



COUNTY COUNCILS NETWORK

CCN Submission to Health Select Committee

Public Health Post-2013 Inquiry
December 2015

Introduction

1. The County Councils Network (CCN) represents 37 English councils that serve counties. CCN membership includes both upper tier county councils and county unitary authorities and is a distinct voice within the local government sector. CCN develops policy, shares best practice and makes representations to central government and the Local Government Association (LGA) on behalf of this significant proportion of the country.
2. We are a member-led organisation which works on an inclusive and all party basis and seeks to make representations which can be supported by all member councils.
3. CCN welcome the opportunity to respond to the Health Select Committee inquiry into Public Health Post-2013.

The Public Health Transfer to Counties

4. The transfer of public health functions from the NHS to local authorities was heralded by some in the sector as a 'home coming'. Counties have embraced the transfer of public health staff and responsibilities, embedding these so that they form part of business as usual. The transfer has been and continues to be mutually beneficial. Local authorities challenge established thinking and public health programmes, whilst public health teams have sought to ensure that the public health impacts of service decisions are considered and embedded in council practices.
5. An important aspect of the transfer of public health from the NHS to local government was the increased level of democratic accountability. The increased scrutiny and transparency of decisions taken on public health budgets and programmes ensures that the public and councillors have a say in the future of public health service provision.

The Challenges Facing Counties in Delivering Public Health

6. CCN member councils are already underfunded for the provision of public health. Recent research for CCN by LG Futures found that for England as a whole, the allocations for public health equate to approximately £51 per head in 2015/16. For CCN authorities, the allocation is equivalent to £37 per head. London boroughs (£67), unitary authorities (£57) and metropolitan districts (£66) all receive a higher per capita allocation than CCN authorities.¹
7. The recently announced in-year reduction to public health funding and the ongoing reductions announced in the 2015 Spending Review will severely hamper the ability of counties to deliver preventative public health activities that reduce demand.
8. The figures presented above will reduce across the board as a result of the proposed reductions to funding for public health. It is important that Government ensures that funding is aligned with the needs of local areas. As such, Government must publish a clear policy statement that sets out the pace of change that local authorities will move towards the previously published target

¹ Unpublished, due for publication in Spring 2016.

allocations, which will need to be revised in light of reductions to the overall funding of public health.

9. The first argument presented within the NHS Forward View centres on the fact that '*the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health***'. The reduction in funding for public health is extremely counterproductive and will reduce the likelihood of the NHS being able to achieve its £22bn efficiency savings target by 2020.

The Complexity of Partnership Working in County Areas

10. The number of public sector partners in county areas is vast and more complex than in other the areas of other local authority types. Such complexity, particularly in two-tier areas, provides an additional challenge for counties and Directors of Public Health to overcome when trying to improve public health outcomes. The complexity is demonstrated by the fact that in CCN member council areas there are approximately 201 District Councils, 85 Clinical Commissioning Groups, 32 Local Enterprise Partnerships, 65 Acute Trusts, 9 Ambulance Trusts, 33 Police and Crime Commissioners and 37 Fire Authorities, all of whom can and should have a role in improving public health.
11. Health and Wellbeing Boards (HWBs) were originally set up as forums for health and social care leaders to improve the health and wellbeing of their local population. Their statutory duties included the preparation of a health and wellbeing strategy, joint strategic needs assessment and to encourage integrated working between health, public health and social care partners.
12. Public health forms the foundation of reducing demand on NHS and adult social care. Therefore, this work forms a crucial part of the remit of HWBs. Given the complexity of partnerships in county areas, particularly in two-tier areas, some Boards have been hampered by the need to balance inclusiveness with effectiveness at the expense of the latter.
13. This is particularly true in relation to district councils. Districts have an essential role to play in delivering an effective public health system. This is demonstrated by the District Councils Network (DCN) publication *District Action on Public Health*,² with districts delivering an important wide-range of frontline statutory and non-statutory services for both health protection and improvement. However, while their role is key, some counties have up to twelve District Councils, in addition to health partners. This means HWBs should remain strategic in nature, with strong district *representation*, rather than statutory members, to prevent boards becoming unwieldy.
14. The ambition set out by Government in the 2015 Spending Review to integrate health and social care across the country by 2020 means that revised governance arrangements are required to oversee integration. The assumption, although not set out to-date by Government, would be that public health functions could and should be included in any locally agreed health and social care integration plans.
15. As stated in the County APPG report *The State of Care in Counties*, delivering a devolved and integrated health and social care system does not require further top-down structural change or a formal renaming partnership boards.³ Instead it requires a *bottom-up* ambition to work together through truly empowered local partnerships. Health and Wellbeing Boards, with a revised remit, are ideally positioned to drive the integration agenda locally.

² DCN. *District Action on Public Health* (DCN, 2013)

³ [The State of Care in Counties: The Integration Imperative, County APPG, March 2014](#)

16. HWBs oversee the Better Care Fund, but do not commission services, cannot hold budgets and have no delegated powers to require local partners to participate in the integration process. Government should seek to empower Boards by providing the powers listed above in the short-term in order to facilitate efficient and effective integration.

The Freedom and Flexibility to Meet Public Health Needs in Counties

17. CCN has consistently called for government to provide sustainable multi-year budget settlements for counties. Certainty is required if counties and their partners are going to transform current service provision and truly shift the focus from crisis care to early intervention and prevention.
18. This opinion is borne out in Public Health England's strategy *From evidence into action: opportunities to protect and improve the nation's health*:⁴

'A sustainable health and care service will be one that helps people to stay healthy, and not one that only treats illness'
19. It may also be useful for government to consider whether top-down prescriptive targets, such as those set out in the Public Health Outcomes Framework, are appropriate at a time when the direction of travel is towards a more localised, devolved approach to service delivery.
20. Government should review whether further responsibility and funding for public health functions held at a national level should be devolved to a more local level. Given the reduction in public spending, the direction of travel towards devolving services and moves to integrate health and social care, now is the opportune time to hold such a review. For example, government could devolve responsibility and funding for immunisation programmes to CCN member councils. Government may also wish to consider devolving responsibility for health improvement

Contact: Michael Chard, Senior Policy Officer, michael.chard@local.gov.uk or 02076643198

⁴ [From evidence to action: opportunities to protect and improve the nation's health, Public Health England, October 2014](#)