

## **Public Health: opportunities and challenges for culture and sport**

### **Purpose of report**

For discussion and direction.

### **Summary**

The Government is implementing far-reaching health reforms that will transform the way health services are delivered nationally and locally.

In particular, responsibility for key public health functions is transferring from Primary Care Trusts to councils in 2013. Improving public health and wellbeing will be a key contribution to reducing inequality and meeting the challenges to the public finances.

This paper suggests how the CTS Board can support the leaders of local culture and sport services to get ready to maximise the opportunities and meet the challenges presented by the Government's public health reforms.

### **Recommendation**

Members are asked to comment on the suggested actions in Paragraphs 20 to 22.

### **Action**

To be taken forward by officers as directed by Members.

**Contact officer:** Andrew Cozens  
**Position:** Strategic Adviser Children, Adults, Health and Cultural Services, LGA  
**Phone no:** 020 7664 3000  
**E-mail:** [andrew.cozens@local.gov.uk](mailto:andrew.cozens@local.gov.uk)

## **Public Health – the opportunities and challenges for culture and sport**

### **Background**

#### The Government's health reform agenda

1. The main drivers of the Government's health policy are to focus on outcomes, to reduce inequalities, to make health services more accountable to users, to increase choice and to empower health professionals.
2. To achieve this, the Government is proposing a major restructuring, not just of health services and commissioning, but also of local authority responsibilities in relation to health improvement and the coordination of health and social care.<sup>1</sup>
3. The key provisions of the 2011 Health and Social Care Bill, which has been subject to lengthy consultation, are:
  - 3.1 The abolition of Strategic Health Authorities and Primary Care Trusts (PCTs) and the creation of clinical commissioning groups (CCGs) to commission the majority of health treatment.
  - 3.2 The creation of an independent NHS Commissioning Board to oversee GP commissioning and commissioning some health services, such as community maternity services and specialised health services.
  - 3.3 Transfer public health responsibilities and resources from PCTs to local authorities in 2013.
  - 3.4 Local authorities leading the coordination of health and wellbeing through the creation of high-level health and wellbeing boards (HWBS), in partnership with local health commissioners and local Health Watch.
  - 3.5 Greater integration in the planning, commissioning and provision of health, wellbeing and care services.

#### The current status of public health reform

4. Public health has improved significantly but the scale of the challenge remains huge. Rising levels of obesity, misuse of drugs and alcohol, high levels of sexually transmitted infections and continuing threats from infectious disease have a heavy cost in health, life expectancy and a large economic burden through costs to the NHS and lost productivity. People living in the poorest

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<sup>1</sup> The government's proposals for health reform were first published in the White Paper *Equity and Excellence: Liberating the NHS* in July 2010.

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areas will, on average, die seven years earlier than people living in richer areas and spend up to 17 more years living with poor health. It is estimated that health inequality costs the economy between £56 billion and £60.5 billion per year.<sup>2</sup>

5. The Government's 2010 White Paper on the future of public health, *Healthy lives healthy people*, recognised that public health has become narrowly targeted and fragmented and that the wider determinants of health cannot be addressed by the NHS alone.
6. It proposed splitting responsibility for public health between Public Health England at a national level and local authorities, who will take over the public health responsibilities of PCTs, following their abolition in 2013. A ring-fenced grant will be made available to local authorities to meet their new responsibilities.
7. Much of the detail about the funding, transferring the public health workforce from PCTs to councils and how councils, Public Health England and the NHS will work together to reflect changing roles is still developing.
8. **Appendix A** is a list of the public health responsibilities that will transfer to local government in 2013. Public Health England will focus mainly on health protection.

**LGA Position**

9. The LGA's Community Wellbeing Board has been at the forefront of influencing the Government's health reforms. We have secured some important changes, including a stronger role for councillors on health and wellbeing boards, a more prominent focus on health and social care integration, a greater role for health and wellbeing boards in GP commissioning and coterminosity of boundaries between clinical commissioning groups and local authorities.
10. The LGA welcomed the Government's acknowledgement of councils' ability to influence public health. We have long argued that local government is the rightful home for public health as we have responsibility for services that have a huge impact on health, including housing, transport, sport and recreation, health and social care, planning, economic development and culture.

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11. However, we did not support a ring-fenced grant and are pressing Government hard to ensure that the funding is adequate to meet our responsibilities. It is also important that all staff working in public health are properly accountable to the council and therefore to its local population.
12. The Community Wellbeing Board is leading a comprehensive support package for councils to help them get ready to take on the new responsibilities. This includes supporting the shadow health and wellbeing boards (which cover 93% of councils), ensuring the preparedness of elected members and sharing early lessons.

### **What does this mean for culture and sport?**

#### The impact of culture and sport on public health

13. It has long been recognised that participation in sport and culture can help to increase physical activity and improve mental wellbeing, helping to save, extend and improve quality of lives and reduce demand on expensive health and social care services.<sup>3</sup>
14. A growing body of research, most notably the 2010 Marmot Review<sup>4</sup>, is also showing that participation in culture or sport can promote wider benefits which are crucial in determining health outcomes. These include social interaction, self-esteem, informal learning, diverting young people away from substance misuse, anti-social and criminal behaviour and providing volunteering and employment opportunities. This is reinforcing what councils have been doing locally for many years but have sometimes struggled to evidence, especially in terms of culture.
15. The LGA and Department of Health's recent project "tackling the social determinants of health through culture and sport" sought to improve the evidence available to local decision-makers. It collected case studies which demonstrated how culture and sport led to improved health outcomes and reduced demand on high-cost health, care and welfare services. A summary of the case studies is attached at **Appendix B**.

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<sup>3</sup> Regular physical activity reduces the risk of more than 20 chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity and mental health problems.  
<http://www.idea.gov.uk/idk/core/page.do?pageId=30100484>.

<sup>4</sup> Marmot Review *Fair Society, Healthy Lives* 2010 <http://www.instituteofhealthequity.org/>. Also of importance is the World Health Organisation's *European Review of the Social Determinants of Health* 2008. <http://www.instituteofhealthequity.org/projects/who-european-review>

The opportunities and challenges for local culture and sport services

16. There are considerable opportunities for even closer links between culture, sport and health. It will be easier for councils to take a more joined-up approach to prevention that recognises the contribution of culture and sport, amongst other services, to improving public health. Ultimately this will lead to better outcomes and reduced costs.
17. Of particular relevance to this Board is increasing physical activity. Councils spend around £1.5 billion every year providing the facilities and activities that enable people to get active. Outside London councils are also the biggest public spenders on culture, working across the public, private and voluntary and community sectors to increase participation and support facilities and opportunities. Our sector also has a unique ability to reach people and be a gateway to a range of support and information. Many councils are using the 2012 Games to encourage greater participation in sport and culture. As major local employers, there is also potential for councils to encourage their own staff to get more active.
18. Of course it is not just about direct service delivery. Councils are increasingly acting as strategic commissioners of services and there is huge potential for culture and sport services to be commissioned by health and social care providers to help achieve local public health outcomes. Culture and sport partnerships with the private, public and voluntary and community sectors can also be harnessed in pursuit of public health, for example county sport partnership networks.
19. Whilst there is already considerable good practice to share and build upon, feedback from councils suggests there are some challenges to meet if the opportunities above are to be realised fully, including:
  - 19.1 **The impact of budget pressures on culture and sport** – improving public health outcomes requires a long-term vision. There is a risk that our sector's ability to contribute towards this will be hampered by the urgent need to make savings.
  - 19.2 **Supporting portfolio holders and senior managers leading culture and sport to understand and influence the new public health commissioning landscape** – councillors and officers will need to demonstrate the impact of investing in culture and sport services on public health outcomes in commissioning discussions with health and wellbeing boards and clinical commissioning groups.

- 19.3 **Raising the profile of culture and sport amongst health and wellbeing partnerships** - the leaders of the new public health system - councillors, GPs and Directors of Public Health - will have differing levels of understanding about our sector's offer.
- 19.4 **Working through the two-tier dynamic** – sport is the responsibility of district councils (with some counties providing a strategic leadership role across an area) but the health and wellbeing boards will operate at a county level.

### **Conclusion and next steps**

20. The Community Wellbeing Board is working with councils, public health stakeholders, the NHS and Department of Health to ensure a smooth and fully resourced transition of the public health function from PCTs to councils.
21. The CTS Board has already undertaken some actions which are supporting our sector to get ready for the public health reforms. For example, the Leadership Academy we ran recently with Sport England briefed 15 sport portfolio holders and enabled them to share emerging approaches. Other organisations we work closely with are also supporting councils, such as the Reading Agency's project to develop libraries' public health offer.
22. In addition, Members are asked to give officers a steer on the following suggested actions:
- 22.1 **Support culture and sport portfolio holders and professionals to engage with health and wellbeing partnerships and clinical commissioning groups.**
- 22.2 This could include:
- 22.2.1 Building upon existing good practice by tracking and sharing how a small number of councils are positioning culture and sport in the new public health landscape.
- 22.2.2 Ensuring that public health has a strong prominence in the culture and sport commissioning resource we are developing for councils.

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- 22.2.3 Embedding public health in the CTS leadership offer to councillors – for example, the sport workshops we are running with Sport England in January and February, and the CTS annual conference.
- 22.2.4 Keeping culture and sport portfolio holders and professionals up to date on public health reforms and emerging approaches through the CTS e-bulletin.
- 22.3 **Review and update CTS improvement tools**, such as the Outcomes Framework, to ensure they reflect the new public health landscape.
- 22.4 **Work with the Community Wellbeing Board to embed key messages about culture and sport into the LGA's public health offer to councils.** This will enable us to reach portfolio holders for public health through, for example, events, briefings and other communications.

**Financial Implications**

- 23. The actions within this report can be taken forward within existing resources

**Appendix A**

**Summary of public health functions that will transfer from PCTs to councils  
from 2013**

Physical activity

Weighing and measuring children

Dental public health

Fluoridation

Medical inspection of school children

Sexual health

Seasonal mortality

Accidental injury

Drug, alcohol and tobacco misuse

Obesity

NHS health check programme

Health at work

Reducing and preventing health defects

Prevention and early intervention

Children's public health (5 – 19)

Social exclusion



## **Appendix B**

### **Summary of case studies from LGA and Department of Health's Tackling the Social Determinants of Health through Culture and Sport**

**North East Lincolnshire Council**, Humberside Police and Grimsby Town Football Club have run Sport Lincs since 2007. Sport Lincs tackles challenging behaviour in disaffected young people through sport and arts activities, and helps them turn their lives around. Young people have gained qualifications and full-time work through the project and anti-social behaviour has reduced significantly. Humberside Police estimate that the project has achieved savings of tens of millions of pounds.

**The Museum of East Anglian Life** in Suffolk has delivered a work-based learning programme for long-term unemployed and vulnerable adults since 2007. A Social Return on Investment (SROI) study quantified savings from reductions in welfare payments – Job Seekers Allowance, incapacity and housing benefits – resulting from the success of its work based learning programme in getting long-term unemployed people into work.

**Shropshire Council** responded to the commitment shown in the Pontesbury Parish Plan to improve countryside access by helping to establish a new Parish Paths Partnership (P3). The Pontesbury P3 has kept local footpaths clear and in good condition and opened up new walking routes, bringing local people together to walk and socialise. The value of volunteer time to Shropshire Council through the scheme exceeds the cost to the council of running it.

**Brighton & Hove City Council**, in partnership with the local Carers Centre, ran a screen-printing project for a group of 11 to 13-year-old carers. The project used the Brighton Museum and Art Gallery collections to help the young carers overcome their fears about moving from primary to secondary school.

**Dudley Metropolitan Borough Council** has established monthly reading groups in four of its libraries for adults with learning disabilities. Participation in the reading groups has supported their learning, boosted confidence and increased social and community engagement.

**Trafford Community Leisure Trust** has run a female participation project in deprived parts of the borough since 2008, targeting the most seldom-heard women and girls. Many more are now taking part in regular physical activity. The project has strengthened community cohesion, created positive role models and jobs, reduced anti-social behaviour and gang membership among girls. The project is expected to be self-financing in two years time.

**Westminster City Council** has established 'Share a Book' reading groups in three of its libraries, targeted at adults at risk of social isolation or living with mental illness. These include people who are housebound, homeless or referred by the primary care trust (PCT). The mental health and wellbeing of those taking part in the reading groups has improved. For every £800 it spends to train a member of staff or volunteer, Westminster City Council can run a specialised reading group in one of its libraries every week.