

HEALTH AND WELL BEING IN HEREFORDSHIRE STAKEHOLDER WORKSHOP

21 FEBRUARY 2011

‘Healthy Lives, Healthy People’ the Government’s Strategy for Public Health in England

BACKGROUND

In the Government White Paper ‘Equity and Excellence: Liberating the NHS’⁽¹⁾ the Government announced the intention to transfer responsibility for improving population health to Local Authorities supported by the creation of a Public Health Service for England and the move of local Directors of Public Health and staff into local government. These changes will take place in tandem with the creation of GP Commissioning Consortia and Health and Wellbeing Boards at local level, and the Public Health Service in England and the NHS Commissioning Board at national level.

The White Paper ‘Healthy Lives, Healthy People; our strategy for public health in England’⁽²⁾ was published on 30 November 2010 and set out in more detail the Government’s intentions for public health services in England. The Government envisages “a new era for public health, with a higher priority and dedicated resources”. The White Paper for Public Health in England is a response to Professor Sir Michael Marmot’s Fair Society, Healthy Lives⁽³⁾ report which recommends a life course approach to reducing inequalities in health. The goal is “a public health service that achieves excellent results, unleashing innovation and liberating professional leadership”.

The Government’s intention is that the new approach to public health will **reach across and reach out** addressing the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support and will be:

- **Responsive** – owned by communities and shaped by their needs;
- **Resourced** – with ring-fenced funding and incentives to improve;
- **Rigorous** – professionally-led, focused on evidence, efficient and effective, and
- **Resilient** – strengthening protection against current and future threats to health.

The rationale for a radical shift in the way public health challenges are tackled is that while clean air and water, enhanced nutrition and mass immunisation have consigned many killer diseases to the history books, there is a need to go further and faster in tackling today’s causes of premature death and illness. The Marmot Report⁽³⁾ described in detail how people living in the poorest areas in England will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; of childhood emotional and behavioural problems and of premature death and illness from avoidable disease including a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases. This preventable burden of ill health costs society and the NHS in particular, billions per year⁽⁴⁾.

MAKING IT HAPPEN

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

- a) 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);
- b) Transfer local health improvement functions to local government, with ring-fenced funding allocated to local government from April 2013, and
- c) Give local government new functions to increase local accountability, support, integration and partnership working across social care, the NHS and public health.

The formation of Public Health England will occur 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.

There will be ring-fenced public health funding from within the overall NHS budget, and early estimates suggest that the likely allocation to Public Health England could be over £4 billion. There will be ring-fenced budgets for local authorities and a new health premium to reward them for progress made against the proposed Public Health Outcomes Framework taking into account health inequalities.

The best evidence of evaluation will be used, supporting innovative approaches to behaviour change with a new National Institute for Health Research (NIHR) School for Public Health Research and a Policy Research Unit on behaviour and health. There will be greater transparency with data on health outcomes published nationally and locally.

The Chief Medical Officer will have a central role in providing independent advice to the Secretary of State for Health and the Government on the population's health and will be the leading advocate for public health within, across and beyond Government and will lead a professional network for all those responsible for commissioning or providing public health.

Public health will be part of the NHS Commissioning Board mandate with public health support for NHS commissioning nationally and locally. There will be stronger incentives for GPs so that they play an active role in public health.

PROPOSED CONSULTATION PROCESS IN HEREFORDSHIRE

The Government is not consulting on the fundamental elements of its new approach to Public Health in England, but has published a number of consultation questions about specific details both in Healthy Lives, Healthy People and in the supporting documents which are:

- Healthy Lives, Healthy People: Transparency in Outcomes. Proposals for a Public Health Outcomes Framework.
- Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health.

The specific consultation questions are attached in Annex A with the closing date for the consultations.

The Regional Director of Public Health (RDPH) is leading a West Midlands wide process to oversee the transition from the current to the future organisation of public health services. As part of that transition process the RDPH has set aside funding to support the consultation process on the Public Health White Paper and supporting documents. It is proposed to use the RDPH funding to hold a consultation event in Herefordshire, supplemented by using the normal Herefordshire Partnership and Herefordshire Public Services processes to seek the opinion of as wide a range of interested parties as possible.

The details of the consultation event in Herefordshire will be communicated once final arrangements are in place.

Footnotes

- (1) Department of Health (2010) *Equity and Excellence: Liberating the NHS*, www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm
- (2) Department of Health (2010) *Healthy Lives, Healthy People; our strategy for public health in England*, www.dh.gov.uk
- (3) Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*, www.marmotreview.org
- (4) Black, C. (2008) *Dame Carol Black's Review of the Health of Britain's Working Age Population. Working for a Healthier Tomorrow*, www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf

Consultation Questions

Healthy Lives, Healthy People: Our strategy for public health in England

- **Role of GPs and GP practices in Public Health:** Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?
- **Public health evidence:** What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?
- **Public health evidence:** What can wider partners nationally and locally contribute to improving the use of evidence in public health?

Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health

- Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?
- What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?
- Do you consider the proposed primary routes for commissioning of public health funded activity (the third column) to be the best way to:
 - a) Ensure the best possible outcomes for the population as a whole, including the most vulnerable, and
 - b) Reduce avoidable inequalities in health between population groups and communities?

If not, what would work better?

- Which services should be mandatory for local authorities to provide or commission?
- Which approach should we take to pace-of-change?
- How should we design the health premium to ensure that it incentivises reductions in inequalities?

Healthy Lives, Healthy People : Transparency in Outcomes:

- How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?
- Do you feel these are the right criteria to use in determining indicators for public health?
- How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?
- Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks.