

WLGA RESPONSE TO THE WELSH GOVERNMENT WHITE PAPER 'REBALANCING CARE AND SUPPORT'



CLILC • WLGA

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About Us

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.
2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.
3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

Introduction

4. The Welsh Government's 'Case for Change' highlights a number of challenges that the sector has been grappling with for some time, notably:
 - An increase in demand through demographic change along with for example a continued increase in the rates of children looked after;
 - A difficult and challenging financial context and the question nations face about whether and how they can afford to pay more to meet increasing future need and maintain good quality services;
 - Commissioning practices that focus on activity and complex procurement contract management processes;
 - The sustainability and coherency of the workforce in the context of a highly complex provider network;
 - A need to focus on prevention and early intervention to make social services sustainable into the future and improve outcomes; and
 - Remaining integration issues between social care and health to provide a truly seamless system.
5. These challenges are set with the context of significant financial challenge (and underfunding) for the social care sector, and across the public sector. The need for a meaningful conversation about the future delivery of social care is accepted, which gives serious consideration to the quality and reach of social care services.
6. The White Paper aims to set out changes to that would ensure our social care system is improved and fit for the future. However, we believe that this is a missed opportunity, with too much focus

placed on changes to regional and national arrangements, rather than building on the strengths of the current system and addressing the fundamental challenges that are impacting on the sector. Central to this is both the need for long-term sustainable funding and the need to achieve a workforce who are truly valued, have parity of esteem with NHS workers and are appropriately rewarded for the invaluable work they do. The sector need to continue to work together with Welsh Government to resolve these issues. Without overcoming these two fundamental challenges, then it could be argued that all we are able to do, in reality, is to move 'pieces around a board' which may lead to improvements but without really being able to properly resolve the long-standing and continuing challenges of funding and the workforce that are now well recognised.

7. We believe there are a number of principles that should be used to underpin any changes to our current system:
 - Democratic accountability is believed to be a strength of the current system and must be retained.
 - The need for sustainable long-term funding for social care to be secured and resolution of the Paying for Care debate on how social care will be funded in the future. Increased investment would enable some of the identified challenges to be addressed without any significant changes.
 - The starting point for discussions should be around improving the quality of care and achieving outcomes for individual, based on the 'what matters to them' conversation. This starts at the local level and should build on the strength of local authorities in their role in place and community, addressing the needs of individuals and families, building resilience and focusing on wellbeing.
 - The importance of valuing the workforce and ensuring parity between social care staff across all parts of the sector and NHS staff, ensuring fair reward, recognition and career progression.
 - There is a lack of support for any structural changes, additional bodies or changes that increase rather than decrease complexity in the sector and the potential for a CJC as a governance model for a reformed RPB is not supported.
 - The need for increased integrated work at the local level between primary and community health services, social services and other local government services thereby enabling a more holistic approach to the physical and mental health services focused on improving outcomes for individuals and families (utilising other local government services such as education, leisure and housing) and focusing on prevention and early intervention.
8. We firmly believe that the focus should be on how we can best deliver integrated health and social care systems rooted in local communities, developing more integrated community-based arrangements at the local level which could deliver real benefits in terms of driving true integration and efficiency, with a focus on supporting wellbeing and delivering outcomes.
9. The publication of the White Paper comes at a time when we continue to respond to the impacts of COVID-19. The way in which public services and communities have reacted to pandemic has partly redefined how we think about where and how we live. The impact of the crisis has been felt in all parts of Wales, and councils have been at the sharp end of urgently helping to respond locally to the needs of communities, working closely with the third sector. Although the country, our communities and public services are still responding to the pandemic and preparing for potential future local or national outbreaks, planning has begun for a post-COVID-19 future to rebuild and renew our communities and economy, building on the strengths evidenced during this crisis.

10. Councils have demonstrated flexibility, innovation, resilience and responsiveness. The crisis has demonstrated councils' ability to respond irrespective of scale and reaffirmed the WLGA's stance on the importance of subsidiarity and localism, with elected members and officers deeply rooted in their local communities. The pandemic has demonstrated that with freedom and flexibility and a relationship based on trust and mutual respect, councils can innovate and can and do deliver under the most challenging of circumstances.

The Workforce

11. The workforce is fundamental to delivering high quality care services and supporting vulnerable people across the whole social care sector. The pandemic has had a devastating impact on many, if not all, working in social care. When adjusted for age and sex, social care workers have twice the rate of death due to COVID-19 compared to the general population¹. Similarly, we know that COVID-19 poses a higher risk to Black, Asian and minority ethnic communities, and so those social care frontline workers from these communities will have been disproportionately impacted by this virus.
12. The pandemic has further highlighted and evidenced the true value of the social care workforce, whilst also exposing existing challenges. Social care workers have and are being exposed to high levels of personal risk, long hours in difficult environments, and also experiencing the distressing awareness that people feel when they know they cannot meet all the needs of the people they are trying to care for, or when someone they care for dies. Many will also be concerned about their own family; many will be juggling family commitments, childcare and their job and many will be working in a different way. The intense pressure on these workers and the impact on their current and future mental health and wellbeing continues to be a source of concern.
13. Dedicated staff have put their lives on the line but the importance of their roles is often not reflected in their wages, sick pay or job status. It is essential that **all** social care workers, which includes those across the public, independent and third sectors, are provided the same recognition, support and protection as NHS workers. The WLGA has welcomed the introduction of the social care worker card and the two additional recognition payments for the social care staff, however this is no substitute for appropriate pay and conditions and a pathway to progress within a professionalised care sector. The important value of people working in social care needs to be recognised in a meaningful and sustainable way, which includes making sure there is parity of pay and terms and conditions with comparable roles in the NHS as well as ensuring that social care is considered as a career option in the same way that NHS roles are. This needs to include professional qualifications, career progression as well as equal pay. As a starting point we believe that the resources need to be made available which enable the whole social care workforce to be paid the Real Living Wage as a minimum.
14. The White Paper recognises the challenges related to workforce sustainability and the importance of improving pay, terms and conditions. The suggestion is that the proposals would provide a better basis for the implementation of long term policy objectives, including ensuring improved pay, terms and conditions for workforce to support a reduction in turnover and improvement in quality of care and a more resilient workforce. However, without the required investment needed it is unclear how these proposals will achieve this on their own and must be addressed and implemented alongside any other changes.

¹ <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-has-been-the-impact-of-covid-19-on-care-homes-and-social-care-workforce>

Future Funding

15. There is an intrinsic link between health and social care, with the health of the population depending on far more than just the quality of health care services. Key determinants of health are largely outside the control of health services, therefore the quality of, and spending on, social care has one of the strongest impacts on the demand for health care. Social care plays a crucial role, reducing pressure on the NHS, both in terms of discharges from hospital and in helping to prevent admissions to hospital in the first place, as well as reducing increased demand on primary care through the preventative and early intervention services provided by social care staff and others across Wales.
16. The White Paper itself recognises that, “the biggest challenge facing the social care sector is the funding position in the context of increasing and more complex demand on services”, however no direct solution is offered to this issue. Fundamental changes, which fully recognise and reflect a position where health and social care are equal partners in the aspiration of delivering one seamless health and social care system for Wales, are needed. A long-term, sustainable solution to the way social care is funded is essential if we are to deliver a system that is organised around the individual and their family, which meets their needs and what matters to them, promoting their wellbeing with safe and high-quality services. The inadequacy of the current funding model for social care has been well known for a significant amount of time and there is a real need to invest time and resources to bring coherence to the long-term funding question and to design a system which is able to effectively meet any new and the additional demands which social care will face in the future.
17. Discussions had also begun previously about rebalancing the social care market and bringing services back closer to the public realm, though it is important to recognise this requires significant short to medium term capital and long-term revenue investment. Local authority Leaders have been clear on their views on the need for investment in the social care infrastructure in Wales and in particular in care homes. This is essential not only to bring buildings up to modern standards but also to learn lessons from the current pandemic. ‘Extra-care’ facilities have also been developed by a number of local authorities, with scope for further investment in these facilities if capital and revenue were made available. Long term revenue and capital funding for social services must be agreed which matches the scale and ambition of the 21st Century School Modernisation programme and the significant capital investment in hospitals in Wales. This requires strategic planning and is crucial for enhancing preventative services to support delivery of A Healthier Wales.
18. The failure to address how social care is best funded moving forward creates a deeply uncertain future outlook for people who use social care services now, and the growing number of people who will need the service in the years to come. The debate around paying for care in Wales has started with the discussions to date focussing on better reward and recognition of the social care workforce – this is essential and fully supported, but there also remains a need to consider how the challenge of the additional demands being placed on social care services at a time of reducing resources can be overcome. This underlines the need for Welsh Government to set out how it will implement a fair and long-term funding settlement for social care as a priority. How best social care is then managed and delivered, as well as how the identified challenges are best addressed, should be considered within a full understanding of the long-term funding settlement for social care.

19. Local government fully supports the ambitions of refocusing the care market away from price towards quality and value, with a focus on outcomes. This is an ambition that local government has been working towards for some time and has been evidenced through the work of the National Commissioning Board (NCB), established as a partnership between local government and health with the broad purpose of improving the quality of commissioning in Wales, developing effective practice in relation to integrated commissioning between local authorities and local health boards. However, the stark reality is that years of funding cuts have meant that often services have been limited by the amount of funding that is available and significant investment is now required from central government.
20. We recognise however that more funding alone will not be enough to address all existing challenges, and we must commit to a progressive vision for social care which clearly articulates the vital role social care plays in society – of a more preventative, asset-based, accessible, co-produced and joined-up system of care and support, something which the White Paper does not focus on enough. It is essential that we build upon the existing mechanisms and strengths that are in place, recognising the context within which the discussions on the future of social care are being held. Whilst the current COVID-19 pandemic provides an opportunity to radically re-think future provision and has exacerbated particular areas of risk within our system, much work has already been undertaken to get us to where we are, particularly in meeting the vision of the Social Services and Wellbeing (Wales) Act and we would not want to lose much of this progress or focus only on those aspects that have come to fore as a result of the pandemic.

Future Design of Services

21. The White Paper sets out a direction of having a clear national framework where services are organised regionally and delivered locally. There are clear proposals at the national level including the establishment of a 'national office' and strengthening the role of RPBs at the regional level to support them to "undertake significant joint commissioning and more directive market shaping". However, placing this greater focus on 'national' and 'regional' means that despite the commitment to the importance of 'local' made throughout the White Paper, it is less clear how this vision will actually link in with and support local delivery and increase accountability. The current pandemic has underlined the importance and effectiveness of local responses. Local authorities have evidenced they can be trusted to deliver and indeed, it has been necessary to respond and innovate at the local level in order to reflect the circumstances and needs of local communities. There is a need for greater clarity and we are not confident that the proposals being put forward will build on rather than undermine this and may in fact add rather than reduce further complexity to the social care sector.
22. At the centre of every council's relationship with its local population is a commitment to improving people's physical and mental wellbeing. This is a tradition that can be traced back through the decades as local efforts have been brought together to improve our nation's wellbeing. At the heart of what local government does is supporting a better life for its citizens and helping to build strong and resilient communities, now and over the longer term, in line with the Wellbeing of the Future Generations Act. People's lives are most acutely influenced at the local level – in their homes, at school, in their places of work and in their neighbourhoods. This is also where citizens are most likely to come into contact with services and support mechanisms to improve their lives. There is enormous potential, therefore, for local government, wider than just social care, to influence the wellbeing of its local population.
23. Wellbeing has often been seen as the remit of those concerned with health provision, but health services are primarily designed to treat illnesses, not to address the broader aspects of people's

lives that create the conditions of good health and wellbeing. Intervening only at the point when someone has become unwell, is in crisis, or needs care is unlikely to be the most effective way to achieve significant and enduring change. We need a health and social care system that looks after children and young people, older people and families as a whole, not just one that focuses on the health (or social care) needs alone but one that considers all of the wider issues, in turn helping to build community resilience.

24. Building on this, we believe that the focus needs to be on developing future models of community-based care which take a 'whole-person' approach, addressing people's physical health, mental health and social needs together. These factors are often closely related and interact to influence health and wellbeing. The first step in doing this is to understand the full range of a person's needs, and how these impact on their health and wellbeing. Helping people to access appropriate support to address these needs can be achieved through partnership working between different services in the community, and new workforce models to support this.
25. Wellbeing cannot and should not be the preserve of social care and support alone, or by working with health only. If we are to help people remain independent at home we need the right kind of housing and neighbourhoods. If we are to encourage physical activity we need vibrant leisure and recreation amenities. If we are to combat loneliness we need reliable transport links, a diverse and resilient community and voluntary sector, and comprehensive employment services. If we are to support people's mental wellbeing we need to build safe and inclusive communities. Local government is uniquely placed to make these links but it still requires essential input from the local voluntary sector, the care provider market and its workforce and the local NHS who all have a clear and fundamental role to play in creating local places where wellbeing can thrive. It is precisely because this is a local endeavour that councils, as democratically accountable local leaders of place, are perfectly positioned to marshal all local aspiration and resources around a common vision for a population's wellbeing and independence. The reality is that this simply is not possible at an all-Wales level. Caerphilly, Cardiff, Carmarthenshire, Ceredigion and Conwy are very different places and need the freedom to develop different responses within an overarching outcomes and funding framework set by the Welsh Government. There remains a need for us to preserve a social care system which is led, commissioned and delivered close to local communities, enabling decisions taken about funding to be made with local people, meaning that what is commissioned is what really matters to people.
26. There is little evidence that running services nationally makes them more uniform than services planned and delivered locally. The idea that more national systems and approaches would necessarily help eradicate unwanted local variation is flawed: it could exacerbate inequalities which only a highly localised response can address. As is any notion that local government is more variable than other public services. Within the NHS for instance, there is still significant variation in access, quality and outcomes. More broadly, variability is not unique to the public sector and is instead an inevitable feature of life. The accessibility and availability of banks, shops, transport connections and restaurants is part and parcel of what makes every area different. There is a need for a system in which variation reflects positive choices in local areas to reflect local needs and wishes, and to build communities that are inclusive, cohesive and promote the life chances of everyone within them. Councils' bespoke solutions to local challenges also allow greater space for innovation and improvement to flourish, which is harder to achieve with national or even regional level services. Local investment decisions help change

the way things are delivered on the ground, creating services and partnerships – particularly with the voluntary sector – that benefit our communities.

27. The recent report by County Councils Network (CCN), Newton and the Association of County Chief Executives (ACCE)² supports this view, arguing that councils, with their "deep roots in informal care networks" in the community are "uniquely placed" to deliver social care and warns that centralising this responsibility would "risk disrupting these crucial local links". Instead, the report advocates greater collaboration between councils, the NHS and care providers; maximising the use of the voluntary and community sector and improved commissioning of care services. The report argues its proposals would allow tens of thousands to live more independent lives and reduce care costs by £1.6bn a year in England, but only if local councils are put "in the driving seat". The report also stresses that improvements can only be delivered if councils are given "the clarity of a long-term funding model for care".
28. The WLGA is clear in our view that top-down solutions do not always work as intended and the focus needs to be on providing good social care that is locally based and community-centred, building on local community connections and resources.
29. These efforts need to be supported and enhanced by national and regional leadership, or progress will continue to occur in pockets and will not achieve the widespread change that is required. The most important resources are funding and the workforce, especially given the staff-intensive nature of services in the community and growing concerns about shortages of some key groups of workers. This is an area where some issues agreed nationally could be helpful, ensuring that there is political oversight of any decisions made. National leadership should not be overly prescriptive to allow flexibility in how new care models are implemented locally and regionally and adaptable to avoid innovation at regional and local levels being stifled.
30. The role of Central Government remains to set out the vision and framework for care, and the expectations it has for the sector on standards. In terms of a 'national office' proposed in the White Paper, there is a concern and little support at the option for 'setting up an arms-length body, led by an executive team'. We recognise the benefits that could come from developing a national framework that sets the terms through which services are commissioned, including common practices and a range of fee methodologies, with the aim of simplifying procurement and ensuring greater flexibility of service standards. However, supported by the work undertaken by groups such as the National Commissioning Board and by Social Care Wales, we believe these functions would be developed better using or formalising existing structures or even within government rather than through a separate 'national office.' While a financial impact assessment of the proposals has not yet been undertaken in relation to the White Paper proposals, there are questions as to how much a separate national office would cost to run and whether this would be the best use of money in terms of a cost/benefit analysis.
31. As part of this proposal, it is suggested that there would be involvement and engagement of local authorities and others through an Advisory Board. We welcome this and believe this commitment should remain even if the function is undertaken within government or through some other mechanisms.

² [Newton-The-Future-of-Adult-Social-Care.pdf](#)

32. The work that local government has led through other initiatives such as the National Adoption Service and the National Fostering Framework demonstrates the ability of local government to be able to establish and deliver national frameworks (when there are benefits to such an approach) for service delivery and improvement built on local democratic accountability. Similarly, local government, through WLGA, already has experience of hosting a number of national services and organisations, including the National Commissioning Board and the National Autism Team. We would welcome further discussions on what role local government could play to build on this rather than necessarily establishing anything new. One option for consideration therefore is that if a National Office were to be established it could be hosted by WLGA, as other national initiatives have been.
33. It is also proposed that RPBs should be strengthened by legislating to establish them as corporate legal entities. The argument is that strengthened RPBs with the tools of being able to directly employ staff and hold budgets would be capable of undertaking joint health and care commissioning more directly where local partners agree that would maximise resources and have the greatest benefit for delivering better outcomes.
34. Local government has some significant concerns with these proposals, particularly related to them becoming corporate legal entities, able to employ their own staff and hold budgets and do not believe that this approach will reduce complexity or improve local accountability. Local democratic control and oversight of local services proving local solutions is an important principle we would wish to protect.
35. The Welsh Government has recently legislated to establish Corporate Joint Committees as new regional corporate bodies to deliver a limited number of functions. The Welsh Government's core aim of these reforms was to align and streamline existing governance arrangements. These reforms have been contested within local government and some authorities expressed concerns that other functions or services could be transferred in future. While a Corporate Joint Committee (CJC) is not proposed to be the vehicle through which an RPB would become a corporate body, it is not ruled out either. This proposal is therefore not aligned to the current Welsh Government approach aimed at simplifying and streamlining statutory regional arrangements.
36. The WLGA do not support using the CJC model for any changes made to RPBs. If Welsh Government determined that CJs should be an appropriate vehicle for the role of RPBs, this would be in contrast to the Minister for Housing and Local Government indicating only specified functions, as set out in the Local Government and Elections (Wales) Act 2021 would be transferred to CJs. Leaders have been clear that the membership of CJs should be leaders and that it should be a matter for local determination to decide whether to co-opt other representatives as members. The WLGA seeks to ensure greater local democratic oversight of local and regional public bodies and senior local authority members have previously expressed concerns about the democratic imbalance of RPBs' membership. The current governance of CJs as set out in the Act does not automatically lend itself to the statutory requirements of RPB membership and decision-making and there would be concern in local government should this be amended to reflect the required partnership membership of an RPB.
37. A governance model for a stand-alone RPB is not included in the White Paper - should an alternative statutory arrangement be established for governing regional working in social care,

the WLGA believes this will add to increasing complexity at both the regional and local level rather than simplifying and streamlining as is the intention.

38. The WLGA therefore does not support the proposed reforms to RPBs as outlined in the White Paper and requests that there is further dialogue with local government in understanding what issues the reforms are seeking to address and whether there are alternative options for reform as set out in the White Paper.
39. There remains a need to recognise that Regional Partnership Boards are all at different places in their development and we welcome the ambition to try to address some of the challenges they have faced. For example, the amount of time spent managing grants rather than being able to focus on some of the important issues that led to their establishment, there remain issues which the proposals do not address, for example the significant numbers around the table, particularly in some regions; the increasing size of their agendas; and the scrutiny and accountability of Boards. It is unclear at this stage how the proposals would address some of these fundamental issues so that we can use them as a real driver to support integrated working.
40. Creating new national structures and changing existing regional ones, employing staff and managing budgets is likely to add to the current landscape and will require significant upfront and on-going funding to support implementation. There is no financial impact assessment to consider how much a stand-alone RPB will cost to establish and run. As already highlighted in this response, funding is a fundamental challenge to the social care sector and so it remains to be seen where any additional funding to support these changes would be provided.

Other Options

41. Local government has welcomed the engagement at both a political and officer level on the proposals contained in the White Paper and the willingness to listen to our views and suggestions in previous discussions. The conversation has moved on significantly from where we started. However, we feel that there is still a missed opportunity in terms of some of the areas considered.
42. All services have struggled to keep pace with demographic pressures, the changing burden of disease, and rising patient, service user and public expectations. Too much care is still provided in hospitals and care homes, and treatment services continue to receive higher priority than prevention. The traditional dividing lines between GPs and hospital-based specialists, hospital and community-based services, and mental and physical health services mean that care is often fragmented and fully integrated care is the exception rather than the rule.
43. The Bevan Commission paper *Improving Primary and Community Health care in Wales*³ identified that the way NHS Wales is funded needs to change to strengthen primary and community care to better meet the needs of the population. It points to an imbalance in funding for some time with little movement of resources into primary and community care to match the need and help prevent illness and unnecessary admissions to hospital. At the same time social care services are having to meet increasing demand within reduced resources. It is essential that we take this

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<http://www.bevancommission.org/sitesplus/documents/1101/Bevan%20Commission%20Primary%20Care%20v1a.pdf>

opportunity to invest in primary and community care and look to support preventative services, improving the link between NHS and social services / local authorities.

44. Hospitals will always be a critical part of the health and social care system, and there will always be instances where a hospital is the most appropriate, or indeed the only viable option for delivering some types of health care. However, the current focus of resources and attention on hospitals is not suited to the health and social care needs of the population and often comes at the expense of investment in other forms of provision. There needs to be a shift in focus across the health and social care system as a whole, from health systems centred around hospitals, to health and social care systems focused around communities and community services as defined in their broadest sense. Making community-based care the central focus of the system requires a whole-systems approach to change, spanning hospital services, community services, primary care and social care. This is a view supported by the King's Fund⁴ and realises the ambition contained within *A Healthier Wales* of health and social care being part of a wider, community-based approach to locating services.
45. Transformation of services in the community must happen at a local level, a new system which focuses on local integration could bring primary care and community health services together along with social care. One option for consideration in the longer term is how local government can play a greater role in the co-ordination of these services. Local government would be able to use its direct connections with communities through its democratic mandate to have honest and inclusive conversations about the rights and responsibilities of citizens with regard to their health and wellbeing. It can also link community-based health and wellbeing services to existing community-based services, which are easily accessible to and trusted by people. Social care is already central to the fortunes of our NHS and managing pressures on our hospitals in particular. Care and support, and its links with primary care and public and community health, helps keep numbers at the front door of hospitals down. For those who require time in hospital, that same support in the community helps keep the door open so people can return home in a safe and timely fashion, and where then appropriate, continue to receive health services and care at home. Bringing these services together at a local level could help to resolve the underlying problem of a lack of integration caused by a clash of priorities, processes, values and funding models between health and social services departments.
46. At the heart of this approach lies the greatest strength of local government: its democratic accountability to the people it serves. As all communities are different and require a unique arrangement of services, the importance of local accountability cannot be overstated. Local government provides vital local leadership and democratic accountability and this must be harnessed in order to address the democratic deficit in the NHS.
47. This is not something that can be achieved overnight and there needs to be realism about the time needed to transform services in the community and to achieve greater alignment with related services such as general practice, mental health, health visitors, acute services and social care. This shift would also still require additional investment (including a long-term settlement for funding social care) and bringing about the shift from treating conditions to maximising wellbeing requires rethinking how investment could be used to best effect. Maximum value of any new investment should be defined at the local level, with minimal top-down initiatives from

⁴ https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf

government and the NHS and maximum input from communities, workforce, service users and patients.

48. In addition, and in support of this in terms of the Welsh Government's agenda around wellbeing it is an opportune time for a full examination of the creation of a public health improvement role located within local government. Public Health Wales is located in the NHS and is inevitably dwarfed by the larger configurations of secondary care. Locating appropriate public health functions in councils in Wales would give the public health agenda a new impetus allowing closer working with GPs and linking into the enforcement role that councils have in areas such as food safety, environmental health and public protection. Local government fully accepts that where a public health service is deeply intertwined with the delivery of clinical services there must be an on-going NHS role.
49. Local government's role in promoting public health is already outlined in legislation with the Local Government Act 2000 giving local authorities a statutory responsibility to improve the economic, social and environmental circumstances in their area. When it comes to public health a range of practitioners particularly in social care, environmental health and more broadly in leisure services through schemes such as the GP Referral scheme also play a key role in dealing with the social determinants of ill health.
50. As recognised by the Department of Health in the English debate:

“Local authorities are democratically accountable stewards of their local populations’ wellbeing. They understand the crucial importance of “place” in promoting wellbeing...Local authorities have ample experience of the reality of health inequalities in their communities. Many of the social determinants fall within their ambit, so they can take strategic action to prevent inequalities across a number of functions, such as housing, economic and environmental regeneration, strategic planning, education, children and young people’s services, fire and road safety”.⁵
51. The King’s Fund reports that the transfer of public health functions and staff from the NHS to local authorities went, in most cases, remarkably smoothly, with directors of public health confident of better health outcomes in the future and reporting positive experiences of working in local authorities. Many directors are also influencing local authority decisions well beyond the confines of their ring-fenced public health budget.⁶

⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf

⁶ <http://www.kingsfund.org.uk/projects/verdict/has-government-delivered-new-era-public-health>