

Improving the public's health

An overview for local authority leaders

On 1 April 2013, responsibility for public health 'came home' to local government. This presents an important renewed leadership challenge for local authorities. At a time when local government is under severe financial pressure and is re-thinking its approach to delivering public services, council leaders and chief officers need to be sure that the way they carry out their public health role delivers the best outcomes for their communities and makes the most effective use of resources.

Our new report and web-based resources will give local authorities the tools to do this (www.kingsfund.org.uk/projects/improving-publics-health).

The case for action

Local authorities know better than most that health is not just about what happens in the NHS. They already play a vital role in tackling the social and economic determinants of ill health and reducing health inequalities. Improving public health is core business for local authorities and central to their role as community leaders and stewards of community wellbeing.

There is a compelling business case for putting public health at the top of the local government agenda.

- A strategic approach to placing health in all policies will help maximise the use of public resources.
- Schools can help to reduce many risk behaviours – improving health and quality of life for individuals and communities.
- There is strong evidence that prevention and early intervention – for example, insulating and adapting homes – can save local authorities money, as well as promoting health, wellbeing and independence.
- A joined-up approach to spatial planning, green spaces and transport can simultaneously boost people's levels of physical activity, reduce obesity and improve wellbeing.

However, it is also critical for local authorities to decide which actions they can take to have the most impact and that will be the most cost effective. To do this, they will need to consider these key questions.

- How do the areas that different departments are responsible for affect people's health?
- How can mainstream local authority services shape the way they work to ensure maximum impact on the public's health?
- What does the evidence say about which actions are most effective?
- Which actions will tackle the social determinants of health, save money and create value?
- How should local authorities prioritise their activities?

Our report and supporting resources are designed to answer these questions in nine key areas by:

- pointing to existing evidence, much of it from local authorities themselves, that demonstrates the links between health, wellbeing and core local government functions
- pulling together information on what is known about successful actions – ‘what works’ in improving health outcomes in key local government areas and what practical actions local authorities can take
- providing information to help develop the business case for taking action
- signposting other evidence, tools and case studies
- setting out useful criteria for prioritising health interventions in relation to core services and offering a ‘ready reckoner’ tool to help prioritise actions.

The nine key areas

The resource is organised around evidence and potential action in nine key areas that reflect the way much of local government is currently organised:

- the best start in life
- healthy schools and pupils
- helping people find good jobs and stay in work
- active and safe travel
- warmer and safer homes
- access to green and open spaces, and the role of leisure services
- strong communities, wellbeing and resilience
- public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)
- health and spatial planning.

The next section gives a brief selection of the key issues and the evidence base in each of these areas.

1. The best start in life

There is compelling evidence that a child's experiences in his or her early years (0–4) have a major impact on their health and life chances. The early factors that can affect children's health across their life span include low birth weight; exposure to drugs and alcohol before birth; obesity; and neglect.

Some targeted pre-school interventions have been shown to save between three and seven times the initial investment by the time a child reaches the age of 21, and more than 17 times by the age of 40.

Examples of effective interventions include:

- training for health visitors to help them identify and treat postnatal depression
- targeted parenting programmes to improve the quality of parent–child relationships and to prevent children developing emotional and conduct disorders
- the Nurse–Family Partnership – a voluntary home-visiting programme for vulnerable mothers from early in pregnancy until their child is 2
- programmes that provide a strong pre-school foundation in language and literacy, mathematics, science, listening and social skills, creative expression, and positive self-esteem.

www.kingsfund.org.uk/healthystart

2. Healthy schools and pupils

There is a strong correlation between educational attainment, life expectancy and improved health, within and across generations. School is an important setting for forming or changing health behaviours. More schooling is known to significantly reduce mortality rates, while lower educational attainment is associated with smoking, obesity and other unhealthy lifestyles.

The overall health benefits of a good education have been estimated to provide returns of up to £7.20 for every £1 invested.

Examples of effective interventions include:

- supporting schools to develop children's life skills, such as problem-solving
- encouraging schools to provide more physical activity (some programmes have succeeded in increasing activity levels threefold)
- helping schools promote healthy diets (which can halve obesity rates in later life)
- wellness services targeting children at risk of multiple poor behaviours
- whole-school approaches to health behaviours and anti-bullying programmes.

www.kingsfund.org.uk/schools

3. Helping people find good jobs and stay in work

Unemployment increases cardiovascular disease and mortality rates. One in seven men develop clinical depression within six months of losing their job, and young people not in education, employment or training (NEET) are more likely to experience poor long-term health. Poor mental health, stress and job insecurity are leading causes of worklessness and sickness absence.

Sickness absence and worklessness cost the British economy £100 billion a year.

Examples of effective interventions include:

- using the Social Value Act to ensure that commissioning and employment practices contribute to equitable employment opportunities
- championing and improving the take-up of ‘supported employment’ and job retention schemes
- supporting and challenging local employers to implement evidence on healthy workplaces and health-enhancing work cultures.

www.kingsfund.org.uk/jobswork

4. Active and safe travel

Physical inactivity increases the risk of heart disease, diabetes and other diseases but eight out of ten people do not take enough exercise and the poorer people are the less likely they are to do so. Being poorer also increases the likelihood of experiencing injury or death from traffic accidents. More than a quarter of child pedestrian casualties happen in the most deprived 10 per cent of wards.

The overall costs to society of transport-induced poor air quality, ill health and road accidents exceed £40 billion: traffic accidents alone cost around £9 billion each year.

Examples of effective interventions include:

- promoting cycling and walking for travel to work and for recreation
- improving infrastructure and local environments to encourage cycling and walking and prioritising ‘place’ over cars
- promoting and using the Cycle to Work scheme
- introducing 20-mph speed zones in densely populated areas with consistently high accident rates.

www.kingsfund.org.uk/safertravel

5. Warmer and safer homes

Home accidents are the most common cause of death in children over the age of one, while unsafe and unadapted home environments are a significant cause of falls among older people. Inadequate heating, poorly insulated homes and fuel poverty contribute to the fact that between 25,000 and 30,000 more people die in the winter than in the summer in England and Wales.

Birmingham City Council's health impact assessment of its two main housing-led programmes indicated that for a *total* outlay of £12 million, savings of £24 million a year were made. The quickest wins were from improvements related to excess cold and falls.

Examples of effective interventions include:

- prioritising high-risk groups such as children under 5 – for example, by installing safety gates, window restrictors and cupboard locks
- improving insulation in the private rented and owner-occupied sectors
- integrating provision of aids and adaptations with other social care support
- linking handyperson schemes with hospital discharge schemes.

www.kingsfund.org.uk/saferhomes

6. Access to green and open spaces and the role of leisure services

Increased exposure to green space, especially in disadvantaged areas, has been shown to increase physical activity, thereby reducing obesity and associated health conditions, and improve self-reported levels of mental health.

Economic modelling suggests that investing in leisure services to improve physical activity could be more cost effective in improving health than many medical interventions and increasing access to green spaces could reduce the costs of obesity to the NHS by more than £2 billion.

Examples of effective interventions include:

- prioritising access to green space, particularly for lower socio-economic groups, within neighbourhood plans and planning strategies
- investing in staff and working innovatively with the private and third sectors through partnerships or trusts, and engaging community groups to manage green spaces and run initiatives such as 'green gyms'
- granting free use of leisure facilities during working hours and at weekends.

www.kingsfund.org.uk/greenspaces

7. Strong communities, wellbeing and resilience

There is growing recognition and evidence that understanding a community's assets, as well as its needs, can help improve health and wellbeing, particularly among disadvantaged groups. Strengthening social networks and reducing loneliness can have a significant positive impact on people's health, more so even than reducing smoking rates and alcohol consumption.

Several local authorities are pioneering community asset-based approaches to improving health, reducing loneliness and building resilience for wellbeing. There is evidence that using community assets return value: eg, every £1 spent on health volunteering programmes returns between £4 and £10, with the benefits shared between service users, volunteers and the wider community.

Examples of likely effective interventions include:

- supporting volunteering and befriending schemes, including schemes with a health focus such as training community health 'champions'
- mapping local community assets and developing community resources where there are gaps
- supporting community and group activities that reduce isolation and promote health and resilience.

www.kingsfund.org.uk/communities

8. Public protection and regulatory services

Local authorities' public protection services covering inspection, regulation and licensing can make a significant impact, for example by regulating takeaways; taking action to improve air quality; and improving fire safety. The health impacts of air pollution, for example, are greater than the risks of obesity, passive smoking and transport accidents. Takeaways produce foods that are often high in saturated fat and salt and low in fibre, contributing to obesity and poor health. In 2010/11, there were 388 deaths and 11,000 non-fatal injuries due to fires.

In the average local authority area, obesity costs the NHS around £18 million a year and a further £26–£30 million in lost productivity and earnings, while fires cost around £6.9 billion annually in England and Wales. There is strong evidence of the cost benefits of investing in reducing air pollution – for example, a review for the London Borough of Kensington and Chelsea showed a return of £620 in benefits for every £100 spent.

Examples of effective interventions include:

- regulating the number and concentration of fast food outlets
- promoting zero emission 'last mile' delivery of as many goods and services as possible, and fitting vertical roof exhausts to buses
- supporting full uptake of fire alarms and using fire crews to implement wider public health interventions.

www.kingsfund.org.uk/publicprotection

9. Health and spatial planning

Planners have considerable potential to improve the ‘liveability’ of neighbourhoods and the extent to which they encourage physical activity such as walking and cycling, thereby affecting people’s mental and physical health.

Exploratory work for the National Institute for Health and Care Excellence (NICE) suggests that the health benefits resulting from high-quality comprehensive spatial planning significantly outweigh the costs (with a ratio of 60:1 for improving walking infrastructure and 168:1 for cycling).

Examples of effective interventions include:

- using the Spatial Planning and Health Group (SPAHG)’s health checklist when developing and scrutinising planning strategies, plans and proposals
- employing accessibility criteria in planning policy (eg, access to bus stops and shops)
- being aware of how planning decisions affect take-up of services, such as leisure services.

www.kingsfund.org.uk/spatialplanning

Prioritising interventions

Our report considers different factors to help local authorities prioritise evidence-based actions that improve public health.

The relative strengths of interventions in each of the nine areas have been distilled to produce a ‘ready reckoner’ tool that can help decision-makers to decide which interventions will deliver the best results in improving public health and reducing inequalities, given their own specific needs and challenges. The ready reckoner sets out the impact of taking action in each of the nine areas according to:

- the scale of the problem in relation to the public’s health
- how strong the evidence is in terms of actions
- the impact of interventions on health
- how quickly any action is likely to have an effect on health
- how large the contribution to reducing inequalities in health would be.

It also sets out the key interdependencies between the nine areas – for instance, highlighting that focusing on the best start in life and healthy schools will lead to better employment prospects in the longer term, which in turn will have an impact on health.

This overview was written for The King’s Fund by Fiona Campbell and is based on the full report, which can be found at: www.kingsfund.org.uk/projects/improving-publics-health

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