NHS Rotherham

Board - 17th January 2011

Public Health White Paper: Healthy Lives, Healthy People

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Purpose:
To outline the content of the public health White Paper Healthy Lives, Healthy People and the implications for the local health economy.

Recommendations:
Board is asked to note the proposed changes to public health in England.

Background:
The white paper responds to Sir Michael Marmot’s Fair Society, Healthy Lives report and adopts its life course framework for tackling the wider determinants of health.

It sets out a new approach to public health, with proposals to develop a public health service which achieves excellent results; helping people to live longer, healthier, more fulfilling lives, and improving the health of the poorest, fastest.

Seizing opportunities for better health

Accompanying the white paper is Our Health and Wellbeing Today, which provides a more detailed story of the health of people living in England today. Headlines include:

- Public health has made advances over the years and infectious disease now only accounts for 1 in 50 deaths.
- An aging population and ‘diseases of lifestyle’, where smoking, unhealthy diet, excess alcohol consumption and sedentary lifestyles are contributory factors, are current challenges.
- Health inequalities in life-expectancy and disability-free life expectancy are large.
- The Marmot Review highlights a social gradient of health – the lower a person’s social position, the worse their health; life expectancy gap is on average 7 years between the richest and poorest communities, and up to 17 years in disability-free life expectancy. In Rotherham there is an 8-year difference in life expectancy for men living in the least and most deprived parts of the borough.
- There are huge inequalities based on race, disability, religion, gender and sexual orientation which can interact in complex ways with socioeconomic position in shaping people’s health. Some vulnerable groups and communities, for example people with learning disabilities or travellers have significantly poorer health and life-expectancy than would be expected based on their socioeconomic status alone.

The opportunities and challenges set out in the report are stark, for example:
- Improving maternal health could give children a better start in life; reducing infant
mortality and low birth-weight babies. **In Rotherham we have low levels of breastfeeding initiation and one of the highest rates of smoking in pregnancy in England. Infant mortality is higher than the England average.**

- Taking better care of children’s health and development could improve educational attainment and reduce mental illness, unhealthy lifestyles, road deaths and hospital admission due to tooth decay. **There are fewer physically active children in Rotherham than the England average and higher levels of childhood obesity. Road deaths are better than the England average.**
- Being in work leads to better physical and mental health. **Rotherham Occupational Health Advisory Service (ROHAS) is one of few services regionally or nationally that supports people with work-related ill-health back into employment or to receive the support and benefits to which they are entitled.**
- The majority of mortality and morbidity today is due to ‘lifestyle’ factors; changing adult’s behaviour could reduce premature death, illness and costs to society. **Life expectancy in Rotherham is shorter than the England average. Deaths from smoking, early deaths from heart disease and stroke and early deaths from cancer are all worse than average.**
- Many excess winter deaths could be prevented through warmer housing and take-up of seasonal flu vaccinations. **Rotherham has a higher rate of excess winter deaths than the regional and England average.**

### Analysis of Risks:

There is still significant detail on the proposals still to be published, as described in the timeline above.

### Return on Investment:

N/A

### Analysis of Key Issues:

#### A. A radical new approach is proposed

The white paper proposes a new approach, which will:

- Protect the population from health threats, led by central government
- Empower local leadership and encourage responsibility across society
- Focus on key outcomes
- Reflect the government’s core values of freedom, fairness and responsibility
- Balance the freedoms of individuals and organisations with the need to avoid harm to others; using the least intrusive approach necessary to achieve desired effect

This new approach is set out to address the root causes of poor health and wellbeing, reaching out to families and individuals who need most support, and will be:

- **Responsive.** Local government will be freed-up to decide, with key partners, how best to improve the health and wellbeing of their citizens. A proposed new public health outcomes framework will be based on 5 domains of public health (health protection, tackling the wider determinants of ill-health, health improvement, healthy life expectancy). A proposed ‘health premium’ will incentivise local government and communities to improve health and reduce inequalities. Data will be published to make it easier for local communities to compare their performance and incentivise improvements
**Resourced.** Prevention will be prioritised so it has parity with treatment. Public health funds will be ring-fenced from within the overall NHS budget. Local authorities will be allocated ring-fenced funds for public health.

**Rigorous.** Public health professionals have been disempowered and their skills not sufficiently valued when compared with counterparts in the NHS acute services. A new public health service will be established within the Department of Health called Public Health England. The evidence base for ‘what works’ will be established and used to prioritise public health activity.

**Resilient.** The current system for health protection is fragmented, the system lacks integration and is over-reliant on goodwill to make it work. The White Paper proposes an enhancement to the functions of the Secretary of State for Health, making accountabilities in the system clearer and to create a more streamlined public health service to lead health protection and public health efforts across the country.

**Effective intervention**

The white paper proposes a new approach to intervening in people’s health, based on the belief that previous arguments about when to intervene have become oversimplified; either intrusive intervention into people’s lives, or complete hands-off. A ‘ladder’ of interventions will be used:

- serious threats and emergencies will demand direct intervention from central government
- some activities require intervention once centrally, then many times locally; including air, food and water standards, buying vaccines and legislation to ban some types of drugs
- Capable adults are responsible for their health and lifestyle choices. However, not everyone has total control over their lives and circumstances and a range of factors constrain and influence what they do, therefore strengthening self-esteem and confidence, positively promoting ‘healthier’ behaviours and adapting the environment to make healthier choices easier will be key

**B. Key proposals and Responsibilities**

**Public Health England** will be established within the DoH to protect and improve the public’s health, accountable to the Secretary of State for Health.

- It will include the current functions of the health protection agency (HPA) and national treatment agency (NTA),
- It will also include elements of public health activity currently held within the DoH and strategic health authorities (SHAs), along with functions of the Public Health Observatories and cancer registries, it will also work with local government, the NHS and other government agencies and partners as necessary.
- Public Health England will have a local presence in the form of Health Protection Units (HPUs), working with NHS and local government for emergency preparedness.

Public Health England’s role will include:

- Providing public health advice, evidence and expertise to the Secretary of State for Health and the wider system
- Delivering effective health protection service
- Commissioning or providing national-level health improvement services
- Jointly appointing DPH and supporting them through professional accountability arrangements
- Allocating ring-fenced budgets to local government and rewarding them for progress made against the public health outcomes framework
- Commissioning some public health services from the NHS
- Contributing internationally-leading science to the UK and globally

The NHS still has a critical role to play in emergency preparedness and response and in promoting health and preventing avoidable illness. There will need to be close partnership working between Public Health England and the NHS at a national level and between local government, DPH and GP consortia at a local level.

**Local government** already plays a significant role on protecting and improving public health, through environmental health, air quality, planning, transport and housing. Local councils will continue to carry out their statutory duties under the Public Health Act 1984.
- New ring-fenced budgets, enhanced freedoms and responsibilities for local government will help areas to improve the health and wellbeing of their populations and reduce inequalities.
- Embedding public health within local government will make it easier to create tailored solutions in order to meet varying local needs — enabling joint approaches to be taken with other areas of local government’s work; such as environment, transport, planning, children’s services, social care as well as with key partners such as NHS, police, business, early years, schools and the voluntary sector.
- The DPH will be employed by the council to lead local public health efforts, a role that can be shared with other local council’s if agreed locally. How local government decides to fulfil their role in public health will be left up to them locally, with constraints being minimal.
- Payment will be made for progress made against the public health outcomes framework

**Directors of Public Health** will be employed by local government and jointly appointed by the relevant local authority and Public Health England. The DPH will be a public health professional, with the skills to be the strategic leader for public health locally.

Their critical tasks will include:
- Promoting health and wellbeing within local government
- Providing and using evidence relating to health and wellbeing
- Advising and supporting GP consortia on the population aspects of NHS services
- Developing an approach to improving health and wellbeing locally, including promoting equality and tackling health inequalities
- Working closely with Public Health England health and protection units to provide health protection as directed by the Secretary of State for Health
- Collaborating with local partners on improving health and wellbeing, including GP consortia, other local DPH, local businesses and others

**Health and Wellbeing Boards**
- Following consultation on the NHS white paper, detailed proposals will be published for the establishment of local health and wellbeing boards. There will be a proposed minimum membership of elected representatives, GP consortia, DPH, Directors of Adult Social Services, Directors of Children’s Services, local HealthWatch and where appropriate, the participation of the NHSCB. These members will be subject to legislation and local areas will be able to expand membership to include local voluntary groups, clinicians and providers where appropriate.
- GP consortia and the DPH will have equal and explicit obligation to prepare the JSNA and do so through the arrangements made by the Health and Wellbeing Board.
• Health and wellbeing boards should develop joint health and wellbeing strategies, based on their JSNA. This strategy will provide the overarching framework within which more detailed and specific commissioning plans for the NHS, public health, social care and other services that the health and wellbeing board agrees to consider, are developed. The joint strategy will also have to include consideration relating to pooled budgets joined-up commissioning.

C. Funding and commissioning for public health

National public health budget

• The national public health budget will be ring-fenced within the overall NHS budget

Local public health budget

• Public Health England will allocate ring-fenced budgets, weighted for inequalities for improving the health and wellbeing of local populations
• The ring-fenced budgets will fund improving population health and wellbeing, and some non-discretionary services such as open access sexual health services, and certain immunisations.
• There will be scope to pool budgets in order to support public health work
• The public health budget will be a ring-fenced grant, which will carry some conditions for how the budget should be used; however, there will be some flexibility for local areas to determine how best they can use this funding.
• ‘Shadow’ allocations will be made to local authorities for the 2012/13 budget, providing an opportunity for planning before allocations are introduced 2013/14.

Health Premiums

• A new health premium will be introduced to incentivise action to reduce inequalities, which will apply to the part of the public health budget which is for health improvement. Local authorities will receive an incentive payment, or premium, for services that depend on progress made in improving health of the local population, based on a baseline allocation that is weighted towards areas with the worst health outcomes and most need.
• Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges.

Commissioning of public health services

• Public Health England will fund those services that contribute to health and wellbeing primarily by prevention rather than aimed at treatment.

Public Health England will have 3 principal routes for funding services:
• Granting the public health ring-fenced budget to local government
• Asking the NHS Commissioning Board (NHSCB) to commission services, such as screening and relevant elements of the GP contract
• Commissioning or providing services directly, e.g. national purchasing of vaccines, national communication campaigns, health protection functions currently conducted by the Health protection Agency (HPA)
• There may also be the option for GP consortia to commission on behalf of Public Health England

Because of the crucial role of early years development, the Public Health England budget will fund health visiting, school nursing and the child health promotion services
they lead, in particular the Healthy Child Programme. The DoH then the NHSCB will lead the commissioning of health visiting services in the first instance on behalf of Public Health England, to ensure the workforce growth needed to meet the coalition commitment (4,200 health visitors). The NHSCB will then work with PCTs, GP consortia and local partners so that in the longer term health visiting services can be commissioned locally.

**Local Commissioning**

- Local authorities will be encouraged to contract for services with a range of providers across the public, private and voluntary sectors and to incentivise and reward those organisations to deliver the best outcomes for their population.

**D. National-level partnership with the NHS**

- Public Health England will benefit the NHS by reducing pressures from avoidable illnesses and allowing the NHS to focus its efforts elsewhere.
- Public Health England will work closely with the NHS at national level and provide advice and support to the wider DoH and NHS; ensuring services meet the needs of the whole population.

The DoH will strengthen the public health role of GPs. GP consortia will be encouraged to maximise their impact on improving population health and inequalities; looking specifically at equitable access to services. Incentives and drivers for GP-led activity will be designed with public health in mind.

Community pharmacies have potential to help improve health and wellbeing and the dental public health workforce will increase its focus on effective health promotion and prevention of oral disease.

**National leadership and responsibilities**

The DoH will be freed from the operational management of the NHS, refocusing efforts on protecting and improving health. This includes new powers for the Secretary of State for Health including accounting to Parliament and the public for the government’s public health activities and spending and setting the direction for Public Health England and the context for local public health efforts.

**E. Enhanced protection for health**

- The government will devolve public health leadership wherever possible, but will keep powers and strengthen them where there is a strong case for central government leadership.
- Public Health England will build on current arrangements for emergency preparedness and response. Together with the NHS, Public Health England needs to be able to respond to major disruptive challenges, such as infectious disease outbreaks, terrorism and impacts of climate change.
- Public Health England will bring together the health protection and emergency planning and response functions from the DoH, HPA and SHAs.
- In the response phase, there will be national leadership, with most incidents managed locally by the Public Health England HPUs and the DPH working together.
F. Evidence for public health

Public Health England will promote information-led, knowledge driven public health interventions, drawing together the existing complex information, intelligence and surveillance functions performed by multiple organisations to make evidence more easily accessible.

Research

The National Institute for Health Research (NIHR) will commission public health research on behalf of the DoH. Public Health England will work with them to identify public health research priorities.

Information and intelligence

Public Health England will:
- Strengthen public health surveillance by ensuring fit-for-purpose data collection and analysis
- Work with and measure the impact of different communication channels, including NHS Choices
- Ensure the National Institute for Health and Clinical Excellence (NICE) adds value to the evidence of effectiveness and cost effectiveness of public health interventions
- Develop intelligence about the relative cost effectiveness of different interventions to support DPH in commissioning local services

G. Workforce for public health

- The government wants to maintain a well-trained, highly motivated public health workforce.
- A range of public health staff will work within Public Health England, employed by the DoH.
- There will also be many other critical roles in public health not employed by Public Health England, such as clinicians and professionals from GPs to dentists, pharmacists, nurses and environmental health officers.
- The DoH is encouraging PCTs and local authorities to discuss the future shape of public health locally.
- A more detailed workforce strategy will be developed by autumn 2011.
- The DoH is publishing a review by Dr Gabriel Scally on the regulation of public health professionals, as government believe statutory regulation should be a last resort. The preferred approach is to ensure effective and independently-assured voluntary regulation for any unregulated public health specialists.

H. Making it happen

By early 2011
- Detailed roadmap for the system; the NHS, Public Health England and the DoH – setting out transition milestones
- Further detail on the public health system, based on responses to the consultation on this white paper and forthcoming consultation documents, including
  - funding and commissioning for public health
  - Public health outcomes framework
- HR frameworks setting out the principles for managing people moving between organisations
The Health and Social Bill, introduce to Parliament following the NHS white paper consultation
The NHS operating framework and the announcement of PCT allocations for 2011/12, published in December 2010

Proposed timeline

Dec 2010 – March 2011
- Consultation on this white paper and forthcoming documents
During 2011
- Set up shadow-form Public Health England within the DoH
- Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas
Autumn 2011
- Public Health England will take on full responsibilities, including functions of the HPA and NTA
- Publish shadow public health ring-fenced allocations to local authorities
April 2013
- Grant ring-fenced allocations to local authorities

The DoH will publish a range of key documents that link to this white paper throughout 2011.

Consultation questions
a. 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?
b. Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?
c. Public health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?
d. Public health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?
e. Regulation of public health professionals: We would welcome views on Dr Gabriel Scally’s report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

Patient, Public and Stakeholder Involvement:
N/A

Equality Impact:
DH has carried out impact assessments for the White Paper; they have been published at http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm

Financial Implications:

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Forthcoming consultation documents will set out questions on the proposed public health outcomes framework and the funding and commissioning of public health. [http://consultations.dh.gov.uk/healthy-people/healthy-people](http://consultations.dh.gov.uk/healthy-people/healthy-people)