

Advancing our health: prevention in the 2020s

District Councils' Network Submission

Key points

The District Councils' Network (DCN) welcomes many aspects of the Prevention Green Paper, in particular, the recognition that a preventative approach is key to reducing demand and setting the foundations for good health throughout life. However, this paper could have gone much further in addressing the root causes of ill health and taken a less medical focus in its approach.

Evidence, that the prevention green paper itself references¹, shows that social, economic, commercial and environmental determinants of health have a much greater impact on how well and how long we live in comparison to medical care. It is therefore more important than ever to fully engage with district councils, who, through their key preventative services, can shift pressure from medical models of care towards a more holistic, person-centred approach based on wellbeing and lifestyle choice.

District council's responsibilities and services reduce the burden on adult social care and the NHS, they help prevent residents needing to access services both in the short and long term. Districts contribute to health in two main ways, creating an environment conducive to wellbeing and also through direct action. As the Housing, Planning and growth authorities, we hold many of the levers key to our community's health and wellbeing. In addition, our local leadership and closeness to communities allows us to take direct action through social prescribing and advice services to improve mental wellbeing and reduce demand.

Districts are collaborative and can link up local service provision, they work in partnership with social care services, the NHS, local volunteer groups, business and other agencies such as the police to support public health. In short, district councils make a very important contribution to weaving the social fabric of their areas and seeking to create and sustain healthy places for people to be born, grow, live, work and age.

This consultation response focuses on the aspects of the green paper most relevant to district councils and features case studies to evidence the positive impact that preventative district activity has on people's lives.

Consultation Questions

1. Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

District councils are the closest to their communities and making use of these connections has significant influences on both the physical and mental health of residents. The scale districts operate at makes it possible to identify local health inequalities and pockets of deprivation. Through strong local leadership and ability to reach the most vulnerable

¹ The green paper cites both McGinnis J., Williams-Russo P., Knickman J.R. (2002) 'The case for more active policy attention to health promotion' and the Canadian Institute of Advanced Research (2002), quoted in Kuznetsova, D. (2012) 'Healthy places: Councils leading on public health'

residents, districts are able to take direct action through social prescribing and advice services and connect with people living in poorer communities and excluded groups. Please see section 5 of the consultation response for examples of social prescribing services.

As well as being able to take direct action through advice services, utilising this knowledge is key in strategic planning and we hope that one of the outcomes of the prevention green paper will be establishing statutory district representation on Health and Wellbeing boards, so they are able to share their unique local intelligence with health partners. Research independent from the DCN², also called for district involvement in the development of local joint strategic needs assessment to improve preventative approaches.

Case Study - Hertfordshire Public Health Funding

The Hertfordshire public health team saw partnership working with district councils as a priority to address the diversity of health issues across Hertfordshire. The County Council executive member for public health and deputy participate in all 10 of the local strategic partnerships and districts are represented on the Health and Wellbeing board. District councils were also co-producers of the Hertfordshire public health strategy.

*“Every District and Borough has capitalised on an opportunity to improve the health of their residents and invested their resources to make it such a success. Every District and Borough went about it in their own way, reflecting the diversity of the Hertfordshire population. Each area has supported residents that most needed that support, and we have all benefited from it.” **Jim Mcmanus, Director of Public Health, Hertfordshire***

*“It really is a true mutually beneficial partnership as we have direct links and contact with the Public Health team at county for advice, intelligence and support. We in turn share our local knowledge, use the funding for locally targeted projects and work with county to deliver county wide projects.” **Cllr Fiona Thomson Welwyn, Hatfield Borough Council***

2. How can we do more to support mothers to breastfeed?

Many district councils are supporting breastfeeding schemes in their local areas. We have included below a local example of where a district council has used discretionary funding to step in and support services across their locality.

Sevenoaks District Council – Enhancing Breastfeeding support across the district

² 2017. NLGN. REACHING OUT: INFLUENCING THE WIDER DETERMINANTS OF HEALTH. Available at: <https://www.nlgn.org.uk/public/2017/reaching-influencing-wider-determinants-health/>

Sevenoaks District Council supported a local organisation, PS Breastfeeding, to continue providing home visits to families across the district through additional funding. The organisation also hosts breastfeeding groups in local Children's Centres and provides equipment such as baby slings, carriers and pumps without charge.

The home visits from PS Breastfeeding were intended to support new mums who want to breastfeed their new arrivals and to overcome any early problems. It also allowed for other issues such as home safety and housing concerns to be identified and resolved, by connecting into the Councils health and housing initiatives already in place as part of the district council's wellbeing strategy.

3. How can we help people reach and stay at a healthier weight?

District councils with their levers over the wider and built environment are well placed to help resident's lead active and healthy lives. District councils are already playing their part in keeping people moving, including offering reduced or free leisure activities. For every £1 invested in innovative district run reduced-cost or free access leisure saves the NHS £23³. In addition, many district areas, are already working closely with Sports England to shape leisure provision and share their commitment to activity for all. Equally, areas such as South Cambridgeshire and Cherwell Districts council are part of the NHS Healthy New Towns project which embeds health into all aspects of place shaping. For example, including walkways in street design to encourage "active commuting" and maintaining areas of green space.

Cherwell District Council – Healthy New Town Programme

Cherwell District Council are a lead organisation as part of Bicester's Healthy New Town Programme (BHNT) which aims to use housing growth to develop communities that promote health and wellbeing, prevent illness and keep people independent.

Over the last two years a number of different projects have been launched. Three 5km health routes for walkers and runners have been marked out to encourage residents into becoming active. The introduction of the signage has already led to a 27 per cent increase in footfall.

Elsewhere a way-finding scheme to key destinations in the town has been installed, giving average walking and cycling times to nudge residents into ditching their cars.

³ King's Fund. The district council contribution to public health: a time of challenge and opportunity 2015 https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

Feedback from residents has been incredibly positive. One woman said the cycle routes and 5km trail had inspired her to get back on her bike “after a 40-year break”. Another resident described the routes as “beautiful” and took him to places he had never seen before in his 17 years living in the town.

Schools have also been engaged. Five of the 12 local primary schools are taking part in the Daily Mile, while all primary and secondary schools have participated in the walk-to-school week, the highest participation in Oxfordshire.

However, districts could do even more with further powers for example the ability to manage the proliferation of takeaways and to control food advertising near schools, nurseries and youth centres. In addition, the DCN support the LGA’s call for the Government to give councils powers to control the exposure of food high in fat, salt and sugar (HFSS) advertising around schools and nurseries which could therefore significantly change the messages children receive about health eating while they are out in their local communities.

4. *Have you got examples or ideas that would help people to do more strength and balance exercises? Can you give any examples of any local schemes that help people to do more strength and balance exercises?*

In the context of an increasingly ageing population, strength and balance improvement programmes will be of increasing importance in helping people stay independent and well in their homes and communities. Activity must be encouraged to avoid sedentary lifestyles which leads to muscle loss. This is especially important in later years as muscle deteriorates at a faster rate, initiatives that make walking and cycling the easy choice will benefit muscle strength and help prevent wastage. Promoting classes which benefit strength and balance, such as yoga and Pilates, can also widen the appeal of uptake to a broader age range and be part of a more upstream preventative approach. As part of research conducted this year⁴, the DCN found a range of examples throughout our membership of where districts have either led, or worked with partners, to encourage residents to partake in these activities and increase their strength. Ensuring that these activities were easily accessible, fun and inexpensive were all common success factors in the schemes shared.

Forest of Dean – exercise referral scheme

The council has built on its exercise-on-referral programme by developing a range of other referral schemes. There is a falls prevention service for the over 60s, which provides a range of seated and standing exercises that improve strength, flexibility and balance. There are also rehabilitation groups available on-referral for cardiac, cancer and respiratory disease patients. They are for patients who have finished the NHS phase-

⁴ LGA and DCN (2019) Shaping Healthy Places. Available here: https://www.local.gov.uk/sites/default/files/documents/22.37%20District%20Councils%20Report_05_WEB_1.pdf

three rehab programmes and are delivered by qualified instructors in the community.

The council has also developed a range of open courses. These include KickStart, a healthy living course, which covers healthy eating topics and incorporates a beginner's circuit class. Participants have an opportunity to be weighed and asked questions in an informal setting. There is also a pilates class aimed at strengthening, improving posture and reducing back pain and a drop-in class aimed at improving balance, along with a range of general circuit and exercise classes. In total there are 27 different classes run each week.

But what also marks out Forest of Dean's approach is that the council has taken its classes out into the community. There are four leisure centres, but the classes are also provided in 15 other community venues. These include church halls, community centres, village halls and social housing common rooms. They have proved very popular - over 300 people access classes in these settings each week.

One of those is Maria McSweeney, who is 65. She has tried a variety of activities after being referred by her GP as she needed to lose weight before she had a double knee replacement. "I found it hard to motivate myself at home. I hadn't been to a gym for over 30 years and was a little daunted when I was given a personal trainer." But she said she was immediately put at ease and started enjoying the activities. Within 12 weeks, she had lost 1.5 stone. "I feel better than I have in myself for a long time and enjoy going to the gym, which I would never have believed."

5. There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper? Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

District councils are the closest layer of local government and deliver services such as housing, revenues and benefits and debt advice that allows for early intervention to help solve problems before they escalate. We recognise that to truly solve issues requires addressing a diverse and often interwoven range of factors. For example, to tackle and prevent homelessness often requires a wide range of support services such as debt advice, retraining and skills, housing advice and addressing physical and mental health.

In addition, districts haven been working in partnership with the NHS and social care colleagues to deliver social prescription services, offering community rather than clinical solutions. For example, providing health coaching within GP services and links to local support and voluntary groups.

Adur and Worthing Councils – Going Local

A pioneering digital app that helps NHS patients get the help they need while freeing up GPs won Adur & Worthing Councils a prestigious innovation award. The app allowed doctors to refer patients to non-medical services in the community thus freeing them up to concentrate on people with medical conditions.

The award recognises outstanding innovation in the public sector to ensure services are providing better value to both the people they serve and the taxpayers who fund them.

In this case the Councils, working with Bedford-based firm MATS and the company's 'Low-code' application development platform, sought to meet the challenges of changing lifestyle of residents and the UK's aging population. After an NHS Alliance and Primary Care Foundation study estimated 27% of GP appointments could be avoided by using better technology, the councils decided to take action.

The result was a scheme called Going Local; an innovative social prescribing programme designed to build bridges between NHS care and local communities. It provides Community Referrers who work across services in local communities, to spend time with referred patients with complex issues and connect them into local social and community based solutions to improve their health and wellbeing. Three partners came together last year to deliver this work - Adur and Worthing Councils, Coastal West Sussex Clinical Commissioning Group and West Sussex County Council.

6. What could the government do to help people live more healthily at home?

District councils see first-hand the difference that housing adaptations funding makes, keeping our most vulnerable residents safe, well and happy in their own homes and communities, and preventing future health crisis' that can generate significant onward costs for the health and care system.

Given that the vast majority of people will remain in their existing general needs homes as they age, it is our view that the Government should significantly increase the level of funding into adapting existing homes, and that District councils should have maximum freedom in determining how it is used. The Government should increase awareness around the Disabled Facilities Grant (DFG) so that people understand what it can be used for and how to apply for it, as well as simplifying the means testing process.

7. What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

The priority should be assisting people to live longer, healthier, happier, independent lives, with more disease-free years. Ensuring that communities are shaped to be inclusive for all ages is key to delivering this aim. District Councils have an important role in planning for lifelong homes and building better neighbourhoods that meet the needs of older people,

people with impairments, and the wider community. This also links to safer environments and encourages community engagement that prevents loneliness and isolation.

It is also important to incentivise developers to help future proof all new homes to respond to people's changing health and care needs over time. DHSC and MHCLG could capture and share with developers the evidence that building lifetime homes does not significantly add to costs, is commercially viable and can be a selling point given people's increasing awareness about ageing well, and willingness to move if the house and location is right – 'aspirational down sizers'.

The DCN would also advocate for the importance of the arts and culture on health and wellbeing and support the Art Councils' strategic framework of great arts⁵ and culture for everyone. The All Party Parliamentary Group on Arts Health and Wellbeing report; Creative Health: evidenced that people who are offered a creative programme to participate in as a prevention have better outcomes. For example 67% of people with dementia engaging with music programmes have a reduced need for medication. District councils are often responsible for maintaining key cultural infrastructure, preserving the heritage of communities in local museums, and affording opportunities for residents to come together for shared experiences in theatres and community venues.

At a strategic level, a place-based approach for healthy ageing requires a clear vision, the involvement of older people in developing the vision and priorities, strong leadership, a medium and longer-term perspective, consideration of the full range of assets which can support older people and co-ordination of the commissioning and delivery of services.

8. Funding prevention

Strengthening the approach to prevention has never been so urgent. Demand on public services has reached an unsustainable level as funding pressures increase at the same time as a rise in need; with an ageing population, sharp health inequalities and increasing levels of multi-morbidity. The only way to sustain public services and improve outcomes in the longer term is to invest in preventing ill health and reduce the number of people needing to access services.

There is an important interaction between services and sectors that are at the heart of building health and wellbeing. Social projects (such as those promoting physical health, education and employment), environmental projects (recognising the role of housing, transport, parks and green spaces), resilience projects (such as advocacy, navigating and signposting services) and behavioural projects (tackling, for instance, smoking, obesity and substance misuse) highlight the complex inter-play of services that strengthen community wellbeing and independence.

The district council role in prevention and adult social care is not formally recognised through central funding and districts receive nothing directly for public health. District councils have faced the greatest relative cut in funding compared with other authority types during this spending review period⁶. This jeopardises their ability to deliver both discretionary and wider wellbeing services which are key to prevention. More reductions in funding to district

⁵ 2010-2020. Arts Council, 10 year Strategic Framework, great art and culture for everybody. Available at <https://www.artscouncil.org.uk/great-art-and-culture-everyone>

⁶ NAO, 2018. Financial sustainability of local authorities. Available here: <https://www.nao.org.uk/wp-content/uploads/2018/03/Financial-sustainability-of-local-authorities-2018.pdf>

councils would undermine their ability to do work on prevention that reduces the burden on county council authorities and saves money for both social care and the NHS.

A recent report⁷ by the District Councils All Party Parliamentary Group showed parliamentary support for the introduction of a council tax precept for district councils. A 3% precept would reflect the key role that districts play in prevention and demand reduction for the wider public sector across the country. This is in addition to existing council tax arrangements for district councils. If all districts raised an additional 3% prevention precept on their existing council tax charge, this has the potential to raise up to an additional £42m funding per year (based on an approximate £5.42 increase on the district council charge on an average Band D property). In unitary areas, unitary councils are able to apply the adult social care precept in addition to the general Council Tax precept, but this option is only available to counties in district/county areas, which creates an imbalance in funding across authority type.

Whether through the precept or a separate prevention funding stream, with the right resource, districts can generate significant savings for the public sector.

For every £1 spent on prevention, the Kings Fund report⁸ indicated that districts can make up to £70 worth of savings on health spending in the long term. For example:

- By adapting 100,000 homes to meet the needs of older people, districts could save the NHS £69 for every pound spent.
- Investing in sport, leisure and recreation – core district functions – not only delivers health benefits but can generate £11.2 billion a year in savings, £1.7 billion of which is thought to be via savings to health care-associated costs.
- By improving 100,000 homes to protect older people from the cold weather, districts could save the NHS £34.19 for every pound spent.
- The average cost to the State of a fractured hip is £28,665. This is 4.7 times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent fall

9. What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health?

It is important that government recognise the crucial link between poor health and housing, an area where district councils have an important role to play. Housing is an absolutely key determinant of public health; people with health problems are disproportionately likely to occupy the least health-promoting segments of the housing stock, a factor that exacerbates their health problems. Equally, people with mental health problems are disproportionately represented among those who are homeless. It was disappointing that the prevention green paper did not make reference to this important link which we hope will be rectified in prevention policy going forward.

All government departments must make a strategic commitment to ending rough sleeping. In particular, in addition to the Ministry of Housing, Communities, and Local Government (MHCLG), the strategy should be adopted by the Ministry of Justice, Department of Health and Social Care, Home Office, Department for Education, and Department for Work and

⁷ APPG for District Councils (2018) delivering the district difference. Available here:

<https://districtcouncils.info/influencing/appg-for-district-councils-report-delivering-the-district-difference/>

⁸ Kings Fund, 2015, The district role in health, a time of challenge and opportunity

Pensions (DWP). A genuinely cross-departmental approach would include employment support being aligned to homelessness prevention goals. It would also mean improving the understanding of the links between health and homelessness, and a commitment to early intervention for children and young people from chaotic home scenarios. For those in contact with the criminal justice system, there must be a greater understanding of their housing circumstances.

In addition, supporting 'inclusive growth' is key to ensuring access to good quality local employment and address the stubborn income and health inequalities in many areas of the UK. As the government consultation 'Health matters: Health and work' outlined earlier this year, there is clear evidence that good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity. The economic development teams within District Councils play an important role in developing and sustaining thriving local economies. In addition, districts have close connections with business and should be a key partner in developing local industrial strategies.

It is particularly important for adults in vulnerable circumstances and older people to have good transport links, access to shops, culture and leisure facilities. We need a planning framework and system that is appropriately supportive of these aims. Planning departments are severely under-resourced. A proactive, well- resourced planning system could do far more to deliver the additional homes the country desperately needs. It could also help to deliver them in ways that meet wider national objectives on infrastructure, public health, mental wellbeing and the environment.

Strengthen the links between alcohol and wider societal problems - there is a need for adequate resourcing to support prevention work- in terms of alcohol and the wider societal issues. For example, the new Domestic Violence legislation proposes a public health approach and investment in perpetrator programmes and the Serious Violence strategy also acknowledged the prevention approach. This is positive, but any preventative approaches targeting alcohol and its effects, must be supported by resourcing.

10. What more can we do to help local authorities and NHS bodies work well together?

It is our firm belief that local areas are best placed to lead on how collaboration works across place and this will be different depending on demographic and service pressures. While our response has naturally focused heavily on what district councils have to offer the prevention agenda, delivering change cannot be delivered by one organisational alone and requires a whole system approach. Throughout this response we have evidenced the significant contribution the districts make and we hope that this will be formally recognised in future partnerships and taken into account during the development of local health strategies. As a minimum output we hope that district councils will be given statutory representation on Health and Wellbeing boards so they are able to fully contribute and shape plans for their local areas.

In addition, there are significant partnership opportunities if District Councils engage with Primary Care Networks (and ICS's) to support their work on prevention. This scale of these partnership supports 'place based working' around populations of 35,000-50,000 where the local knowledge and delivery of services by District Councils aligns with PCN responsibilities for the health and wellbeing of their population. Evidence of the effectiveness of such partnerships has been demonstrated in the healthy place shaping work in Cherwell through the Healthy New Towns programmes.