



Health Partnerships Overview and Scrutiny Committee

16th February 2011

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:

ALL

Public Health White Paper – *Healthy Lives, Healthy People*

1. Introduction

- 1.1 The Health Partnerships Overview and Scrutiny Committee has asked for a briefing paper on the Public Health White Paper, *Healthy Lives, Healthy People*, which was published on the 30th November 2010. The White Paper contains more detail on the reforms to public health services in England that were originally set out in *Equity and Excellence – Liberating the NHS*. The most significant change for local government is the transfer of public health responsibilities to councils to be funded by a ring fenced budget to be allocated based on relative health inequalities and deprivation. Shadow arrangements will be put in place from April 2012, with full responsibilities being formally handed over from April 2013.
- 1.2 The council will be submitting a formal response to the Public Health White Paper before the deadline on the 8th March 2011. It should be noted that since the Public Health White Paper was published, the Health and Social Care Bill has been put before parliament. That clarifies some of the points in the White Paper and this report has encompassed some of the key points in the bill, as well as the White Paper. The Health Partnerships Overview and Scrutiny Committee is advised to consider the implications for public health services and make recommendations to be included in the council's final response to the Public Health White Paper.

2. Recommendations

- 2.1 It is recommended that the Health Partnerships Overview and Scrutiny Committee considers the Public Health White Paper, *Healthy Lives, Healthy People*, and brings together any comments it wishes to recommend for inclusion in the council's consultation response to the White Paper.

3. Healthy Lives, Healthy People

- 3.1 The Public Health White Paper, *Healthy Lives, Healthy People*, is clear that public health has resulted in the biggest improvements to peoples' health in the UK – clean water and air, enhanced nutrition and mass immunisation programmes have had a profound impact on the health of the nation. But health inequalities continue to persist – people living in the poorest areas of the country will on average die 7 years earlier than those living in more wealthy areas and spend up to 17 more years living with

poor health. The Government is starting from the position that the current system is not up to the challenge of addressing our most ingrained health inequalities and that a new approach to public health is needed.

3.2 The Government's approach to public health will:

- a. protect the population from health threats;
- b. empower local leadership and encourage wide responsibility across society to improve everyone's health and wellbeing, and tackle the wider factors that influence it;
- c. focus on key outcomes, doing what works to deliver them, with transparency of outcomes to enable accountability through a proposed new public health outcomes framework;
- d. reflect the Government's core values of freedom, fairness and responsibility by strengthening self-esteem, confidence and personal responsibility; positively promoting healthy behaviours and lifestyles; and adapting the environment to make healthy choices easier; and
- e. balance the freedoms of individuals and organisations with the need to avoid harm to others, use a 'ladder' of interventions to determine the least intrusive approach necessary to achieve the desired effect and aim to make voluntary approaches work before resorting to regulation.

3.3 The Government is looking to build on an evidenced based approach to improving health, throughout an individual's life:

- Starting Well – giving children the best start in life
- Developing Well – delivering better outcomes for children and young people
- Living Well – Encompassing all of the factors that contribute to health such as housing, transport, planning and the natural environment
- Working Well – Promoting work as providers of good physical and mental health
- Ageing Well – Helping People to live longer, more active lives

3.4 In order to deliver the Government's vision there will be significant changes to the public health system, which is to be made up of two parts – the creation of Public Health England and the transfer of some public health responsibilities to local government.

4. Public Health England

4.1 Public Health England (PHE) will be created within the Department of Health and be accountable to the Secretary of State for Health. It will hold the ring fenced public health budget, estimated to be around £4bn (although the Government is still does not know what the final amount will be). PHE will bring together the health protection functions, the regional Directors of Public Health and the Public Health Observatories. It will work with local government, the NHS and other agencies to prepare and respond to emergency threats and to build partnerships for health. It will have a local presence in the form of Health Protection Units (HPUs).

4.2 The main roles for Public Health England will be:

- providing public health advice, evidence and expertise to the Secretary of State and the wider system, including working with partners to gather and disseminate examples of what works;
- delivering effective health protection services;
- commissioning or providing national-level health 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, for example via the NHSCB; and
- contributing internationally-leading science to the UK and globally, in areas such as biological standards and control, dangerous pathogens, and incident response.

4.3 Responsibility for health protection and preparing for health emergencies will remain at a national level to be carried out by Public Health England.

5. Local government responsibilities

5.1 The Health and Social Care Bill includes the duty for upper-tier and unitary local authorities to take steps to improve the health of their population. It is proposed that this new responsibility would be in place from the 1st April 2013.

5.2 The Government believes that by embedding public health within local government it will be easier to create local solutions to meet varying local health needs. It will also enable joint approaches to be taken with other local government services and with key partners to tackle health inequalities.

5.3 The Government has stated that it intends to keep to a minimum the constraints as to how local government fulfils its public health role and spends its new budget. However, funding will be ring fenced and an outcomes framework is in place which will influence how money is spent. There will be payment for progress made against elements of the Public Health Outcomes Framework. The White Paper makes it clear that it expects local government to use its freedoms to be innovative in the way that it tackles health issues. Commissioning is expected to be prominent in the delivery of public health services, using a range of public, private and voluntary sector providers, rather than councils delivering services themselves.

5.4 An additional point for London is that the Secretary of State has invited the Mayor of London and London boroughs to develop proposals on how they can collectively work together to improve health in London. London Council's Leaders' Committee has agreed that there should be a 3% top slice of public health funding from London boroughs to the Mayor to lead on pan-London issues.

6. Directors of Public Health

6.1 The Government will require Directors of Public Health to be employed in upper-tier councils to lead local public health efforts, a role that can be shared with other councils if agreed locally. They will be jointly appointed by the local authority and the Secretary of State for Health (this has been clarified in the Health and Social Care Bill, rather than the Public Health White Paper). Directors of Public Health will be

professionally accountable to Chief Medical Officer, not the local authority Chief Executive, and will also be part of the Public Health England professional network. The Secretary of State for Health will have significant influence over this post as he/she will have to be consulted should the local authority want to dismiss their director of public health. The SoS will also be able to direct a local authority to investigate if he/she considers that the director may be failing to deliver in respect of certain functions.

6.2 Directors of Public Health will:

- Promote health and wellbeing within local government
- Provide and use evidence in relation to health and wellbeing
- Advice and support GP consortia on the population aspects of the NHS service
- Develop an approach to improve health and wellbeing locally including promoting equality and tackling health inequalities
- Work closely with Public Health England health protection units (HPUs) to provide health protection, as directed by the Secretary of State
- Collaborate with local partners on improving health and wellbeing, including GP consortia, other local Directors of Public Health and local businesses.
- Prepare an annual report on the health of the local population

7. Funding and commissioning for public health

7.1 The Department of Health has published a separate consultation on the funding and commissioning routes for public health which contains details on how the Government's proposals will be implemented. It is proposed that:

- The new public health system will be funded by a ring fenced budget within the overall NHS budget. The amount estimated to be set aside for public health is around £4bn – this figure is based on public health spending in 2009/10, although the baseline spend on public health is still to be determined.
- Public Health England will allocate ring fenced budgets, weighted for inequalities to upper tier local authorities. The council's Chief Executive will be the accountable officer for this budget, not the Director of Public Health. The budgets are to be used for funding improvements in population health and wellbeing and some non-discretionary services, such as open access sexual health services. There will be scope to pool budgets locally to support public health work and there will be flexibility for local areas to determine how best to use the budget to address health needs.
- To incentivise action to reduce health inequalities the Government will introduce a new health premium, which will apply to the part of the local public health budget which is for health improvement. Local authorities will receive an incentive payment, or premium, for services that depend on the progress made in improving the health of the local population, based on elements of the proposed outcomes framework. If services aren't leading to health improvement the premium will be withheld. This will be funded from the overall public health budget and it is not additional funding.
- There will be shadow allocations made to local government for 2012/13, with allocations introduced in 2013/14. The NHS Operating Framework for 2011/12 sets out the operational arrangements for managing the transition.

8. Services

- 8.1 Public Health England will be responsible for funding and ensuring the provision of services such as 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 those led by health visiting and school nursing, and some elements of the GP contract (including the Quality and Outcomes Framework (QOF)) such as those relating to immunisation, contraception, and dental public health.
- 8.2 Some services will be delegated to local public health functions, others will be commissioned by the NHS Commissioning Board and some (such as the national purchasing of vaccines) will be commissioned or provided directly by Public Health England.
- 8.3 Information on which services will be commissioned by local government has been included in the consultation on the funding and commissioning of public health services. They are:
- Sexual health services - apart from contraceptive services commissioned via GP contract
 - Physical activity - to address inactivity and other interventions to promote physical activity, such as improving the built environment and maximising physical activity opportunities offered by the natural environment
 - Obesity - local programmes to prevent and address obesity, e.g. delivering the National Child Measurement Programme and commissioning of weight management services
 - Seasonal mortality – local initiatives to reduce excess deaths
 - Accidental injury prevention – local initiatives such as fall prevention
 - Public mental health – mental health promotion, mental illness prevention and suicide prevention
 - Drug misuse services – prevention and treatment
 - Alcohol misuse services – prevention and treatment
 - Tobacco control – local activity, including stop smoking services, prevention activity and enforcement
 - NHS Check Programme – assessment and lifestyle interventions – local authorities will commission the NHS to provide the programme, and the NHS will commission any further testing or treatment that results.
 - Health at work – local initiatives
 - Children’s public health 5 -19 The Healthy Child Programme for school age children, including school nurses and health promotion and prevention interventions by the multiprofessional team. Immunisation, screening and public health for the under-fives will be commissioned by the NHS Commissioning Board.
 - Community safety and violence prevention and response
 - Social exclusion – support for families with multiple problems
 - School immunisation programmes, such as teenage booster.
 - Dental public health, epidemiology and oral health promotion – supported by PHE in terms of the coordination of surveys¹

9. Health and Wellbeing Boards

- 9.1 The Department of Health has proposed a new role for local government to encourage coherent commissioning strategies, promoting the development of

¹ LGIU Briefing – January 2011

integrated and joined up commissioning plans across the NHS, social care, public health and other local partners. Ultimately, this should deliver better health and wellbeing outcomes, better quality of care, and better value for money, with fewer overlaps or gaps in provision, and different services working together.

9.2 The Health and Social Care bill includes details on the establishment of health and wellbeing boards in every upper-tier local authority. Health and wellbeing boards are intended to lead on improving the strategic coordination of commissioning across NHS, social care, children's services and public health. The main functions of health and wellbeing boards will be to:

- encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner,
- provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services,
- encourage persons who arrange for the provision of health-related services in its area to work closely with the health and wellbeing board,
- encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.

9.3 GP commissioning consortia will be required to consult with health wellbeing boards when drawing up their annual plan. They will also be statutory partners for councils in establishing Joint Strategic Needs Assessments and subsequent strategies which emerge from the assessments when carrying out their functions.

9.4 If the Health and Social Care Bill is passed in its current form the boards will be established as a committee of the local authority with statutory membership consisting of:

- at least one councillor
- directors of adult services, children's services and public health
- a HealthWatch representative
- a representative from each of the partner GP commissioning consortia
- other members as appropriate, including a representative from the NHS Commissioning Board where JSNAs and related strategies are being considered.

9.5 The Government hopes that health and wellbeing boards can be used to promote the best use of public resources through close working relationships between local authorities and the NHS, to further integrate health with adult social care, children's services (including education) and wider services, including disability services, housing, and criminal justice agencies. There should be sufficient flexibility in the legislative framework for health and wellbeing boards to go beyond their minimum statutory duties to promote joining-up of a much broader range of local services for the benefit of their local populations' health and wellbeing.

10. Public Health Outcomes Framework

10.1 The Public Health Outcomes Framework will sit alongside the proposed NHS Outcomes Framework and Social Care Outcomes Framework. The Public Health Outcomes Framework will cover five broad domains:

- Health protection and resilience: protecting people from major health emergencies and serious harm to health
- Tackling the wider determinants of health: addressing factors that affect health and wellbeing
- Health improvement: positively promoting the adoption of healthy lifestyles
- Prevention of ill health: reducing the number of people living with preventable ill health
- Healthy life expectancy and preventable mortality: preventing people from dying prematurely

11. Building on the White Paper

11.1 The Department of Health will publish a range of documents linked to the White Paper in the coming year:

Winter 2010/11

- Health Visitors – The Government has already announced it intends to recruit an additional 4,000 health visitors.
- Mental Health
- Tobacco Control – the White Paper refers to possible initiatives, such as blank cigarette packaging and a ban on advertising tobacco at the point of sale. Consultation on these proposals will follow.

Spring 2011

- Public Health Responsibility Deal – Rather than nagging individuals and businesses to become healthier, the Government believe that sustained behaviour change will only come about with a new approach – genuine partnership. A key component of this approach is the Public Health Responsibility Deal. The Government is working collaboratively with business and the voluntary sector and have established five networks on food, alcohol, physical activity, health at work and behaviour change. The Public Health Responsibility Deal will be launched in early 2011 and should include agreements on further reformulation of food to reduce salt, better information for consumers about food and promotion of more socially responsible retailing and consumption of alcohol.
- Obesity
- Physical activity
- Social marketing
- Sexual health and teenage pregnancy
- Pandemic flu

Autumn 2011

- Health protection, emergency preparedness and response

11.2 Other related documents that will be published by other government departments including a paper on alcohol pricing and taxation and the Welfare White Paper.

12. Conclusions

12.1 There are a number of issues that members of the Health Partnerships Overview and Scrutiny may want to consider when discussing the merits of the Public Health White Paper:

- Are the proposals radical or localist? Publishing a national Public Health Outcomes Framework suggests central government is keen to retain control of services provided by local government rather than allowing services to develop independently to meet local need.
- How much scope will local government be given to develop public health services or will it be required to commission services stipulated by central government? Similarly, will ring-fenced public health budgets limit the impact that local government can have on public health, particularly integration with mainstream local government services?
- Will adequate levels of funding be transferred to local government to provide and commission services – there has been media coverage in relation to this issue in North West London suggesting that significant reductions are being made to public health budgets in the sector.
- Is there potential for confusion around the director of public health accountabilities in the current proposals and what impact could this have?

12.2 Officers from the local authority and NHS Brent will be at the committee meeting to answer members' questions on the Public Health White Paper.

Background Papers – *Healthy Lives, Healthy People* - Public Health White Paper

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