Recommendations

1. **We reiterate our call for local authorities to be given a coherent and comprehensive finance settlement that is fit for purpose.** One that is set on longer cycles of ten years, which would facilitate long term planning of the prevention agenda.
2. **In addition to the public health grant, upper tier local authorities should be provided with a Prevention Premium, modelled after the Pupil Premium grant for school funding, to help support the transition to public health delivery interlinked across all council functions and wider civil society actors and institutions.** The premium would be calculated based on demographic factors, reflecting two pinch points for public health. On the one hand, the rate at which the population is ageing and on the other the prevalence of child poverty.
3. **The new government should work toward releasing the Social Care Funding Green Paper at the earliest convenience, the paper should contain guidance on the joining-up of services to create holistic public health strategies as a form of preventative care.**
4. **The beneficial role Local Economic Anchors can play in tackling emerging public health challenges should be recognised by giving them a seat at the table on Health and Wellbeing Boards**. This would lead to further collaboration between all local stakeholders including the local health and social care sector, local authorities and business.
5. **Integrated Care Systems should be funded to employ health economists,** to evaluate public health initiatives within a place and their effect on local NHS demand.
6. **Roles should be created within Integrated Care Systems for marketing specialists,** to work with local authorities within the ICS area to develop links between the NHS, the local community and the commercial healthcare and fitness sectors.
7. **Constituent local authorities should be given a formalised role to act as conveners for Integrated Care Systems to actively engage with local educational institutions,** to ensure a holistic, joined-up health education system, sensitive to local context, is in place.
8. **CCG mergers should be halted and rolled back,** with the aim of achieving parity with local government to ensure the legitimacy of locally-delivered healthcare.
9. **Government, the NHS and local authorities must commit to greater collaborative working. Central to this, these partners must also sensitively and securely unlock greater potential from locally-derived patient data 'the jewel in the health service crown'.** This will mean funding to build robust systems for the effective storing, mining and analysis of larger databases including clinical and public health outcomes at appropriate sub-regional level. From this point forward, joint funding arrangements involving NHS England should be put in place, with the goal of analysing the success of health interventions across local public services.

10. **In line with existing reforms to public property assets, efforts should be made by managers of the NHS estate to co-locate different healthcare professionals from across the health service** – e.g. GPs, nurses, pharmacists – in modern working environments within the community that support best patient care.

11. **A joint nursing role that combines health and social care responsibilities should be created**. This would accelerate steps toward delivering integrated care, give nurses a practical understanding of what this means, and offer concrete career prospects. For example, by employing individuals on a rotational basis whereby they work part time in the community, and part time in the acute setting, one would develop a range of skill sets, which would allow people more scope and opportunity regarding their career prospects.

12. **A comprehensive immigration system that puts place-based needs first is essential post-Brexit. We propose a deal whereby visa quotas per sector are devolved to local government as they are best suited to know the needs for growth in their area.** Local authorities in partnership with local NHS trusts are in a better position to identify their and recruit for themselves. Even outside of healthcare, local authorities can identify key sectors where immigration is needed and can fill gaps whilst creating incentives for people to take opportunities to train and work in their areas.

13. **Efforts should be doubled to reverse the fall in numbers of nurses, GPs, and other health and social care professionals through a focus on increased homebased training**. A start should be reversing the abolition of bursaries for nursing students. More institutions and places to study should be made available, with clear incentives laid out for training in specialities where there are current shortages. This should involve having clearly laid out opportunities for an upward career trajectory to boost morale.

14. **Efforts should also be made to attract more young British people to work in social care, especially in areas which have experienced a brain drain and thus have a higher median age**. This involves a necessary boost of investment into the social care budget, which would allow for raising wages, and creating new opportunities and prospects for social workers.