# HEALTH AND WELL-BEING SCRUTINY COMMITTEE 12 January 2011

## HEALTHY LIVES, HEALTHY PEOPLE: PUBLIC HEALTH WHITE PAPER

## REPORT OF CHIEF EXECUTIVE

### 1. Purpose of Report

1.1 To provide a briefing to the Scrutiny Committee about the Public Health White Paper, Healthy Lives, Healthy People: the strategy for public health in England, published on 30 November. This expands on the proposals for public health originally set out in Equity and Excellence: Liberating the NHS.

### 2. Background

2.1 The Public Health White Paper outlines considerable public health challenges. It supports Professor Sir Michael Marmot's recommended 'life course' approach to improving health and addressing health inequalities, which focuses on health and wellbeing throughout life to ensure that everyone is supported to make healthier choices. It also emphasises the importance of addressing the wider determinants of health such as employment, educational achievement, environmental, social and cultural factors, as well as housing.

2.2 It highlights the need to improve wellbeing – mental and physical – as well as treating sickness, and highlights the lead role that local government has in addressing this agenda. Furthermore, the White Paper emphasises the importance of tackling inequalities in health.

### 3. Summary of key proposals

3.1 The White Paper: Healthy Lives, Healthy People talks about a "radical new approach that will empower communities, enable professional freedoms and unleash new ideas based on the evidence of what works, while ensuring that the country remains resilient to and mitigates against current and future health threats". It talks about a shift from centralised, top down approaches.

3.2 Councils and their local communities will have the freedoms, powers and resources to make a real impact on health and wellbeing. The White Paper announces "It is time to free up local government and local communities to decide how best to improve the health and wellbeing of their citizens, deciding what actions to take locally with the NHS and other key partners".

## 4. The Main Proposals

A focus on outcomes

4.1 A national outcomes framework for public health will set the broad public health and health inequalities outcomes for all areas and organisations to address.

Transferring public health

4.2 From 2013, public health responsibilities currently undertaken by Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) will be divided between Public Health England (PHE) and local councils. The Directors of Public Health (DsPH) will move to local authorities and will be jointly appointed by councils and PHE.

Funding and rewards

4.3 From 2013, upper-tier councils will receive a ring-fenced public health grant to improve the health of the population and to reduce health inequalities. A new 'payment by results' system will reward Councils for making progress in improving health outcomes and reducing health inequalities.

Public Health England

4.4 The White Paper announces the creation of a dedicated and professional public health service, known as Public Health England (PHE), within the Department of Health. PHE will be charged with "bringing together a fragmented system, it will do nationally what needs to be done; it will have a new protected public health budget; and it will support local action through funding and the provision of evidence, data and professional leadership". PHE will be accountable to the Secretary of State for Health, who will have new powers to protect the population's health. PHE will have a close relationship with the NHS, social care, business and voluntary sector partners, and with the NHS Commissioning Board.

4.5 It will incorporate the current functions of the Health Protection Agency, the National Treatment Agency, the Regional DsPH, the Public Health Observatories and cancer registries. At local level, Directors of Public Health (DsPH) will develop relationships with GP commissioning consortia, through Health and Wellbeing Boards (HWBs). PHE are likely to hold responsibility for the ring-fenced public health funding which comes from the overall NHS budget. Early estimates suggest that current spend on the areas that are likely to be responsibility of PHE could be approximately £4 billion.

4.6 Public Health England's role will include:

- Providing public heath advice, evidence and expertise to the Secretary of State and the wider system;
- Delivering effective health protection services;
- Commissioning or providing national-level improvement services, including appropriate information and behaviour change campaigns;
- Jointly appointing DsPH and supporting them through professional accountability arrangements;
- Allocating ring-fenced funding to local government and rewarding them for progress made against elements of the proposed public health outcomes framework;
- Commissioning some public health services from the NHS;
- Contributing internationally-leading science to the UK and globally. PHE will be responsible for funding and commissioning of health protection, emergency preparedness, recovery from drug dependency, sexual health, immunisation programmes, alcohol prevention, obesity, smoking cessation, nutrition, health checks, screening, child health promotion (including health visiting and school nursing) and some elements of GP contract such as immunisation, contraception, dental public health.

<u>Director of Public Health and transfer of public health staff</u>

4.7 All upper-tier and unitary authority will be required to have a DPH, though they can be shared with other councils. DsPH will be employed by local government and jointly appointed with PHE, and will be "the strategic leader for public health in local communities, deploying the local ring-fenced budget to achieve the best possible public health outcomes across the whole local population".

4.8 DsPH will be public health professionals with a support team with specific public health and commissioning expertise. Critical tasks for DsPH are:

- Promoting health and wellbeing within local government and advising on health inequalities and developing local strategies to reduce them;
- Providing and using evidence relating to health and wellbeing and leading public health through membership;
- Advising and supporting GP consortia;
- Developing an approach to improve health and wellbeing locally;
- Working with PHE health protection units to provide health protection as directed by Secretary of State;
- Collaborating with local partners – i.e. GP consortia, other local DsPH, local business.

4.9 Professional accountability for DsPH will be to the Chief Medical Officer. Both the council and the Secretary of State for Health will have

the power to dismiss DsPH, which distinguishes them from other senior council officers.

The role of the NHS in public health

4.10 The NHS will continue to play an important role in public health. PHE will commission NHSCB to undertake screening, including cancer screening, some aspects of emergency preparedness, childhood immunisations and public health aspects of primary care contracts, through the Secretary of State's mandate to the NHSCB.

4.11 Other health professionals, including GPs, dentists, pharmacists, health visitors (who will be employed by PHE) dieticians, speech therapists all have an important role to play in improving health and addressing health inequalities. GPs in particular, will be incentivised – both as primary care professionals and commissioners – to focus on prevention and early intervention. Locally, GP consortia and DsPH will work with councils, the voluntary and community sectors and the business sectors through HWBs to ensure that services and commissioners are maximising their effectiveness on health improvement and reducing inequalities. To incentivise GP practices, the Quality and Outcomes Framework (QOF) will focus far more on primary and secondary prevention, with funding for this work coming from the PHE budget. GPs will continue to provide a range of public health services such as childhood immunisations, contraceptive services, cervical screening etc but in the future PHE may wish to change how services are commissioned and delivered.

Addressing health and wellbeing throughout life

4.12 The White Paper takes a 'life course' approach to health improvement outlined in Prof. Sir Michael Marmot's report encompassing:

- Starting well – focusing on maternal and child health and breaking the intergenerational cycle of ill-health and inequalities. There will be a particular focus on children who are at risk of poor outcomes. Details of a new health visitor workforce of 4,200 to improve child health will be published in 2011, though the document does highlight the role of Health and Wellbeing Boards (HWBs) in ensuring that they join up with existing services and plans for early years.
- Developing well – focus on child and adolescent wellbeing, including mental wellbeing and self esteem. Schools have an important part to play in delivering better health outcomes for children and young people in promoting physical activity, providing high quality personal, social and health education, improving self-esteem and mental wellbeing through a range of existing and new programmes.

- Living well – encompasses all factors which contribute to health and wellbeing, including housing, planning, the natural environment, access to active transit etc. The White Paper lists a range of new and existing schemes to support people to make healthier choices in relation to eating, physical activity, environmental sustainability and use of alcohol. It highlights many ways that councils can influence health through their housing, planning, environmental, licensing, community development and regulatory functions.
- Working well – promoting good physical and mental health at work. This section focuses on the importance of work in promoting health and wellbeing and the intention of the Government to support people with long term health conditions to get back into the world of work.
- . Ageing well – supporting older people to remain active, health and independent within their own homes. It summarises a wide range of universal benefits and more targeted support that enable older people to maintain their health, wellbeing and capacity. A crucial component is the Vision for Social Care published on 16 November 2010.
- There is a focus on mental health and wellbeing throughout life, with a particular emphasis on mental wellbeing of children and adolescents.

Health protections and emergency planning

4.13 New arrangements for emergency preparedness and health protection in which PHE will bring together the health protection and emergency planning functions of the Health Protection Agency with the public health functions of PCTs and SHAs. At local level, DsPH will have a leading role in emergency planning.

Role of business, the voluntary sector and other partners

4.15 The report highlights the role of business and the voluntary sector through the Public Health Responsibility Deal with five networks on food, alcohol, physical activity, health at work and behaviour change. The Responsibility Deal will be launched with further details in 2011. It is expected to include undertakings from retailers on more socially responsible selling of alcohol. Individuals will be encouraged to make healthy choices by the provision of subsidised sporting activities.

4.16 More details will be available in 2011 but so far, there are plans for a 'Great Swapathon' which will make available £250 million worth of business sponsored vouchers for physical activity sessions.

## 5. Next Steps

5.1 The Government's proposals will be set out in the Health and Social Care Bill which will be introduced to parliament early in the New Year.

Subject to the passage of the Health and Social Care Bill, the Government plans to:

- enable the creation of Public Health England, which will take on full responsibilities from 2012, including the formal transfer of functions and powers from the Health Protection Agency (HPA) and the National Treatment Agency for Substance Misuse (NTA);
- transfer local health improvement functions to local government, with ring-fenced funding allocated to local government from April 2013; and
- give local government new functions to increase local accountability and support integration and partnership working across social care, the NHS and public health.

5.2 The transition to Public Health England will be developed in alignment with changes to primary care trusts (PCTs) and strategic health authorities (SHAs), and the creation of the NHS Commissioning Board (NHSCB). The detailed arrangements will be set out in a series of planning letters throughout the course of 2011.

5.3 Forthcoming consultation documents will set out the proposed public health outcomes framework, and funding and commissioning arrangements for public health responsibilities.

## 6. Recommendation

6.1 Members are asked to note the proposals in the White Paper.

## 7. Background Papers

Healthy Lives, Healthy People: the strategy for public health in England, 30 November 2010 Department of Health

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