

| Report of: | Meeting | Date | Item No. |
|---------------------------------|---------------------------------|---------------|----------|
| Corporate Director of Resources | Overview and Scrutiny Committee | 18 April 2016 | 6 |

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| Overview and Scrutiny Work Programme 2015/16 – update report |
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1. Recommendations

- 1.1 That consideration be given to how the LGiU’s policy briefing on district councils’ contribution to public health might assist the committee in identifying future topics for scrutiny review.
- 1.2 That a decision be made about whether a short-term scrutiny group should be convened to prepare a response to the Department of Transport’s consultation on the draft cycling and walking investment strategy.

2. Current and completed work

2.1 Town and Parish Councils task group

The Town and Parish Councils task group reported their work and recommendations to the Cabinet on 23 March 2016.

Cabinet agreed all of the recommendations of the task group with the exception of that at paragraph 3.3 (a) of the report “Consideration to be given to preparing a simple guide to the council’s services and departments”, which they felt would be better served by changes to the council’s website as suggested at recommendation 3.3 (b).

2.2 Localised Council Tax Support (LCTS) task group

The LCTS task group held its first meeting on 25 February 2016. A further meeting will be held on Thursday 21 April when Philippa Davies, Corporate Director of Resources will present some further information requested by councillors at the initial meeting.

3. Future work

3.1 Local Government Information Unit (LGiU) policy briefing: The district council contribution to public health at a time of challenge and opportunity

The Kings Fund was commissioned by the District Councils' Network (DCN) to undertake a report to explore the role of district councils in improving health and wellbeing, and to demonstrate how the business case for greater involvement can be made. The LGiU published a policy briefing about the report on 20 January 2016.

The report emphasizes the need to unlock the potential of districts, through increased collaboration and integration in core service delivery. The DCN intends to develop a strategy to help realise districts' potential as part of the evolving local government landscape.

The LGiU briefing (see Appendix 2) will hopefully assist the committee's thinking when considering possible scrutiny reviews for 2016/17.

3.2 Cycling and walking consultation

On 27 March 2016 the Department of Transport published its draft cycling and walking strategy. A consultation on the strategy commenced and will remain open until 23 May 2016. A summary of the consultation is attached at Appendix 3.

| report author | telephone no. | email | date |
|-------------------------------------|---------------|--|--------------|
| Peter Foulsham, Scrutiny Officer | 01253 887606 | peter.foulsham@wyre.gov.uk | 6 April 2016 |

| List of background papers: | | |
|---------------------------------------|----------|--------------------------------|
| name of document | date | where available for inspection |
| Overview and Scrutiny Procedure Rules | May 2011 | Council's website |

Appendices

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| Appendix 1 | Overview and Scrutiny Work Programme May 2015 – April 2016 |
| Appendix 2 | Local Government Information Unit Policy Briefing: The district council contribution to public health at a time of challenge and opportunity |
| Appendix 3 | Draft cycling and walking investment strategy – Consultation – A summary |

| Overview and Scrutiny Work Programme May 2015 – April 2016 | | | | | | | | | | Updated 4 April 2016 | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------------------|--------|--------|--------|
| | 01-Jun | 29-Jun | 21-Jul | 03-Aug | 14-Sep | 12-Oct | 09-Nov | 07-Dec | 07-Jan | 11-Jan | 08-Feb | 07-Mar | 18-Apr |
| Work Programme update report | | | | | | | | | | | | | |
| Community Safety Partnership (to include PCC) | | | | | | | | | | | | | |
| Performance review (quarterly) | | | | | | | | | | | | | |
| Local Plan progress report | | | | | | | | | | | | | |
| LCC Joint Health Overview and Scrutiny Committee | | | | | | | | | | | | | |
| Call in | | | | | | | | | | | | | |
| Holding the Exec to account for forthcoming decisions | | | | | | | | | | | | | |
| Leader (Business Plan) | | | | | | | | | | | | | |
| Planning and Economic Development portfolio holder | | | | | | | | | | | | | |
| Task Groups Reporting to Committee | | | | | | | | | | | | | |
| Engaging with Communities | | | | | | | | | | | | | |
| A New Strategy for Sport – consultation response | | | | | | | | | | | | | |
| Working with four Clinical Commissioning Groups | | | | | | | | | | | | | |
| Effective engagement with Town and Parish Councils | | | | | | | | | | | | | |
| Localised council tax support | | | | | | | | | | | | | |
| Other work and reports to committee | | | | | | | | | | | | | |
| Solar panels | | | | | | | | | | | | | |
| North West Ambulance Service Quality Account | | | | | | | | | | | | | |
| Review Fleetwood Market TG recommendations | | | | | | | | | | | | | |
| Review Employment TG recommendations | | | | | | | | | | | | | |
| Fleetwood ferry update | | | | | | | | | | | | | |
| Review Volunteering TG recommendations | | | | | | | | | | | | | |
| Review of executive and exempt reports | | | | | | | | | | | | | |
| Capital programme and proposed fees and charges | | | | | | | | | | | | | |
| Review Welfare Reform TG recommendations | | | | | | | | | | | | | |
| LCC budget proposals | | | | | | | | | | | | | |
| Domestic violence | | | | | | | | | | | | | |

Local Government Information Unit Policy Briefing

The district council contribution to public health at a time of challenge and opportunity

Summary

The Kings Fund was commissioned to undertake this report by the District Councils' Network (DCN) to explore the role of district councils in improving health and wellbeing, and to demonstrate how the business case for greater involvement can be made.

The report covers the following topics:

- key functions that contribute to public health – housing, green space and leisure, and environmental health
- summary of high level public health economics
- enabling roles which have benefits for health – economic development, planning, and engaging with communities
- short case studies describing innovation in service delivery
- recommendations for national and local organisations.

Briefing in full

Background

The report indicates that district councils can make a huge contribution to public health, but that their role is insufficiently appreciated and, even though it was referenced in the NHS Forward View, is not currently part of 'mainstream public health policy discourse'. It describes how about 40 per cent of ill health in England is potentially avoidable through behaviour change, with the leading risks being obesity and smoking. The remaining 60 per cent is made up of a combination of factors, including genetic, socioeconomic and environmental. The work of district councils means that they have many opportunities to support people to adopt healthy behaviours and also to improve the economic and environmental determinants of health.

The report goes on to provide a comprehensive exploration of how district councils can best promote health and wellbeing at a time of both 'significant and enabling policy reform' and

‘unparalleled funding constraints’. It places a great deal of emphasis on the economics of public health, providing a summary of recent resources on this from the Kings Fund, LGA, NICE, PHE, UCL Institute of Health Equity and the World Health Organisation. This information is not specifically aimed at district councils, but much is applicable to them.

It also presents a table which demonstrates the pros and cons of using different economic health metrics to inform the business case for public health interventions at district level. The metrics are: valuation of health, cost of illness, cost of intervention, cost-benefit analysis and return on investment, social return on investment and cost effectiveness analysis. The report warns that health economic evidence needs to be interpreted correctly and advises district councils to look at the details and sources of examples of economic effectiveness to ensure that these are relevant to the specific district and its population.

Health impact and return on investment in district councils’ key functions

Housing – poor housing is estimated to cost the NHS £2 billion a year, and the wider economy even more. Improving poor housing pays back quickly in reducing public sector costs. District councils have a direct role in supporting the building of affordable homes, home adaptations, improving poor housing in the public and private rented sector, and in tackling homelessness. Interventions include:

- Adopting the gold standard challenge in early intervention and homelessness prevention.
- Enforcement of minimum standards in the private rented sector (almost a third of which failed to meet the decent home standard in 2012-2013, compared to 15 per cent of social housing, and 19 per cent of owner occupied accommodation).
- Fuel poverty – raising all properties to the equivalent of energy performance certificate band B could bring 83 per cent of households out of fuel poverty.

Leisure and green spaces – physical inactivity is a huge health challenge estimated to be responsible for up to a fifth of premature deaths and costing the economy more than £7 billion a year. District councils have a key role in providing opportunities for activity through leisure services and access to green spaces – the latter is associated with a range of benefits including increased life expectancy, lower all-cause mortality, reduced income-related health inequality and improved mental health.

- Evaluations suggest that schemes providing ‘reduced cost’ and ‘free access’ to leisure services can create £23 of public sector value for every £1 invested.

- A green gyms cost benefit analysis found that every £1 invested could save £2.55 through treating physical inactivity.

Environmental health – most aspects of environmental health services are likely to have an impact on health; these include air quality, noise nuisance, food safety, enforcing the smoking ban, compliance with occupational health and safety regulations, contaminated land etc. Probably because these are largely statutory services, there is little research into the economic aspects environmental health. However, this is becoming increasingly important as budgets face continuing reductions. Examples of where research has taken place include:

- Estimates from 2005 suggest that human caused air pollution could reduce average life expectancy by six to eight months – a greater impact than passive smoking and car accidents together.
- The Food Standards Agency estimates that around twenty thousand people need hospital treatment for food-borne illness, with 500 deaths and a cost of £1.5 billion.

Promoting health and wellbeing through enabling roles

Economic development – there is a strong connection between income deprivation and lower life expectancy. District councils have levers for sustainable economic development including the Community Infrastructure Levy, the New Homes Bonus, the role in Local Enterprise Partnerships and City Deals. They also have a role in promoting employment and tackling deprivation, including delivering the governments troubled families programme. Economic development needs to be joined-up with planning and community engagement. Examples include:

- The troubled families programme evaluation found an average return on investment of around £2 for every £1 spent.
- Employee wellness programmes have been found to return between £2 and £10 for every £1.

Planning – the spatial environment affects both physical and mental health, and district councils can promote good health by ensuring the provision of walkways and cycle lanes, an adequate supply of affordable housing and access to green space. Other measures include restricting access to unhealthy food outlets, imposing restrictions on traffic, use of section 106 agreements (planning obligations) on developers to alleviate any negative impact of developments, and the Community Infrastructure Levy.

- The Spatial Planning and Health group's 2011 checklist outlines the types of areas that should be considered when scoping the health impacts of a development or planning application – things like air quality, energy efficiency, street layout etc.

Engaging with communities – district councils have an important role in supporting improved social networks and community-asset approaches to health. There are strong links between social networks and resilience and recovery from illness in older people. One study over seven years found that older people with adequate social relationships had a 50 per cent greater survival rate than those without. So far, there is limited evidence on the cost effectiveness of community engagement interventions. Examples include:

- Every £1 spent on health volunteering programmes returns between £4 and £10, shared between service users, volunteers and the wider community.
- Befriending schemes typically might cost £90 per older person with a net economic value of £420 per person when quality of life improvements are included; this includes £38 economic benefits, mostly to the NHS.
- Timebanking results in a value approximately double the £607 per member, per year; this is split between quality of life improvements and economic benefits, including short term savings to government through reduced benefits payments.

Innovation in service delivery

The report includes several short case studies.

- Joint public health initiatives between Hertfordshire County Council and districts.
- Joining up health and housing services through pilots tackling acute and mental health hospital discharge, and a home finder private rented project in Blaby, Leicestershire.
- Active living – exercise referral in Cannock Chase district.
- Joined-up early help services for families in South Norfolk.

Recommendations

The District Councils' Network should:

- Develop an engagement and partnership strategy to support the public health role in district councils, including in negotiations about devolution, and work with directors of public health and their organisations to better articulate their role in the NHS Forward View.
- Work with Public Health England on better training for district council officers.

- Over time, work with others to develop an accessible catalogue of relevant health impact assessments.

CCGs and county councils should:

- Include district councils when discussing alignment of the out of hospital care system – district councils are key partners in improving the relationship between the health and social care system and communities.

District councils should:

- Be more proactive in collating evidence on the health economics of their activities. Invest in health impact assessments which can demonstrate improvements in health outcomes.

Public Health England should:

Work with the DCN to systematically develop evidence on the health economics of district council functions – this could be one of the first tasks under their new health economics framework.

The Chartered Institute of Environmental Health should:

Work with the DCN and others to better understand cost effectiveness and return on investment of environmental health services.

Comment

The publication of this document is extremely helpful and timely. It is vital that the important role of district councils in public health is recognised and supported. Not to tackle this quickly will mean many opportunities will be lost, and also some two-tier areas may lag behind unitary authorities, metropolitan boroughs and London boroughs in maximising the health and wellbeing potential of functions such as spatial planning and regulation.

Because of the lack of specific information to support public health in districts it is important that this was a dedicated resource. However, many of the messages are of equal relevance to public health in all councils. The information on housing for example – which, possibly, is an area that could benefit from a greater public health focus. Also health economics, which is a relatively new and challenging field to all councils and CCGs, not to mention to many public

health teams – it is probably fair to say that no area has got to grips with this fully. The report provides a useful overview for all of us who need a better understanding of this topic.

The report also suggests that some of the basic building blocks for involving district councils in public health are not always in place – arrangements to ensure they are properly linked into health and wellbeing boards, and support from public health teams. Perhaps more emphasis could have been given to this issue. For example, the report suggests that district councils should contact a health economist to support their work when considering the health implications of activities, and points to academic institutions that can help. I would suggest that the first port of call should be public health teams who should have at least some of that expertise, and also the relationships with relevant universities.

It is fundamental to the work of district councils that they get the right support from public health teams covering their areas. This is equally relevant to directors of public health who increasingly point to influencing others as a major part of their role (see LGA public health annual report due February 2016 compiled by LGiU associates Christine Heron and Fiona Campbell). The Kings Fund report indicates that, ‘to achieve more on public health, district councils need to work in partnership with others, ranging from Public Health England and other tiers of local government and directors of public health, to the local NHS, the voluntary and business sectors, and communities.’ However, it does not go into detail about how this could be achieved, with only one recommendation for closer working with directors of public health.

A helpful topic in the report is the potential for greater district involvement with the local NHS through the integrated health and care agenda – with district footprints well aligned to GP federations. The district role in supporting integrated health, care and public health is certainly one that needs exploring at local and national level. A driver for this is that it seems that Communities Secretary Greg Clark has confirmed that the additional £1.5bn Better Care Fund is not all new money, with £800m due to come from the New Homes Bonus.

District Councils’ Network comment

The District Councils’ Network (DCN) warmly welcomes the recent report from The King’s Fund, for its groundbreaking work in outlining the critical role that district councils play nationally in the health, social care and public health agendas.

Describing district councils as ‘the sleeping giants of public health’, The Kings Fund has clearly outlined the need to unlock the potential of districts, through increased collaboration and integration in core service delivery.

District councils have a long and proud history of providing public health services, and supporting positive health outcomes for our communities.

The burgeoning pressures on health and social care budgets make this report’s recognition of the fact that preventative services deliver both better outcomes for people and reduce demand and financial pressure on acute services especially timely. With the aim of making the district council role even more pertinent, we at the DCN, therefore, want to work with government and partners over the next four years to develop an integrated model of Health and Social care delivery that ensures prevention services are seen as key to a deliverable long-term solution.

The DCN will be taking forward the proposals set out in the report later this year under the auspices of a taskforce, to be formed of key partners for across the health, social care and public health sectors – to develop a strategy to realise districts potential as part of the evolving local government landscape.

If you would like to learn more about The King’s Fund report, or wish to be involved in the work of the taskforce, please don’t hesitate to contact Jonathan Werran, DCN Strategic Communications Officer: jonathan.werran@local.gov.uk

Cllr Neil Clarke MBE, chairman, District Councils’ Network (DCN)

The District Councils’ Network is a cross-party member led network of 200 district councils. It is a Special Interest Group of the Local Government Association (LGA), and provides a single voice for district councils within the LGA. DCN lobbies central government, the political parties and other stakeholders directly on behalf of its members, as well as commissioning research, providing support, and sharing best practice.

District councils in England deliver 86 out of 137 essential local government services to nearly 22 million people – 40% of the population – and cover 68% of the country.

20 January 2016

Draft cycling and walking investment strategy – Consultation

A summary

From: Department of Transport

First published: 27 March 2016

This consultation closes at 23 May 2016 11:45pm

Consultation description

The government's ambition is to create a walking and cycling nation. To further this goal we have created a draft cycling and walking strategy for consultation. We are seeking:

- suggestions and evidence of innovative projects and programmes which could be developed to further our goals of:
 - increasing cycling activity
 - reversing the decline in walking activity
 - reducing the rate of cyclists killed or seriously injured
- views on how to increase cycling and walking in typically under-represented groups
- views on the approach and actions set out in the strategy to meet our key objectives
- views on the potential roles of government and non-government bodies in delivering the strategy, plus the how they work together
- views on the assistance local authorities and local enterprise partnerships would find beneficial to support development of infrastructure plans
- views on our proposed activities for meeting our objectives of better:
 - safety
 - mobility
 - streets

The timescale and approach to developing this strategy were originally stated in [Setting the first cycling and walking investment strategy](#) released in December 2015.

The full 48-page draft cycling and walking investment strategy document is available [HERE](#).