

# Improving health and well-being



Health and well-being are major issues for individuals and communities and therefore also for primary care trusts (PCTs) and local authorities. This briefing reviews the extensive work undertaken by the Commission over the last 2 years, including 77 corporate assessments of individual local authorities; 3 national studies; and local audits of action to tackle health inequalities, particularly in North West England. It shows how the issues are being tackled and how further progress could be made.

## The national and local picture

- 1 The health of individuals and communities has improved over the last ten years. Life expectancy increased from 74.2 to 76.9 years for men and 79.4 to 81.1 years for women between 1993 and 2005 while infant mortality fell from 5.9 per 1,000 live births to 4.8 per 1,000 live births **(Ref. 1)**. Adult smoking rates fell from 28 per cent to 25 per cent between 1998 and 2004 **(Ref. 2)**.
- 2 But health inequalities between social groups and communities persist and in some cases are widening:
  - The relative gap in life expectancy between the 20 per cent of areas with the worst health and deprivation measures and the average for England as a whole increased by 1 per cent for men and 8 per cent for women between 1993 and 2005 **(Ref. 3)**.
  - The gap between infant mortality in the routine and manual socio-economic group and the rest of the population widened from 13 per cent in 1997-99 to 19 per cent in 2002-04, moving away from the government's public service agreement target **(Figure 1)**.
- 3 And other challenges have come to the fore:
  - Obesity rates increased significantly between 1995 and 2004 – from 9.6 per cent to 13.7 per cent in children aged from two to ten years **(Ref. 4)**; from 15.3 per cent to 23 per cent in working age men; and from 17.5 per cent to 24 per cent in working age women **(Ref. 5)**.
  - Britain's binge drinking culture costs the country an estimated £20 billion a year **(Ref. 6)**. One-third of accident and emergency department attendances are thought to be alcohol related, at a cost of £450 million to the NHS.

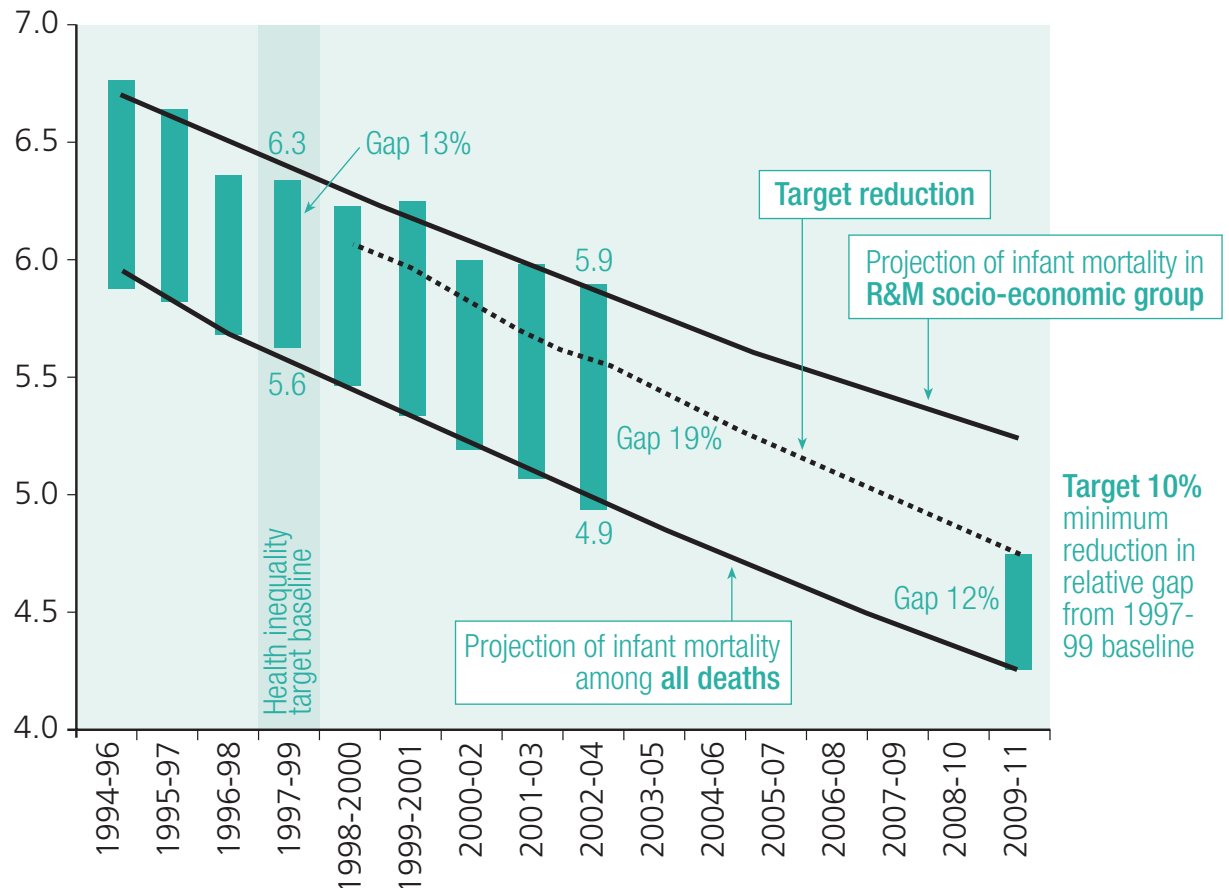
## The local challenge

- 4 Local authorities have a critical role in tackling health inequalities and promoting health and well-being. Many of the factors affecting health and well-being are influenced by local authority action. But success depends upon all the local statutory agencies working in partnership. Local authorities have a responsibility to lead and shape such partnerships.



**Figure 1**  
**Infant mortality rate by socio-economic group**

Rate per 1,000 live births – 3 year average



**Source:** Office for National Statistics

5 Now is a particularly important time to address these issues.

- The Local Government White Paper, *Strong and Prosperous Communities* (Ref. 7), confirmed the importance of local authorities in promoting health and well-being. It identified how more systematic partnerships between local agencies could be brought about through greater use of joint appointments, pooled budgets and joint commissioning. Comprehensive Area Assessment (CAA), which will replace Comprehensive Performance Assessment (CPA) in 2009, will assess whether local areas are likely to be successful in meeting the challenges which their communities face.
- The reorganisation of PCTs has been completed and their work refocused on health improvement and the commissioning of services to achieve that. The White Paper, *Our Health, Our Care, Our Say* (Ref. 8), emphasised how they must work in

partnership with local authorities to do this. As part of the implementation of *Our Health, Our Care, Our Say*, the commissioning framework for health and well-being is currently out for consultation. This contains a proposal that there should be a duty on PCTs and local authorities to produce a joint needs assessment, as this will be central to PCTs' future work on healthier communities.

- From 1 July 2007 virtually all enclosed public places and workplaces in England will become smoke-free. Local councils will be responsible for enforcement, including imposing financial penalties if the legislation is breached.
  - The outcome of the 2007 comprehensive spending review will be announced later this year. Lower rates of spending growth are expected for public services but the first Wanless Report made clear that lower rates of growth would only be sustainable for the health service in the long term if there was vigorous and effective action to improve health and health inequalities.
- 6 What matters locally is whether local authorities and PCTs have the capacity and capability to understand and engage their communities; access, analyse and interpret relevant data; and construct effective strategies and action plans as a result. This has been the focus of our work.

## Our work

- 7 Our work over the last two years has had three distinct elements:
- corporate assessments, as part of CPA;
  - national studies; and
  - local audits.

### Corporate assessments

- 8 Seventy-seven out of the 150 single tier and county councils have had new style corporate assessments undertaken and published, comprising:
- 12 county councils;
  - 27 unitary councils; and
  - 38 metropolitan councils.
- 9 The assessments have included key questions to identify what the council, with its partners, has done to achieve its ambitions for the promotion of healthier communities and the narrowing of health inequalities and to promote the independence and well-being of older people.

## National studies

- 10 We have undertaken three studies on health and well-being:
- *Tackling Child Obesity: First Steps* – a joint study with the Healthcare Commission and the National Audit Office. This study assessed the risks, opportunities and barriers to achieving the child obesity public service agreement target, and provides recommendations as to how the delivery chain might be strengthened or made more efficient.
  - *Living Well in Later Life: A Review of Progress Against the National Service Framework for Older People* – a joint study with the Healthcare Commission and the Commission for Social Care Inspection. This study reviewed the progress of the NHS, local authorities and other partners in meeting the standards set out in the *National Service Framework for Older People* and the impact this has had on the lives of older people.
  - *Better Safe Than Sorry: Preventing Unintentional Injury to Children* – a joint study with the Healthcare Commission. This study examined the deployment of resources, partnership arrangements and activities to prevent unintentional injury to children.

## Local audit

- 11 Commission appointed auditors have audited the 36 health and local government bodies serving 2.5million people in Greater Manchester to assess the effectiveness of their partnership arrangements for addressing current and future health inequalities and health needs and to identify what further actions they could take.

## Findings from our work

- 12 The White Paper, *Choosing Health* (Ref. 9), outlined five key areas for improvements in health and well-being:
- smoking;
  - obesity;
  - sexual health;
  - mental health problems; and
  - alcohol misuse.
- 13 Local authorities have responsibilities in each of these areas but it is clear from our work that they and their local partnerships have focused on smoking cessation, with some success, and obesity.



- 14 Standard 8 of the National Service Framework for Older People (promoting health and active life in older people) requires that the health and well-being of older people is promoted through a coordinated programme of action led by the NHS with support from councils. Many local authorities were providing improved and much valued leisure opportunities and library services but slow progress has been made in developing strategies for older people that focus on citizenship and inclusion and incorporate the wide range of services and issues which make a difference to their lives.
- 15 The key ingredients for success in each of these areas are: needs assessment and community engagement; strong partnerships; clear strategies and effective implementation of action plans; and evaluation. Accessing and using good quality data and effective use of resources underpin each of these.

### Needs assessment and community engagement

- 16 One of the challenges in delivering health and well-being programmes is to understand the needs of the local population and directly to target action in response.
- 17 Most assessed councils have undertaken a health needs analysis of their population, allowing them to map where particular health inequalities occur, and therefore to target their efforts and resources accordingly. The mapping is often at ward or postcode level. This is an essential first step.
- 18 The second step is to engage with the local communities to understand their needs more fully; to find out why they make the choices they do; and to develop services and responses which are most likely to help. Experience here is more variable, with local authority mechanisms better developed than those in the NHS for engaging with older people, for example. **Box A** provides an example of the help available in securing better community engagement.

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#### Box A

#### Knowing Your Communities: User Focus and Diversity Toolkit

The toolkit is closely linked to corporate assessments and service inspection frameworks where inspectors judge how well councils engage with service users and local communities, and what difference such engagement makes in practice.

It enables councils to undertake a self-assessment and compare themselves with other councils but also to measure how well they are engaging with residents and how well they understand and respond to their needs and aspirations. The



toolkit helps councils plan how to improve the services they provide and the quality of life experienced by all service users and taxpayers; particularly those people who are marginalised or disadvantaged and have fewer choices. The toolkit covers the following areas:

- community engagement;
- customer focus;
- race;
- gender (draft);
- age equality: older people and young people;
- disability;
- sexual orientation;
- religion; and
- human rights.

The tool can be accessed at: [www.userfocus.audit-commission.gov.uk](http://www.userfocus.audit-commission.gov.uk)

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## Partnership

- 19 Partnerships are crucial to achieving improvements in health and well-being. No individual body can successfully tackle these in isolation. Nevertheless, building effective partnerships takes time and sustained commitment from all involved, particularly as the outputs may not be evident for some years. The make-up of partnerships and the longevity of arrangements are also important. If the appropriate bodies are not actively engaged this will prevent meaningful dialogue, but can also lead to a fragmented approach, duplication of effort, dilution and lack of focus.
- 20 There is no one size fits all approach to partnerships. However, contributing factors to successful partnerships include coterminous local authorities and PCTs, strong leadership and project champions. The recent restructuring of the NHS may have had a potentially destabilising effect, but the requirement for closer working between PCTs and local authorities in health and children's services, for example, should bring benefits and strengthen partnerships.
- 21 Government policy is putting an increasing emphasis on joint working. CAA will focus on the local area and the strength and effectiveness of the council leading the local strategic partnership (LSP) in meeting the needs of the community through the priorities set in the sustainable common strategy and local area agreement. Key questions are likely to be 'How well does the LSP organise itself and have the capacity to deliver its priorities?' and 'How well does it identify and manage the risks to meeting priority outcomes?'

- 22 Improving health and well-being is likely to be a high priority for many LSPs and therefore a focus for CAA (**Box B**). More details of CAA can be found at [www.audit-commission.gov.uk/caa/](http://www.audit-commission.gov.uk/caa/)

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## Box B

### Comprehensive Area Assessment

In 2009 CAA will replace the CPA of local government. CAA will continue to provide assurance about how well run local public services are and how effectively they use taxpayers' money. But it also aims to be relevant to local people by focusing on issues that are important to their community. It will develop a shared view about the challenges facing an area such as crime, community cohesion, and achieving a sustainable environment, or public health issues such as obesity. It will also create a more joined-up and proportionate approach to public service regulation.

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## Strategies and action plans

- 23 The evidence from our work is that a systematic strategic approach is the exception rather than the rule, in part due to an inability of local bodies to articulate how a strategy could be developed or who should be responsible. Although there is widespread commitment to the idea of partnerships, most assessed councils' strategies and action plans could be significantly improved. Health and well-being could also be better integrated with other activities. The key is to be able to draw a clear logical thread from local need through the strategy to its implementation plan and resultant outcomes. Although there may be an understanding of local inequalities among partners, strategies need clearly to set out priority actions to address the inequalities, and explain what the council's or its partners' contribution should be. The audit work we have undertaken in North West England has highlighted an overall commitment to achieving improvements in health and well-being.
- 24 The second Wanless report, published in 2004, *Securing Good Health for the Whole Population* (**Ref. 10**) highlighted the fact that evidence of cost effective interventions which work was relatively limited for public health activities. But, our work has shown that there could be better take-up of those interventions which are proven. For example, our findings from *Living Well in Later Life* showed that, despite the introduction of guidance and programmes for preventing falls, only two out of the ten inspected authorities had introduced a falls service. However, the number of hospital admissions for a broken hip has continued to increase – a rise of 35 per cent from 1999/2000 to 2005/06 (**Ref. 11**). Our work on unintentional injury to children also showed that few bodies had followed the recommendations of the Accidental Injury Force Task Force (**Ref. 12**), which provided a clear evidence base for interventions to prevent injuries in children and older people.

Evidence on what works in a number of areas of health and well-being is available and the National Institute for Health and Clinical Excellence is adding to this. Further information can be found at [www.nice.org.uk](http://www.nice.org.uk)

## Evaluation

- 25 It is essential that robust evaluation is built into all health and well-being initiatives. Only by understanding how programmes are contributing to improvements in health can resources be targeted appropriately. Evaluation can be used to inform future service development. It can also lead to changes in practice and delivery. However, we found evaluation to be very weak, leaving little scope for assessment of the impact and effectiveness of interventions. The short-term, ad hoc nature of projects funded by grants and one-off funding streams also leads to poor or absent evaluation as staff are often only skilled or funded to run projects and therefore do not undertake evaluation. But without evaluation, local bodies cannot be certain that their interventions are appropriate or that they are having a positive effect. It can be difficult conclusively to demonstrate cause and effect and improvements in health and well-being can take time to come about. But evaluation is essential to identify whether action is on the right track and whether local bodies are making best use of the resources.

## Good data

- 26 *Securing Good Health for the Whole Population* concluded that good information is required to identify health problems early and will affect relative investment in individual areas. Without reliable baseline data it is difficult to create, implement, monitor and evaluate a targeted strategy. Furthermore, there is a risk that resources will be wasted on unproductive activity. To be useful data must have four key characteristics: accuracy, timeliness, relevance and completeness. The availability and sharing of data can also be issues. Data are not always accessible. They are often held in a variety of formats and vary greatly in quality. Data need to be accurate. They also need to be shared across organisations in order to prevent duplication of effort. This will also enable the development of local strategies and the setting of local priorities to be properly informed. Nevertheless, the limited national and local information that is available is not being used effectively to identify targeted actions or inform commissioning. Greater capacity at local authority and PCT level to analyse and use data effectively is essential. Greater clarity and local understanding of how and what data can be shared while patient confidentiality is preserved would also be helpful.



27 There are national data sets available which could be more widely used to inform planning, compare performance and evaluate progress. These include the Audit Commission's local Area Profiles ([www.audit-commission.gov.uk/areaprofiles](http://www.audit-commission.gov.uk/areaprofiles)) and the public health observatories' community health profiles ([www.communityhealthprofiles.info](http://www.communityhealthprofiles.info)). The latter contain ward level data and provide a consistent and comparable overview of the population's health, and can be used to inform local needs assessment, policy, planning, performance management (including benchmarking) surveillance and practice. Ward level data on health problems and health inequalities can also be linked with other information to identify the key drivers so that local action can be targeted appropriately at different communities.

### Effective use of resources

- 28 Effective use of resources depends upon all of the factors set out above. Between 2005 and 2008 the Department of Health is investing £1 billion in addition to mainstream funding to encourage people to take responsibility for their own health. Eighty-eight Spearhead PCTs, those with the most deprived populations, received the majority of £342 million over the two years 2006/07 and 2007/08. Not all of this will have been spent on public health because of pressures elsewhere in the service. Our work has shown that there are significant risks that the money which is available is not achieving maximum value and having the impact that it could.
- 29 Greater use could also be made of the flexibilities which are available to pool funds between PCTs and local authorities and use them jointly. Auditors have also found common weaknesses in their operation ranging from lack of knowledge of the accounting requirements to changes in the way funds are used which have not been properly authorised. This is an area where the Commission will look to provide more help and support.
- 30 The consequences of not taking action and using the resources available well are considerable. The most recent figures show that obesity costs the NHS directly around £1 billion a year and the UK economy a further £2.3 to £2.6 billion in indirect costs (**Ref. 13**). If this trend continues, by 2010 the annual cost to the economy could be £3.6 billion (**Ref. 10**). Unintentional injury across all groups costs the NHS an estimated £2.2 billion a year and unintentional injury in the home costs society an estimated £25 billion a year (**Ref. 14**).
- 31 **Box C** demonstrates how local improvements in health and well-being can be achieved. It illustrates the key components for improvement: understanding the needs of the local community; development of a strategy and implementation of an effective action plan; data collection and analysis; and evaluation.



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## Box C

### Action on Child Accident Prevention, Burnley, Pendle and Rossendale

Unintentional is a major cause of death and illness in children. Action on Child Accident Prevention (ACAP) provides safety equipment for homes in Sure Start areas. The scheme provided information and safety equipment, and fitted it, using trained fitters contracted from a local housing association. The project used campaigns and awareness-raising techniques to engage the local community. Local residents communicated news of the project by word of mouth. The project worked with families from black and ethnic minority communities, and had an in-depth awareness of cultural and literacy issues in the local area and had developed communication methods to overcome them. Messages were simple and accessible; the team used brief newsletters, games and pictures to convey information.

Despite there being little systematic sharing of data, particularly between the NHS and council departments, such as housing, the project strove to overcome barriers, for example by collecting and using data from the local accident and emergency department. Collaboration with East Lancashire Public Health Research and Information Group had resulted in headline statistics to quantify the effects of the scheme. An external researcher had undertaken evaluation to demonstrate the relative improvement gained from the project. The success of the project was widely attributed to the leadership shown by the manager of the project who helped drive the overall direction of the project and ensure its delivery; she was heralded as a local champion.

The project secured funds from Sure Start, Neighbourhood Renewal Fund and the PCT. Despite limited funds for formal research the project was able to broadly calculate its impact. Three years after the project began, the number of children under five attending accident and emergency had fallen by 21 per cent (660 attendances). Based on calculated cost estimates and assumptions, and taking into account the cost of running the project, the estimated saving was £1.9 million – therefore securing real improvement in health and well-being.

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## Conclusion

- 32 Sir Derek Wanless' first report (**Ref. 15**) linked future health spending to progress in improving health and well-being. Our work has shown that incremental progress is being made by local authorities and there is much willingness to do more. But achieving more will require sizeable shifts in approach and greater rigour, particularly if we are to reach or go beyond Wanless' 'fully engaged scenario' with a consequent significantly reduced pressure for spending over the longer term.

## References

- 1 Office for National Statistics data.
- 2 Office for National Statistics, *Smoking-related Behaviour and Attitudes – 2004*, 2005.
- 3 Office for National Statistics data.
- 4 Jotangia et al, *Obesity Among Children Under 11*, Joint Health Surveys Unit, 2005.
- 5 Office of National Statistics data.
- 6 Prime Ministers Strategy Unit, *Alcohol Harm Reduction Strategy for England*, 2004.
- 7 Department for Communities and Local Government, *Strong and Prosperous Communities – The Local Government White Paper*, 2006.
- 8 Department of Health, *Our Health, Our Care, Our Say: A New Direction for Community Services*, 2006.
- 9 Department of Health, *Choosing Health – Making Healthier Choices Easier*, 2004.
- 10 Wanless D, *Securing Good Health for the Whole Population*, 2004.
- 11 Hospital Episode Statistics data.
- 12 Report of the Accidental Injury Task Force, *Preventing Accidental Injury: Priorities for Action*, 2002.
- 13 House of Commons Health Committee, Third report of 2003-04.
- 14 Health Development Agency Evidence Briefing, *Prevention and the Reduction of Accidental Injury in Children and Older People*, 2003.
- 15 Wanless, D, *Securing Our Future Health: Taking a Long-term View*, 2002.

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