operating models and examine what their primary focus is.

However, the reform of public health creates an opportunity for districts to increase their contribution to the health of Lancashire residents. District councils' actions have the potential to release savings to the public purse, especially in the NHS. We need to be more integrated in social health and social care policy than we are at the moment.

In order for districts to play an enhanced role in improving residents' health and to help to make the 'radical upgrade in prevention' that the NHS Five Year Forward View argues for, district councils need to:

- Ensure that their actions have a positive effect on public health
- Ensure that their actions are cost effective and, where possible, offer a positive return on investment
- Take a more enabling role in the health of residents and communities
- Innovate in services and their delivery

For this to happen there needs to be an appetite to do so, and an understanding of what is possible, from all partners.

What determines our health?

Our health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. The debate continues, but there is a view amongst experts that these wider determinates of health and our individual health choices have a bigger impact than health care ensuring a healthy population.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute provide the following useful table in response to the question; 'health and wellbeing whose job is it anyway?'

Health and Behaviours 30%	Socioeconomic Factors 40%	Clinical Care 20%	Built Environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Built Environment 5%
Diet/Exercise 10%	Employment 10%	Quality of Care 10%	Environment Quality 5%
Alcohol Use 5%	Income 10%		
Poor Sexual Health 5%	Family/Social Support 5%		
	Community Safety 5%		

Duncan Selbie, the Chief Executive of Public Health England, is quoted as saying: “Risk factors that are potentially modifiable, explain around 40% of total ill health in England. The leading risk is now diet, with smoking running a close second. The remaining 60% is a combination of factors, some unknown, some generic, but may socioeconomic and environmental – this makes economic growth and prosperity a legitimate public health matter as health and wealth are inseparable and is about everyone benefiting from that economic prosperity”.

This supports the compelling argument of the role that district councils play in supporting Lancashire residents, to adopt and maintain behaviours that are good for health.

Lancashire districts input into public services reform

The ‘NHS Five Year Forward View’ sets a direction for the future of the NHS. Sustainability and Transformation Plans (STPs) are local plans for delivering the Forward View.

District Councils can play a role in supporting the main STP proposals:

- Changing the role of acute and community hospitals
- Redesigning primary care and community services
- Strengthening prevention and early intervention
- Improving mental health and other services
- Improving productivity and tackling variations in care
- Workforce
- Developing the enablers
- Developing organisations and arrangements to support STPs

Lancashire’s district councils not only affect public health through the direct services they provide; they are place shapers within our respective districts and are key to development and the transformation of sources in the areas we know best. They have a significant power to influence other bodies such as Lancashire County Council, the local NHS organisations and health and wellbeing boards.

There has been progress in recent times, but district councils need to be a key part of the mainstream public health policy discussions.

Core functions and the enabling role of district councils

The King’s Fund paper ‘the district council contribution to public health: a time of challenge and opportunity’, outline many of the core functions and enabling roles that district councils have. These are shown below, along with information provided by Lancashire districts.

Housing

Access to good quality housing is critical to good mental and physical health. District councils have an important part to play in delivering this. In 2014/15, 40% of housing completed by district councils was classed as affordable. Much of this housing is required as part of commercial development.

Poor housing conditions are estimated to cost the NHS £2 billion every year and cost the wider economy even more. Yet improving poor homes pays back quickly in reduced costs across the public sector. District councils have a direct role in this, and also through their enforcement powers around the condition of private rented housing.

The Building Research Establishment estimates that the first year treatment costs to the NHS of leaving people in the poorest 15 per cent of housing stock in England are around £1.4 billion per year due to falls, dampness, pests, water supply, sanitation,

excess cold and overcrowding, among other hazards. For example, among the over 65s, falls and fractures occurring in the home account for 4 million hospital bed days each year in England, costing £2 billion.

District council's efforts on housing advice and reducing homelessness are also likely to pay back in terms of finance, as well as health. On average, homeless people's health costs are four times of non-homeless people, costing the NHS an additional £85 million annually.

District Councils are instrumental in controlling, minimising and preventing poor housing conditions by:

- Helping to facilitate access to social housing to residents who need it
- Delivering the Council's statutory homelessness function by investigating all homelessness enquiries, securing temporary accommodation, seeking re-housing and ensuring an out of hours service is in place.
- Managing Refuge accommodation scheme for women fleeing or at risk of domestic abuse
- Facilitating projects to provide advice and assistance to individuals at risk of homeless or whose discharge from psychiatric in-patient units may be delayed by lack of appropriate housing.
- Regulating landlords in the private rented sector, including Houses in Multiple Occupation.
- Selective licensing of landlords operates in some districts, whereas others districts are considering areas for selective and additional licensing schemes.
- Investigating and taking action, including prosecutions, against landlords for harassment and illegal eviction.
- Allocating the Disabled Facilities Grants to fund adaptations to enable residents to stay in their own homes for as long as possible and avoid hospital admissions.
- Working with Lancashire County Council and other partners to improve the condition of the housing stock, including energy efficiency, and the health conditions of residents.

Leisure and green spaces

Physical inactivity is one of the biggest health challenges facing us as a nation. Across pan-Lancashire, an average of 49% of adults is estimated to be physically inactive. Overall, physical inactivity is responsible for up to one in five premature deaths and is estimated to cost the UK economy more than £7 billion annually. Sport England suggests that the economic value of sport is around £11 billion every year, of which around £1.7 billion is related to avoidable NHS costs.

District councils provide leisure services and access to green spaces. Subsidised provision and free access to leisure services suggests that that up to £23 in value is created for every £1 invested. More broadly, access to green spaces is increasingly recognised to be as important to mental health as physical health, and has been shown to reduce the impact of income inequalities on mental health and wellbeing.

District councils' wider role in delivering and lobbying for improvements in local natural habitats is also important. Tentative estimates suggest that a 1 per cent fall in sedentary behaviour as a result could produce nearly £2 billion in benefits through reduction in coronary heart disease (CHD), cancers, stroke, depression and anxiety.

Well over half the adult population in Lancashire (68%) is now living with excess weight which can impact significantly on health, employment and life expectancy. Severe obesity reduces life expectancy by around 8-10 years- the same reduction as a lifetime of smoking. Obese and overweight individuals also use more health and social care services; costs for the wider economy have been estimated at £27 billion, including costs to the NHS, social care and days off due to sickness.

Green, public spaces are a vital community resource for physical activity. District councils provide and manage much of the local green spaces such as parks, playing pitches, play grounds and allotments. Wherever possible, we are working with our Town and Parish councils to continue to ensure such provision remains in public ownership. Districts have been involved in planning cycle routes to improve the cycling offer and reach locally.

Leisure facilities are provided by a broad range of organisations across Lancashire. Many district councils operate facilities themselves, including leisure centres, swimming pools, golf courses and athletic tracks, for example. Some districts outsource the management of facilities to commercial providers, charitable organisations and leisure trusts; however, they retain the ability to influence and direct how the facilities operate.

District councils have a wider remit than direct provision. They are in a position to work with private, public and third sector partners to ensure there is appropriate leisure and cultural provision in their area. This can be achieved by fulfilling an enabling role to support partners, for example, by helping with grant applications, supporting evidence, the use of Section 106 and Community Infrastructure Levy monies and bringing partners together.

District councils are responsible for cleaning and maintaining much of the public realm, be that open spaces, litter on our streets and town centres, removing fly tipping, cutting the grass on our open spaces and roadside verges, maintenance of trees and planting schemes that brighten our streets up.

The quality of an individual's environment has a significant bearing on their health and wellbeing and their health outcomes.

Many districts use the maintenance of the environment as an opportunity to engage residents and neighbourhoods and involve them in co-designing solutions and joint initiatives. This not only gets people out and about and interacting, it also provides community resilience and has the potential to safeguard, and even enhance service provision.

Environmental health

Most aspects of environmental health services are likely to have an impact on health. For example, air and noise pollution are both associated with a number of negative health outcomes, while food-borne diseases can result in hospital visits and time off work.

The health impacts on environmental noise include sleep disturbance, annoyance and stress, tinnitus, cognitive impairment and hypertension. The UK impact of noise pollution on health is estimated to be in the region of £2 to £3 billion per year (2008).

The district council role in environmental health is potentially vast, covering functions such as monitoring and managing local air quality, noise nuisance, food safety, enforcing the smoking ban, ensuring compliance with occupational health and safety regulations, pest control and dealing with contaminated land among others.

We also continue to provide essential interventions that protect communities from environmental hazards and also provide local intelligence to inform the health protection priorities. We are vital partners in emergency planning and delivering comprehensive interagency plans to respond to major public health incidents in disease control and environmental contamination.

Perhaps because many of these functions are statutory, there is little published evidence on the effectiveness or cost-effectiveness of environmental health interventions. In a period

when spending is cut this kind of evidence is urgently required to better inform difficult decisions about local priorities and to ensure value for money.

Community safety and licencing

The impact of crime and fear of crime on health and well-being is well documented and is particularly emphasised in areas of deprivation and upon vulnerable individuals. Exposure to crime and anti-social behaviour in all its forms is a wider determinate of health contributing to anxiety and mental illness and can undermine the confidence of whole communities. In some instances it can result in serious physical injuries and long term problems. Districts are instrumental in Community Safety Partnerships and through their priorities and partnership working help to reduce the negative impact of crime on both communities and individuals. By working collaboratively, both locally and across Lancashire, we directly address a number of health issues:

- Support vulnerable victims of anti-social behaviour
- Domestic Violence- including the provision of hostel facilities for those escaping violence
- Reduce re-victimisation of victims of burglary and other crimes
- Casualty reduction - with an aim to reduce child pedestrian casualties of road accidents
- Supporting agencies and communities to tackle substance misuse and aid recovery of users
- Implement policies on Licensing and Gambling which can help support Health & Wellbeing Boards to measure the health impacts of granting alcohol licenses and shaping local licensing policies
- Licence premises for the sale of alcohol and work with retailers promote responsible drinking and reduce the sale of high strength alcohol.
- Piloting the programme to seek coordinated resolution of individuals with complex needs and demands on agencies. These will deal with vulnerable adults with complex needs but seek to move to a preventions and early help model – i.e. individuals at risk of crisis
- Promote early intervention opportunities for families and young people.
- Environmental checks in priority areas to remove fly-tipping and highlight accumulations of rubbish in yards for enforcement
- Dog warden service that promotes responsible dog ownership relating to fouling, noise and nuisance
- Community protection investigation and enforcement to problem solve issues that are detrimental to the quality of life of residents
- Divisionally activities
- Multiagency problem solving

Welfare and Employment Support

Districts process housing benefit and council tax support and can signpost individuals to debt advice, credit unions and budgeting help with many of the Lancashire districts currently providing grant funding for the local CAB. For the vulnerable in society and those falling on hard times, such services have a fundamental impact on the wider determinants of poor health.

Many district councils undertake proactive work with residents to identify those who are at the greatest risk following changes to welfare benefits. This includes information, access to advice, financial management support and training advice and advocacy.

Districts also work with partners to support people back into training and employment. Some of this involves working with businesses. Other schemes involve direct support for

individuals to get them to a place where they are able to get back into the employment market.

Enabling roles of district councils

Beyond delivering the core functions outlined above, district councils have enabling roles that underpin good public health. These both affect and shape how other functions are delivered and therefore their impacts on health; in this way they underpin district council's support for the development of community wellbeing.

Economic Development

A strong local authority is associated with a wide range of better health outcomes. Communities with higher levels of income deprivation are more likely to have lower life expectancy and poorer health than those with lower levels of income deprivation and for every 10 per cent increase in voluntary unemployment in a community, average life expectancy is 1 year lower.

District councils have many levers for sustainable economic development, including New Homes Bonus and Community Infrastructure Levy, and their role in Local Enterprise Partnership and City Deals. They also have an important role in delivering the government's Troubled Families programme and benefits systems. They provide a wide range of direct and indirect support to employers, unemployed people and other vulnerable groups.

As districts we facilitate and enable local conditions for sustainable economic growth, job creation and raising living standards by:

- Working with partners to develop and deliver a programme of housing and economic projects
- Facilitating the growth of existing businesses, attracting new investment and thereby increasing wealth and employment opportunities for local people
- Regenerating our town centres by stimulating new retailing, leisure and office developments and enhancing the quality of the built environment, streets and public spaces
- Facilitating the improvement of vacant/derelict sites and buildings and where possible bring them into productive use

When it is well planned, economic development leads to good quality stable employment, which helps improve the health of the individual and their family and wider networks. This is true across the life-course, but especially for young people who are less likely to find work later in life and more likely to experience poor long-term health if they are out of the workforce as younger people.

However, how economic development 'is done' is often just as important to long-term health and wellbeing as the economic development itself. This is where the connection with district councils' other enabling roles – in good planning and community engagement in health – is so critical.

Planning

Districts are responsible for planning in two-tier areas. Their approach is best viewed as an enabler rather than an intervention. Partly because it affects and interacts with most other district functions and so underpins the health and wellbeing of local communities.

Planners fulfil a range of functions. These include assessing and processing planning applications, preparing long-term local plans for an area, securing the local infrastructure

and investments needed by leveraging section 106 agreements, and applying the Community Infrastructure Levy.

The National Planning Policy Framework has a section on promoting healthy communities, which states that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. This includes measures aimed at reducing health inequalities, improving access to healthy food and reducing obesity, encouraging physical activity, improving mental health and wellbeing, and improving air quality to reduce the incidence of respiratory diseases. The framework requires us to work with public health leads and health organisations to develop a robust evidence base that takes into account future changes and barriers to improving health and wellbeing.

Engaging with communities

District councils have an important role to play in supporting social capital by strengthening social networks and community-centred approaches to health, potentially through enabling greater involvement in health care support. These approaches have been shown to have strong and direct links to health, being powerful predictors of mortality in older populations as common lifestyle risks, such as moderate smoking, obesity and high cholesterol and blood pressure. They are also important in determining or averting health behaviours as well as resilience to, and recovery from illness.

District councils, with their local elected councillors, have a real depth of knowledge of their local areas. Lancashire has an extensive network of town and parish councils; district councils work closely with the town and parish councils in their respective areas. This is also true of the vast 3rd sector network across Lancashire, with district councils working closely with them, often as part of a programme of neighbourhood working.

Increasingly, as financial pressures increase, the role of community partners is becoming greater. Across Lancashire community organisations are taking on responsibility for community assets and activities, often through community management. District councils play a key role in supporting such groups, often through advice, encouragement and pump priming funding.

The health benefits of a strong sense of community, and the opportunities to get involved and be active in shaping your environment, are huge for residents and neighbourhoods.

Often this type of work is uncoordinated and the opportunities for people to engage can be lost. There is scope to improve this by working together better to ensure everybody knows how they can get involved and play their part.

District councils fulfil a role as community leaders in their area. They do this by engaging with local residents and organisations to establish what priorities are for their area and then bring this to fruition through direct provision, partnership working, advocacy and championing their area.

District councils also have wellbeing powers which allow them to do a whole manner of things, above and beyond the traditional district council services and functions. This has resulted in district councils engaging in activities they would not have been involved in previously, including being more involved in health provision. Examples of this include district councils playing an enabling role in the delivery of NHS buildings and services.

Summary

As outlined at the beginning of this paper the time and environment is right for all involved within public health to consider the opportunities to work more collaboratively, especially around early intervention and prevention.

We know that all individuals' health and wellbeing, and their health outcomes are influenced by factors much wider than the treatment and care they receive when they are poorly. There is also plenty of evidence to demonstrate that by focusing on early intervention and prevention, we can reduce more costly interventions at a later stage; especially for the NHS.

In order to progress this agenda there needs to be a genuine commitment, from all involved in the system, to engage in a dialogue that is focused on early intervention and prevention.

Questions:

- Does the commitment exist?
- If so, how do we make this meaningful discussion happen?
- Is the 'prevention' element of sustainability and transformation plans the way to do it?

There are examples of early intervention and prevention work involving district councils and health partners. For example, a work-stream of the Better Care Fund involves looking at how we can use Disabled Facilities Grants to prevent falls and accidents in the first place, and how we can speed up the process so that people can leave hospital and return home, at the earliest opportunity.

However, given the challenges and opportunities we all face; there is a risk that we are not ambitious enough in the scale and pace of our joint work, and we will embark on a number of projects (that individually may be very worthwhile) but miss the bigger good of delivering sufficient focus and attention for the system to move to prevention.

Questions:

- Does this level of ambition exist?
- Is it more realistic to concentrate on some key areas?
- If so, is this likely to have the required benefits given the required STPs?

It would be remiss not to mention funding in this paper. Lancashire's district councils have a good reputation for financial management and delivering savings. With further financial pressures for the foreseeable future, this will become more challenging. There is an argument that by focusing on the 'health impact of every pound spent we could see some improvements. However, we need to redirect existing/reducing district councils' resources on a significant scale. Even the argument that a pound spent early saves the NHS many more pounds later on. We need have an honest discussion about the potential to release NHS funding for early intervention and presentation work.

Question(s):

- How do we resolve a focus on early intervention and prevention work, with budgets and increasing demand for the treatment of poor health?