

## Realising Prevention: Practical Policies for Healthier Society

# Empowering mayors for preventative health

### The issue

The task of improving the nation's health is currently split between the NHS and local government. These two vast and complex systems often struggle to work together effectively. The role of local government in England's health policy should not be underestimated. It includes the [£23.69bn](#) social care budget and a [£3.6bn](#) public health grant, both of which come with statutory duties that local authorities must fulfil. While this is dwarfed by [£181.7bn NHS budget](#), it is in the areas of social care and public health that we find the roots of the [pressures on the NHS](#). And yet, preventative approaches are only a tiny fraction of this vast NHS budget.

### Understanding the problem

In recent years both local government and the NHS have seen the emergence of a new model of regional governance:

- Integrated Care Systems (ICSs) are "[local partnerships between NHS organisations, local government, and other relevant groups, asked to take joint responsibility for the health and care of populations of around one to three million people](#)".
- Mayoral combined authorities (MCAs) are regional groupings of local authorities, led by a directly elected mayor, pooling some local powers and drawing down further powers and budgets from central government via 'devo deals'.

Currently these institutions are patchy and in their infancy. Here we identify how to realise their potential to deliver the shift from reactive to preventative health policy.

### The structural challenges

To make ICSs, local authorities, and MCAs work effectively, and to work effectively together, it is necessary to address various systemic and local-level challenges. Three of the biggest challenges are:

- **Short-term, fragmented, inflexible, and insufficient budgets.** The [multitude of centrally-administered competitive funding pots undermines local government's ability to prioritise health](#), while NHS funds are too short-term to incentivise a prevention-first approach.
- **Organisational complexity and competing interests.** Both MCAs and ICSs are partnerships between various large, complex organisations. This creates a series of problems in sharing risk, managing competing interests, aligning divergent systems, and overcoming cultural differences.
- **A mismatched geography.** While few see geography as the most important factor, it is widely acknowledged to be a problem for many, and it is a key success factor in areas where there is alignment. Figure 1 [shows the lack of alignment between the two systems](#).

For more detailed analysis of the current challenges:

- TRUUD research paper: [What needs to happen to 'level up' public health?](#)
- NHS Confederation report: [Prevention, population health and prosperity: a new era in devolution](#)

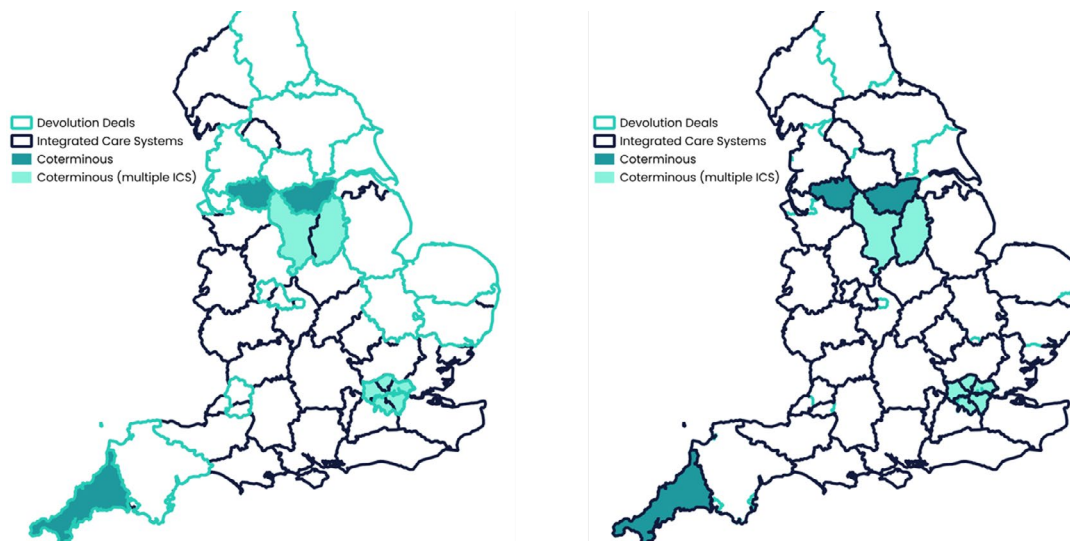


Figure 1: Maps produced by TRUUD for the NHS Confederation report, [Prevention, population health and prosperity: a new era in devolution](#)

## The importance of urban development

One of the central tasks of metro mayors and MCAs is to redevelop urban economies, and it is here that there is the biggest potential to have a significant impact through preventative health. This is not to say that rural communities do not matter – solutions are needed there too – but it is changes in the urban environment that will really shift the national numbers. This is partly because, in England, 82.9% of the population live in urban areas, and across England and Wales, 94.6% live in ‘built up’ areas. It is also because urban environments have a significant impact on health and wellbeing, most commonly through noncommunicable diseases (NCDs), such as asthma, mental health, obesity and cancer, which account [for 89% of deaths in England](#). The TRUUD project has spent over five years studying how urban development can be redirected to become a transformative tool for preventative health.

## Five first steps for healthier devolution

To meet the challenges identified by TRUUD, the NHS Confederation, and others, we make five recommendations:

- 1. Increase and simplify funding for health prevention.** Funding needs to be long-term and flexible, both in the NHS system and the local government system. [Place based-budgeting](#) offers the potential for a consideration of health in a wider range of public spending.
- 2. Build a national health-metrics framework for local spending.** TRUUD’s [health valuation tool](#) and its [adoption by MHCLG](#) could be the basis for a framework in which all public spending at the local level must make a minimum contribution towards improving public health. [Find out more...](#)
- 3. Finish and align the devo map.** The longer that the MCA geography remains partial, the more difficult systemic alignment will be between NHS and local government. Every part of England needs an MCA or equivalent organisation. The ICS map should be adapted to align with this.
- 4. Embed health in MCA urban development strategies.** Health should be a key outcome objective for MCA urban development strategies, especially in transport, which is a key policy area for MCAs. TRUUD shows the importance of [health metrics](#) and [embedded researchers](#). [Find out more...](#)
- 5. Embed urban development in ICS health strategies.** The NHS Confederation recommends NHS institutions need to move beyond single-institution projects, focusing instead on place-based development through their role as anchor institutions. [Find out more...](#)

## Contact the authors

Written by [Jack Newman](#) (University of Bristol), with support from Geoff Bates (University of Bath), Sarah Ayres and Rachael McClatchey (University of Bristol) with underpinning research from the [TRUUD team](#). Contact us at [truud-policy@bristol.ac.uk](mailto:truud-policy@bristol.ac.uk).

## Streets for All in Greater Manchester

Greater Manchester has pioneered both the MCA and ICS model. It is important to understand what has worked and why. One key example comes from TRUUD's collaboration with Transport for Greater Manchester (TfGM) to embed health in its transport strategy. Streets for All strategy offers a comprehensive plan for transport in the region. One of its four core aims is "improving quality of life", in which TfGM seeks to improve healthy life expectancy and street safety. Through its [embedded researcher](#), TRUUD has contributed to the prominence of public health in this strategy.

## Contact the authors

This policy brief was written by Jack Newman (University of Bristol), with support from the TRUUD National Government team: Geoff Bates (University of Bath), Sarah Ayres and Rachael McClatchey (University of Bristol).

The research underpinning the recommendations is the work of a much [wider range of TRUUD researchers](#). We welcome opportunities to discuss this work. To get in touch, please contact the team at [truud-policy@bristol.ac.uk](mailto:truud-policy@bristol.ac.uk).



### Local authority partners



### University consortium

