

Public Health Perceptions Survey

February 2018



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Summary

Background

In November 2017 the LGA conducted a survey of lead members of public health in England to capture the thoughts of local leaders on public health delivered by their local authority covering their perceptions of public health since transition from the NHS to local government, the priorities councils have set themselves and their ambitions for the future. The survey questionnaire is shown in Annex B.

Key findings

- Most respondents (96 per cent) agreed or tended to agree that their council has a clear vision to improve public health for the local population, and the commissioning of public health services is well supported by their council.
- Similar proportions agreed or tended to agree that their council is aware of its issues and challenges with regard to public health, and knows how to address these issues (93 per cent) and that their council has delivered better public health outcomes for the local population (92 per cent).
- The top priorities for public health in their local area among respondents are giving children the best start in life (88 per cent), healthy ageing (67 per cent) and strong communities, wellbeing and resilience (56 per cent).
- The health issue that respondents' councils are most concerned with at the present time are mental health (27 per cent), obesity in children (25 per cent) and drug and alcohol abuse (17 per cent).
- The most important areas of potential public health policy development for respondents are amending licensing and planning legislation to empower local authorities to control the total availability of alcohol, gambling and junk food outlets (54 per cent), using taxation and economic development measures to reduce income inequality (35 per cent) and ensuring the UK meets its legal duty under EU regulation to protect the population from the harmful effects of air pollution (35 per cent)
- The least important areas are requiring compulsory standardised front of pack labelling for all pre-packaged food and beverages (42 per cent), the introduction of a minimum unit price of 50p per alcohol for all alcohol sold in England (33 per cent) and banning companies promoting 'junk food' from sponsorship of physical activity and sport, especially those targeted at children and young people (31 per cent).
- The main barriers to the council achieving better public health outcomes in their local area over the next two years identified by respondents were insufficient resources (81 per cent), a mismatch between local and central government (47 per cent) and working with the NHS (40 per cent).

- 62 per cent of respondents agreed that councillors have been sufficiently engaged in prevention agenda.
- Most respondents (90 per cent) would like to see more preventative health activity within their council with 57 per cent wanting a lot more and 33 per cent wanting a little more.
- Of these 73 per cent want more mental health preventative health activity, 66 per cent want more in relation to obesity in children while 59 per cent want it for both obesity in adults and physical inactivity.
- Over three quarters (78 per cent) of respondents found the verbal advice they received from their local council public health team very helpful. The written briefings and board papers were found very helpful by 67 per cent, and the Director of Public Health's Annual report was deemed very helpful by 56 per cent.
- 58 per cent felt the public health team are very effective in championing public health issues within their council and 36 per cent said they are fairly effective.
- 89 per cent of respondents felt the relationship between councillors and the voluntary and community sector was generally good and 78 per cent felt they had a good relationship with their Clinical Commissioning Group (CCG).
- This contrasted with just 27 per cent of respondents agreeing the relationship between councillors and NHS England was generally good.
- Just over a fifth (22 per cent) of respondents reported that they are pooling budgets with their CCG to address the public health needs of the local population to a great extent. 38 per cent are doing so to a moderate extent and 24 per cent to a small extent.
- Just under half (47 per cent) of respondents use the Director of Public Health for system leadership for wellbeing issues, 40 per cent use them to a moderate extent and seven per cent to a small extent.

Methodology

The survey was conducted online in November 2017 via a link sent to lead members of public health in all upper and single tier councils in England. This was followed up with a reminder two weeks later. Responses were received from 51 councils, giving a response rate of 34 per cent. A full breakdown of responses by type of council is shown in Table 1.

	Number	Per cent
Shire County	9	33
London Borough	20	36
Metropolitan District	13	36
Unitary Authority	9	28
Total	51	34

Base: 150

It should be noted that some respondents did not answer all of the questions in the survey so within this report some of the findings are based on different numbers of respondents, this number (the base) is shown below all tables.

Where the response base is less than 50, figures can be skewed due to the small sample size and care should be taken when interpreting percentages, as small differences can seem magnified. Therefore, where this is the case, absolute numbers are reported alongside the percentage values.

Throughout the report percentages in figures and tables may add to more than 100 per cent due to rounding.

Survey Findings

This section provides detailed aggregated results for each question contained within the survey. Where the questions are the same as those covered in the Public Health Opinion Survey of 2015 comparisons have been made between both sets of findings.

Roles carried out by respondents

Respondents were asked about their roles within their local council, 69 per cent were the portfolio holder with responsibility for public health and 78 per cent were the chair of the Health and Well-being Board. This compares to 45 per cent holding the latter role in the 2015.

Public health in the council

Most respondents (96 per cent) agreed (82 per cent) or tended to agree (14 per cent) that their council has a clear vision to improve public health for the local population, and the commissioning of public health services is well supported by their council. Similar proportions agreed or tended to agree that their council is aware of its issues and challenges with regard to public health, and knows how to address these issues (93 per cent) and that their council has delivered better public health outcomes for

the local population (92 per cent). Slightly fewer (88 per cent) agreed or tended to agree that the public health structure is fit for purpose to ensure that the council meets its statutory obligations. In relation to funding, 83 per cent of respondents agreed or tended to agree that funding cuts imposed on the council are impacting on public health outcome.

Seventy-one per cent agreed or tended to agree that all parts of their council understand the role they play in improving the public health for the local population, and that as the lead portfolio member for public health they can directly influence decisions on local public health, however, for this statement 13 per cent answered don't know, possibly because the respondents were not the lead portfolio members.

Two of these statements were also asked in the 2015 survey which found that 62 per cent agreed and 31 tended to agree that the commissioning of public health services is well supported by the local council, and that 46 per cent agreed and 37 tended to agree that the public health structure is fit for purpose to ensure that the council meets its statutory obligations. A breakdown of the 2017 findings is shown in Table 2.

Table 2: Whether respondents agree or disagree with the following statements in relation to public health in their council						
	Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Disagree	Don't know
	Per cent (Number)					
The local council has delivered better public health outcomes for the local population	55 (27)	37 (18)	8 (4)	0 (0)	0 (0)	0 (0)
There is a clear vision to improve public health for the local population within this council	82 (40)	14 (7)	2 (1)	0 (0)	2 (1)	0 (0)
The council is aware of its issues and challenges with regard to public health, and knows how to address these issues	71 (35)	22 (11)	2 (1)	4 (2)	0 (0)	0 (0)
Funding cuts imposed on the council are impacting on public health outcome	69 (34)	14 (7)	6 (3)	10 (5)	0 (0)	0 (0)
The commissioning of public health services is well supported by the local council	67 (33)	29 (14)	4 (2)	0 (0)	0 (0)	0 (0)
The public health structure is fit for purpose to ensure that the council meets its statutory obligations	51 (25)	37 (18)	6 (3)	4 (2)	2 (1)	0 (0)
As the lead portfolio member for public health I can directly influence decisions on local public health	56 (27)	15 (7)	13 (6)	2 (1)	2 (1)	13 (6)
All parts of the council understand the role they play in improving the public health for the local population	22 (11)	49 (24)	14 (7)	12 (6)	2 (1)	0 (0)

Base: 49

Top priorities for public health

The survey asked respondents to identify up to three top priorities for public health in their local area. Most (88 per cent) chose giving children the best start in life, this was followed by healthy ageing (67 per cent) and strong communities, wellbeing and resilience (56 per cent). A number of respondents identified other priorities not listed, these included better mental health, reducing ill health inequalities and tobacco control.

These findings are similar to those of 2015 when the top priorities were giving children the best start in life (83 per cent) and strong communities, wellbeing and resilience (78 per cent). There is a full breakdown of these findings in Table 3 and a list of the other priorities identified is shown in Table A1 in Annex A.

Table 3: Respondents top priorities for public health in their local area				
	2015		2017	
	Per cent	Number	Per cent	Number
Giving children the best start in life	83	42	88	42
Healthy Ageing	n/a	32	67	32
Strong communities, wellbeing and resilience	78	27	56	27
Healthy schools and pupils	22	9	19	9
Helping people find good jobs and stay in work	17	5	10	5
Warmer and safer homes	10	5	10	5
Access to green and open spaces and the role of leisure services	10	4	8	4
Public protection and regulatory services	9	4	8	4
Health and spatial planning	7	4	8	4
Active and safe travel	10	0	0	0
Other	0	11	23	11
Don't know	3	0	0	0

Base: 2017 = 48, 2015 = 58

Health issues

When asked to identify the single health issue their council is most concerned with at the present time just over a quarter (27 per cent) chose mental health and a quarter (25 per cent) chose obesity in children. These were followed by drug and alcohol abuse (17 per cent) and smoking (15 per cent). Other issues were identified by two respondents, these were diabetes and polarised ill health inequalities.

In 2015 the top issues were obesity in children (19 per cent), physical inactivity (16 per cent), drug and alcohol misuse (16 per cent) and dementia (14 per cent), while just ten per cent identified mental health and the same percentage identified smoking. A full breakdown of these findings is shown in Table 4.

Table 4: Health issues respondent's councils are most concerned with at the present time

	2015		2017	
	Per cent	Number	Per cent	Number
Mental Health	10	13	27	13
Obesity in children	19	12	25	12
Drug and alcohol misuse	16	8	17	8
Smoking	10	7	15	7
Physical Inactivity	16	3	6	3
Obesity in adults	7	1	2	1
Sexual and reproductive health	0	1	2	1
Other	5	2	4	2
Don't know	3	1	2	1

Base: 2017 = 48, 2015 = 58

Public health policy development

Respondents were asked to identify up to three options they felt were most and least important areas of potential public health policy development from a list provided. Just over half (54 per cent) identified amending licensing and planning legislation to empower local authorities to control the total availability of alcohol, gambling, junk food outlets etc. as the most important area.

This was followed by using taxation and economic development measures to reduce income inequality and ensuring the UK meets its legal duty under EU regulation to protect the population from the harmful effects of air pollution both of which were chosen by 35 per cent. A further 10 per cent felt that none of the areas listed were the most important.

The area most commonly identified as being least important was requiring compulsory standardised front of pack labelling for all pre-packaged food and beverages which was chosen by 42 per cent of respondents.

This was followed by the introduction of a minimum unit price of 50p per alcohol for all alcohol sold in England (33 per cent) and banning companies promoting 'junk food' from sponsorship of physical activity and sport, especially those targeted at children and young people (31 per cent) while 17 per cent felt that none of the areas were the least important. Table 5 shows a full breakdown of these findings.

Table 5: Respondents opinions of the most important and least important areas of potential public health policy development

	Most important		Least important	
	Number	Per cent	Number	Per cent
Introduce a minimum unit price of 50p per alcohol for all alcohol sold in England	10	21	16	33
Amend licensing and planning legislation to empower local authorities to control the total availability of alcohol, gambling, junk food outlets etc	26	54	4	8

	Most important		Least important	
	Number	Per cent	Number	Per cent
Restrict advertising of junk food and alcohol around schools and play areas	9	19	4	8
Use taxation and economic development measures to reduce income inequality	17	35	6	13
Introduce governmental standards for salt, saturated fat, and sugar reduction in the food supply	15	31	8	17
Require compulsory standardised front of pack labelling for all pre-packaged food and beverages	4	8	20	42
Ensure the UK meets its legal duty under EU regulation to protect the population from the harmful effects of air pollution	17	35	7	15
Ban companies promoting 'junk food' from sponsorship of physical activity and sport, especially those targeted at children and young people	7	15	15	31
Schools should have a duty to co-operate with the DPH/LA in terms of improving health and wellbeing of their pupils	16	33	9	19
None of these	5	10	8	17

Base: 48

Public Health Barriers

When asked to select up to three main barriers to the council achieving better public health outcomes in their local area over the next two years from a list provided most respondents (81 per cent) insufficient resources. Just under half (47 per cent) cited a mismatch between local and central government priorities and 40 per cent selected working with the NHS.

Other barriers were identified by six per cent of respondents, including government control over local government and local NHS spend and the volume of challenges. Just four per cent of respondents felt there were no barriers.

These findings were the same as those of the 2015 survey in terms of the top four barriers identified but a higher proportion of respondents identified them as such in the 2017 survey. The proportion who cited insufficient resources in 2015 was 60 per cent, 35 per cent cited a mismatch between local and central government priorities, 30 per cent said working with the NHS and for 21 per cent engaging key partners was one of the main barriers to their council achieving better public health outcomes in their local areas over the next two years.

There is a breakdown of these findings in Table 6 and a list of all the other barriers specified is shown in Table A2 in Annex A.

Table 6: The main barriers to the council achieving better public health outcomes in respondents' local areas over the next two years

	2015		2017	
	Per cent	Number	Per cent	Number
Insufficient resources	60	38	81	38
Mismatch between local and central government priorities	35	22	47	22
Working with the NHS	30	19	40	19
Engaging key partners	21	12	26	12
Conflicting local priorities	18	4	9	4
Providers are unable to plan and/or respond to commissioners effectively	n/a	3	6	3
Lack of political will	4	1	2	1
Poor working relationships	5	1	2	1
Other	2	3	6	3
No barriers	12	2	4	2
Don't know	2	0	0	0

Base: 2017 = 47, 2015 = 58

Preventative Activity

Respondents were asked whether they agreed that councillors have been sufficiently engaged in prevention agenda, 62 per cent felt they were while a third (32 per cent) felt they had not, and six per cent did not know. These findings are shown in Table 7.

Table 7: Whether respondents agreed that councillors have been sufficiently engaged in prevention agenda

	Number	Per cent
Yes	29	62
No	15	32
Don't know	3	6

Base: 47

When asked whether they would like to see more preventative health activity within their council 90 per cent said they would, 57 per cent wanting a lot more and a third (33 per cent) wanting a little more. Just nine per cent did not want more preventative activity while two per cent didn't know. These findings are almost identical to those of 2015 when 58 per cent wanted to see a lot more and 33 per cent a little more, as can be seen in Table 8.

Table 8: Whether respondents would like to see more preventative health activity within their council

	2015		2017	
	Per cent	Number	Per cent	Number
Yes, a lot more	58	26	57	26
Yes, a little more	33	15	33	15
No	7	4	9	4
Don't know	2	1	2	1

Base: 2017 = 46, 2015 = 57

Those who said that they would like to see more preventative health activity within their council were asked in which areas they would like to see this. Just under three quarters (73 per cent) cited mental health, a third (66 per cent) obesity in children while both obesity in adults and physical inactivity were chosen by 59 per cent. Other areas were identified by 12 per cent of respondents, these included loneliness, air quality and homelessness.

Again, these findings echoed those of 2015 when 79 per cent of respondents wanted to see more preventative health activity relating to mental health, 71 per cent wanted to see more work to prevent obesity in children and 58 per cent wanted more activity to deal with physical inactivity. A full breakdown of these findings is shown in Table 9 and a list of all the other areas identified is shown in Table A3 in Annex A.

Table 9: Areas where respondents would like to see more preventative health activity within their council				
	2015		2017	
	Per cent	Number	Per cent	Number
Mental Health	79	30	73	30
Obesity in children	71	27	66	27
Obesity in adults	42	24	59	24
Physical Inactivity	58	24	59	24
Drug misuse	17	21	51	21
Dementia	52	19	46	19
Alcohol misuse	40	17	41	17
Smoking	29	14	34	14
Sexual health	19	6	15	6
Other	6	5	12	5

Base: 2017 = 46, 2015 = 52

Public Health Support

Respondents were asked how helpful they had found the different aspects of support they have received from their local council public health team. Over three quarters (78 per cent) found the verbal advice very helpful, this was followed by briefings and board papers (written) at 67 per cent and Director of Public Health's Annual report at 56 per cent. Only 36 per cent of respondents found the links to local NHS services very helpful and 40 per cent felt that general public health data was very helpful.

Three other aspects of support received were identified by respondents. Two were found to be very helpful, these were communities and that the public health team use the resources available to ensure every pound spent gets good outcomes. However, joining up across the council was felt to be not at all helpful by the respondent who identified it.

The top two most helpful aspects of support were the same in 2015 with 76 per cent of respondents finding verbal advice very helpful in 2015, followed by briefings and board papers at 72 per cent. Likewise, links to the local NHS services were deemed very helpful by the fewest proportion of respondents in both years at just 41 per cent in 2015. A full breakdown of these findings is shown in Table 10.

Table 10: How helpful respondents have found the following aspects of support they have received from your local council public health team

	Very helpful		Fairly helpful		Not very helpful		Not at all helpful		Don't know		Not applicable	
	Per cent (Number)											
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Briefings & board papers (written)	72	67 (30)	21	33 (15)	5	0 (0)	0	0 (0)	2	0 (0)	0	0 (0)
Verbal advice	76	78 (35)	21	18 (8)	2	4 (2)	0	0 (0)	2	0 (0)	0	0 (0)
Director of Public Health's Annual report	69	56 (25)	22	31 (14)	3	11 (5)	2	2 (1)	3	0 (0)	0	0 (0)
Joint Strategic Needs Assessment	64	51 (23)	31	42 (19)	3	4 (2)	0	0 (0)	2	2 (1)	0	0 (0)
Health and Wellbeing Strategy	71	58 (26)	22	31 (14)	5	11 (5)	0	0 (0)	2	0 (0)	0	0 (0)
General public health data	53	40 (18)	38	49 (22)	5	11 (5)	2	0 (0)	2	0 (0)	0	0 (0)
Links to local NHS services	41	36 (16)	41	47 (21)	14	13 (6)	2	2 (1)	2	2 (1)	0	0 (0)
Other	2	29 (2)	1	0 (0)	0	0 (0)	0	14 (1)	0	0 (0)	0	57 (4)

Base: 42017 = 45, 2015 = 58

When asked how effective they felt the public health team is in championing public health issues within their council 58 per cent said they are very effective and 36 per cent said they are fairly effective. Only two per cent said they were not at all effective.

This differed from the findings in 2015 when 43 per cent of respondents said that the public health team was very effective and 48 per cent felt it was fairly effective. Nine per cent had said it was not very effective but none of the respondents in that year said it was not at all effective. These findings are shown in Table 11.

Table 11: How effective respondents feel the public health team is in championing public health issues within their council

	2015		2017	
	Per cent	Number	Per cent	Number
Very effective	43	26	58	26
Fairly effective	48	16	36	16
Not very effective	9	2	4	2
Not at all effective	0	1	2	1
Don't know	0	0	0	0

Base: 2017 = 45, 2015 = 58

Quality of relationships

The survey asked whether respondents agreed the relationship between councillors and a list of local health and care leaders is generally good. The relationship most agreed was good was that with the local voluntary and community sector (89 per cent), this was followed by the relationships with the local CCG (78 per cent) and GP (60 per cent).

Only just over a quarter (27 per cent) of respondents agreed that the relationship between councillors and NHS England is generally good while over half (56 per cent) did not agree and 18 per cent did not know. A breakdown of these findings is shown in Table 12.

Table 12: Whether respondents agreed that the relationship between councillors and the following local health and care leaders is generally good						
	Agree		Do not agree		Don't know	
	Number	Per cent	Number	Per cent	Number	Per cent
Voluntary and community sector	40	89	3	7	2	4
CCG	35	78	10	22	0	0
GP	27	60	12	27	6	13
Acute and foundation trusts	25	56	18	40	2	4
NHS England	12	27	25	56	8	18

Base: 45

Budgets

The extent to which respondents' local council and clinical commissioning group are pooling budgets to address the public health needs of the local population was great in 22 per cent, moderate in 38 per cent and small in 24 per cent. Only 11 per cent of respondents were not pooling their budgets at all.

In 2015 only 18 per cent said that budgets were being pooled to a great extent while 47 per cent were doing so to a moderate extent and 26 per cent to a small extent. A slightly lower proportion, seven per cent, were not pooling their budgets at all in that year. Table 13 shows these findings.

Table 13: The extent to which respondents' local council and clinical commissioning group are pooling budgets				
	2015		2017	
	Per cent	Number	Number	Per cent
Great extent	18	10	10	22
To a moderate extent	47	17	17	38
To a small extent	26	11	11	24
Not at all	7	5	5	11
Don't know	2	2	2	4
Not applicable	0	0	0	0

Base: 42017 = 45, 2015 = 57

System leadership

Just under half (47 per cent) of respondents use the Director of Public Health for system leadership for wellbeing issues, 40 per cent use them to a moderate extent and seven per cent to a small extent. Only four per cent of respondent do not use them at all. These findings are shown in Table 14.

Table 14: The extent to which respondents' local council use the Director of Public Health for system leadership for wellbeing issues

	Number	Per cent
Great extent	21	47
To a moderate extent	18	40
To a small extent	3	7
Not at all	2	4
Don't know	1	2
Not applicable	0	0

Base: 45

Additional Comments

Respondents were given the opportunity to provide any additional comments on the theme of public health at the end of the survey. Of the four comments received, three related to structural issues within the respondent's own council. The other comment related to how ring fencing public health has left it isolated and not embedded in the council. The difference in work ethics between those from health and those from a local government background was also highlighted.

Annex A

Answers provided to open text questions

Table A1: Other top priorities for public health

Air Quality
Better mental health
Early intervention and prevention
Environmental / air quality
Healthy Eating (Obesity)
Healthy Lifestyles: tobacco, alcohol, eating and exercise.
Mental health
Reducing ill health inequalities
Sexual Health including HIV
Tobacco Control
Work and mental ill health, long term conditions e.g. T2 Diabetes

Table A2: Other main barriers to the council achieving better public health outcomes over the next two years

Central government control over local government and local NHS spend
Further reorganisations
Sheer volume of challenges and going up against powerful industries that are harmful to public health e.g. Tobacco, fizzy drink. Lack of powers too

Table A3: Other areas where respondents would like to see more preventative health activity within their council

Air Quality
Homelessness
Loneliness. Air pollution
Speech & language therapy in early years to reduce future behavioural disorders. Parenting skills for families at risk
Town Centres

Annex B

Survey form and notes of guidance

PUBLIC HEALTH PERCEPTIONS 2017

Thank you for taking part in this survey.

- You can navigate through the questions using the buttons at the bottom of each page, you will have to answer all the questions on each page before you can progress.
- Use the 'Previous' button if you wish to amend your response to an earlier question.
- If you stop before completing the survey, you can return to the survey using the link supplied in the e-mail and you will be able to continue from where you left off.
- The survey will take about 5 minutes to complete, depending on the answers you provide.
- Please note that the survey link is unique to you, do not pass it on to anyone else as any answers they provide will overwrite anything you have submitted.
- All responses will be treated confidentially. Information will be aggregated, and no individual or authority will be identified in any publications without your consent. Identifiable information may be used internally within the LGA and PHE.

If you have any technical queries about the survey, please contact Helen Wilkinson on 020 7664 3181 or helen.wilkinson@local.gov.uk. For any general queries about the topic, please contact paul.ogden@local.gov.uk.

Deadline for completion is 15th December 2017

Background

Please update your contact details if necessary

Name _____
Authority _____
Role _____
Email _____

Are you the portfolio holder with responsibility for public health on your local authority?

- Yes
 No

Are you the chair of the Health and Wellbeing Board?

- Yes
- No

To what extent do you agree or disagree with the following statements in relation to public health in your council?

	Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Disagree	Don't know
The local council has delivered better public health outcomes for the local population						
There is a clear vision to improve public health for the local population within this council						
The council is aware of its issues and challenges with regard to public health, and knows how to address these issues						
Funding cuts imposed on the council are impacting on public health outcome						
The commissioning of public health services is well supported by the local council						
The public health structure is fit for purpose to ensure that the council meets its statutory obligations						
As the lead portfolio member for public health I can directly influence decisions on local public health						
All parts of the council understand the role they play in improving the						

	Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Disagree	Don't know
public health for the local population						

Which of the following are the top priorities for public health in your local area:

Please select up to three

- Giving children the best start in life
- Healthy schools and pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Healthy Ageing
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services
- Health and spatial planning
- Other _____
- Don't know

Which of the following health issues your council is most concerned with at the present time?

Please select one only

- Obesity in adults
- Obesity in children
- Sexual and reproductive health
- Drug and alcohol misuse
- Smoking
- Physical Inactivity
- Mental Health
- Other _____
- Don't know

In your opinion which of the following are the most important and least important areas of potential public health policy development?

Please select up to three in each column

	Most important	Least important
Introduce a minimum unit price of 50p per alcohol for all alcohol sold in England		
Amend licensing and planning legislation to empower local authorities to control the total availability of alcohol, gambling, junk food outlets etc		
Restrict advertising of junk food and alcohol around schools and play areas		
Use taxation and economic development measures to reduce income inequality		
Introduce governmental standards for salt, saturated fat, and sugar reduction in the food supply		
Require compulsory standardised front of pack labelling for all pre-packaged food and beverages		
Ensure the UK meets its legal duty under EU regulation to protect the population from the harmful effects of air pollution		
Ban companies promoting 'junk food' from sponsorship of physical activity and sport, especially those targeted at children and young people		
Schools should have a duty to co-operate with the DPH/LA in terms of improving health and wellbeing of their pupils		
None of these		

What are the main barriers to the council achieving better public health outcomes in the local area over the next two years?

Please select up to three

- Insufficient resources
- Conflicting local priorities
- Engaging key partners
- Working with the NHS
- Mismatch between local and central government priorities
- Lack of political will
- Poor working relationships
- Providers are unable to plan and/or respond to commissioners effectively
- Other _____
- No barriers
- Don't know

In your opinion, do you agree that councillors have been sufficiently engaged in prevention agenda?

- Yes
- No
- Don't know

Would you like to see more preventative health activity within your council?

- Yes, a lot more
- Yes, a little more
- No
- Don't know

In which of the following areas would you like your council to do more?

Please select all that are applicable

- Obesity in adults
- Obesity in children
- Sexual health
- Drug misuse
- Alcohol misuse
- Smoking
- Dementia
- Physical Inactivity
- Mental Health
- Other _____
- Other _____

In your opinion how helpful have you found the following aspects of support that you have received from your local council public health team?

	Very helpful	Fairly helpful	Not very helpful	Not at all helpful	Don't know	Not applicable
Briefings & board papers (written)						
Verbal advice						
Director of Public Health's Annual report						

	Very helpful	Fairly helpful	Not very helpful	Not at all helpful	Don't know	Not applicable
Joint Strategic Needs Assessment						
Health and Wellbeing Strategy						
General public health data						
Links to local NHS services						
Other						

In your opinion, how effective is the public health team in championing public health issues within your council?

- Very effective
- Fairly effective
- Not very effective
- Not at all effective
- Don't know

In your opinion, do you agree that the relationship between councillors and the following local health and care leaders is generally good?

	Agree	Do not agree	Don't know
GP			
CCG			
NHS England			
Acute and foundation trusts			
Voluntary and community sector			

To what extent are your local council and clinical commissioning group pooling budgets to address the public health needs of the local population?

- Great extent
- To a moderate extent
- To a small extent
- Not at all
- Don't know
- Not applicable

To what extent does the council use the Director of Public Health for system leadership for wellbeing issues?

- Great extent
- To a moderate extent
- To a small extent
- Not at all
- Don't know
- Not applicable

Please tell us if there is anything additional you wish to add that has not been covered

Thank you very much for your help.



Local Government Association

18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

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For a copy in Braille, larger print or audio, please contact us on 020 7664 3000.

We consider requests on an individual basis.