NICE welcomes the opportunity to respond to this inquiry. It offers a good opportunity to explore:

1) How local authorities have used NICE guidance and standards to support the delivery of their public health functions and improve the health of the local population.

2) How local government has used our tools (such as return on investment tools) to help make the best use of their resources.

NICE has produced a wide range of guidance, quality standards and other resources covering a range of public health issues. These can help local authority teams and elected members identify the most cost effective ways to protect the health of the population, reduce health inequalities and improve wellbeing, in line with local priorities.

Since the Health and Social Care Act we have redoubled efforts to engage with local government to help meet their public health responsibilities. NICE is already working with key stakeholders at a national level to highlight our work on public health and will continue to do so to ensure it informs policy making. Our key concern is how this dialogue translates into delivery in town halls across the country and we avoid councils taking the wrong decisions and wasting valuable resources.

Through seven regional NICE implementation consultants we work with individual local authority public health teams to understand how the new public arrangements are working on the ground and help councils plan and implement effective strategies to improve health and wellbeing. In feedback to the NICE Board, our consultants have reported that that the transfer of public health into local authorities has helped raise the profile of NICE guidance with other teams in local authorities such as environmental health, housing and planning. A good example of this has been public health leads in councils using our guideline on excess winter deaths to plan strategies with other teams to tackle the morbidity and health risks of cold homes.

We are also encouraged to see many local authorities using our guidance and quality standards, often led by the local Director of Public Health. For example, the ten local authorities that form the Greater Manchester Public Health Network (GMPHN) are using quality standards to inform strategies to improve performance in key areas. Also, in Stockport the council and the clinical commissioning group are working together to consider every new NICE quality standard and ensure an integrated, evidence-based approach to the area’s health and wellbeing strategy.

However uptake and usage of our advice is not widespread, even though implementing NICE recommendations and using our evidence based tools could have a significant and enduring impact on the health and wellbeing of our population. For instance, an example analysis for Bury Metropolitan Council found that each pound invested in a range of smoking cessation interventions will lead to a return of £2.82 after 10 years. Smoking currently costs the NHS and businesses in Bury over £10 million each year.

Over the next 4 years, local government will have to further prioritise the public health budget. There is a risk that local authority health and wellbeing boards will plan their own activity without first looking at the evidence of what works and what will deliver the best value for money. We therefore cannot emphasise enough the value of using NICE resources to help councils prioritise spending on the most effective public health interventions.