This is a submission from the Society of Local Authority Chief Executives (Solace). Solace is the representative body for over 1300 Chief Executives and senior strategic managers working in the public sector in the UK. We provide our members with opportunities for personal and professional development, and seek to influence debate around the future of public services to ensure that policy and legislation are informed by the experience and expertise of our members. Whilst the vast majority of Solace members work in local government we also have members in senior positions in health authorities, police and fire authorities and central government.

We believe that public services in the UK need to undergo radical transformation to remain sustainable for future years to come, particularly in light of the growing pressures of an ageing population and a rise in people living with long-term health conditions. Local government is at a point where it is no longer possible to continue ‘business as usual’ in the context of rising demand and diminishing funding. Both nationally and locally we will have to radically rethink what level of service delivery is possible or indeed desirable.

As part of this transformation, we believe that local government must become more self-sufficient. To make self-sufficiency a reality for all, local authorities must be able to play a key role as a convener of public services; public services that work towards publicly desirable and agreed outcomes on a holistic, multi-agency, placed-based basis – such as we have seen with the Troubled Families agenda, or indeed in many instances with public health.

It is clear that authorities which can keep their local populations healthier, more resilient, and less dependent on their services for longer will be in a better position to remain viable. In this context, public health will be key.

Solace supported our members during the transition phase of public health responsibilities into local government and, subsequently, the additional responsibilities of 0-5 children’s public health commissioning. Solace also worked jointly with the Local Government Association (LGA) and the Association of Directors of Public Healths (ADPH) to develop a Health and Wellbeing Systems Leadership Programme to support and provide peer challenge to Health and Wellbeing Boards.

Since 2013, local government has already taken great strides to showcase what can be achieved when it is given a leadership role to develop effective policy and deliver population-level outcomes by bringing together a range of functions and levers to achieve the best outcomes for local people. We believe that the combination of both public health and commissioning/procurement skills within local authorities has added real value in delivering the public health function. It has enabled an increased focus on prevention and a social model of health, firmly embedded in local communities, rather than a simply medical model. Local authorities are leading the way in driving a ‘whole system’ approach which recognises the wider determinants of health.

Many of our member authorities have been successful in embedding public health priorities across all areas of council delivery, such as:

- Joint working between public health and planning, licensing and regulatory teams to tackle alcohol consumption
- Joint working between public health and planning, schools and children’s services teams to look at how fast food takeaway outlets contribute to childhood obesity
Joint working between public health and housing teams to consider the impact of poor housing, or conditions such as damp or overcrowding, on health and wellbeing
Ensuring frontline customer service teams embed public health aims in their everyday interactions with the public

As well as successfully working with non-local authority partners, for example:

- All London boroughs have come together to deliver a joint sexual health strategy
- Local Directors of Public Health have demonstrated excellent systems leadership, developing strong relationships with CCGs, other Governing Bodies and NHS England
- Joint work, including pooled resources, between authorities in the North East to tackle smoking, alcohol and obesity in the workforce
- Many authorities have successfully joined forces with the police and local business community in terms of the alcohol strategies mentioned above

Whilst pleased to promote these achievements, it would be an oversight for this submission not to point out the downward pressure this valuable public health work is now facing in light of government spending cuts: the £200m cut consulted upon this summer, followed by the announcement of annual real terms cuts of 3.9% to the local authority public health grant in the Spending Review on 25th November. We have been publicly critical of the logic of cutting public health funding (see appendix for details), given it is critical to delivering the NHS Five Year Forward view and reducing pressure both on the NHS and local government, and in this way can play a bigger role in reducing the deficit than any upfront cut can achieve. Secondly, we were concerned by the fact the first £200m cut, coming ‘in year’ as it did, caused real disruption for local authorities who had already agreed contracts and budgeted for the normally specified budget period.

Whilst mindful that this could free up local authorities to further embed public health aims across their activities, we are also wary about the suggestion in the Spending Review that the local government public health grant could lose its ring-fence and become part of pot local authorities raise from keeping the full sum of business rate receipts. Whilst we welcomed this move on business rates, we are concerned that this will have a differential impact up and down the country, where different authorities have a radically different ability to raise needed revenue, which is often inversely related to the local health and care need.

Putting these concerns upfront, Solace is however keen to promote a positive vision for public health, as mentioned as part of the toolkit local authorities have at hand to keep them viable for years ahead.

We believe that the leadership and skill of our sector means it is well placed to deliver real public health gains, keeping local populations healthier, happier and less in need of public services for longer, as well as reducing fragmentation and waste.

Crucial to making this happen will be the local flexibility to develop arrangements with a range of partners best able to deliver the outcomes desired for that population and area. What this looks like in any given area we would expect to be varied depending on the locality and its need, as well as the new city region and other devolution arrangements that are currently taking shape across the UK.

Alongside this, our members have made it clear that across local government funding as a whole, of which public health is one part, a clearer, longer-term funding settlement would allow local authorities to plan ahead strategically, and deliver that long-term thinking which is crucial to the public health agenda, but also to paving the way to ultimate self-sufficiency. (Please see the appendix below for further details on what we perceive as those steps to self-sufficiency). Additionally, a commitment from government to support investment in early
intervention and prevention, as advocated in the Five Year Forward View, will be required if we are to have a sustainable health and social care system for the future. This approach is being developed and tested in a number of places and current devolution plans could accelerate this work.

In our submission to this year’s Spending Review we argued that devolution of local spending decisions in areas such as health, welfare and public sector assets will, through whole systems integration, the rationalisation of assets and processes, and more intelligent commissioning, improve public sector productivity and provide more effective and sustainable local services. Public health should be seen firmly amongst this milieu.

Appendix:

Joint response with the LGA to the 2015/16 in-year savings consultation:  
Joint letter coordinated by the Academy of Royal Medical Colleges to which Solace was a co-signatory:  
http://solace.org.uk/knowledge/reports_guides/Treasury%20letter%2022_10_15.pdf
Solace’s submission the 2015 Spending Review:  
http://solace.org.uk/knowledge/reports_guides/SolaceSRSSubmission.pdf

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