Healthy lives, healthy people: analysis and questions on the public health white paper

About the white paper
The Government’s public health white paper Healthy lives, healthy people: Our strategy for public health in England, published on 30 November, sets out significant changes to the way public health in England is organised. It confirms the Government’s commitment to:

• protecting the population from serious threat
• helping people live longer, healthier and more fulfilling lives
• improving the health of the poorest fastest.

The Government is consulting on the white paper until 8 March 2011. Additional consultation documents on the outcomes framework and funding and commissioning arrangements are expected before the end of 2010.

The Government’s public health white paper changes how the NHS and local authorities in England will commission and deliver health protection and health improvement services. It confirms the proposals outlined in the NHS white paper Equity and excellence: liberating the NHS to move local public health responsibilities from the NHS to local authorities and to establish a new national body, Public Health England.

The white paper provides a comprehensive definition of public health, aiming to improve public mental health and well-being alongside physical health. For the first time the public health budget, estimated at more than £4 billion, will be ring fenced from the overall NHS budget. In bringing public health functions together at a national level, abolishing the Health Protection Agency and increasing the powers of the Secretary of State, the white paper represents an attempt to strengthen government involvement in public health on one hand while trying to increase the role of localities and communities on the other.

Read our analysis and have your say
The white paper asks questions regarding the role of GPs in public health, and evidence and regulation of public health professionals. We are working with members to address these and would particularly like your help to answer two overarching questions.

1. Will the reforms improve health for all, while improving the health of the poorest fastest?
2. What are the key steps needed to implement the changes and how can the risks associated with the transition to the new system be managed?
Question: How should emergency planning powers be organised at local and national levels?

We would also appreciate your input on the additional questions we pose under each of the following themes:

- Public Health England
- local authorities and localism
- role of the NHS
- across government and sectors
- ring-fenced budget and commissioning
- outcomes
- public mental health and well-being
- transition
- review of regulation of public health professionals - consultation paper.

We are very keen to hear members’ views on the issues raised in this document and any additional points you think we may have missed. Please email your views to publichealth@nhsconfed.org by 8 February 2011. We would also be glad to receive a copy of your organisation’s consultation response.

Our full summary of each of the elements of the reform programme is available at www.nhsconfed.org/healthwhitepaper.

Public Health England

Public Health England, a new structure within the Department of Health (DH), will be set up to bring together the health protection and improvement functions that are currently carried out in different parts of the system. Public Health England will include the functions of the Health Protection Agency and the National Treatment Agency for Substance Misuse, as well as elements of public health activity held within the Department of Health (DH), strategic health authorities, public health observatories and cancer registries. Public Health England will need to be set up so that it can work effectively with local authorities and directors of public health.

The success of the new structure will determine the level of improvement made in population health. It needs to be built around how to achieve improvements in public health, rather than how to reconfigure services at national and local levels. We believe that public health reforms should be based on the principle that decisions for improving population health should be made as locally as possible and informed by evidence of what works.

Health protection

Enhanced central powers will enable the Secretary of State for Health to protect the population’s health and to prepare for and respond to health threats where necessary. The Government will devolve public health leadership wherever possible, but will keep powers to protect the population building on current arrangements for emergency preparedness, resilience and response. Public Health England will directly deliver or commission health protection services.

The NHS Confederation welcomes the commitment to devolve public health leadership wherever possible but questions whether a centrally organised structure would be flexible enough to respond to local and national emergencies. In the past, intermediary bodies have provided a key function in managing emergencies and the proposed system might not have the capacity to manage an emergency at a population level. The system needs to be flexible enough to provide specialist expertise and resources in times of crisis.

Accountability

Public Health England will fund services by:

- granting a ring-fenced budget to local government
- asking the NHS Commissioning Board to commission services, such as screening and elements of the GP contract
- commissioning or providing services directly, such as national purchasing of vaccines, communication campaigns or health protection functions.

Local government will be given the responsibility to improve people’s health and tackle health inequalities. Local statutory health and well-being boards will be established in every upper tier of local authorities. They will have a proposed minimum membership of elected representatives, GP consortia, directors of public health, directors of adult social services, directors of children’s services, local HealthWatch and, where appropriate, the participation of the NHS Commissioning Board. Local areas will be able to expand membership where appropriate.

Lines of accountability for commissioning services at national and local levels between Public Health England, the NHS...
Commissioning Board, local authorities and GP commissioning consortia need to be clearer. It is not clear how much power the centre will have over decisions made locally, or if the local public health system will be able to implement self-determined initiatives rather than centrally governed programmes.

**Question:** How should accountability for commissioning and delivery of health improvement services within the NHS and local authorities work?

**Research and evidence**

The white paper places an emphasis on strengthening research and using evidence to address the wider determinants of health as well as using behaviour change science to improve public health practice. Resources will be required to collect the evidence to guide practice and share information and knowledge within and between localities.

**Local authorities and localism**

The proposed system is based on principles of empowering people, transparency, ensuring communities lead efforts to improve health and evidence-based services and innovation. Local government will have the opportunity to develop strategies that integrate public health services, children’s services and the NHS.

Moving public health to local authorities should have many benefits because councils have a significant potential to impact on the causes of ill health. We welcome the focus on empowering communities to improve public health. The success of the health and well-being boards will depend on stable and committed leadership to help create new working cultures and incentives to encourage each part of the system to work together. Public health services, local authorities and emerging new GP commissioning organisations will need to understand what roles and responsibilities they will be expected to perform, how they work with the voluntary sector and communities and what areas will be managed by Public Health England.

**White paper questions**

What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

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?

What can partners nationally and locally contribute to improving the use of evidence in public health?

**Directors of public health (DsPH)**

Directors of public health will be employed by local government and jointly appointed by the local authority and Public Health England. The local authority will have authority to dismiss DsPH for serious failings and the Secretary of State will have authority to dismiss them for failing to deliver health protection functions.

They will be responsible for:

- health improvement functions of upper-tier and unitary authorities
- local emergency planning and work with health protection units (HPUs), contributing to local resilience forums

**Role of the NHS**

The white paper proposes close partnership working between Public Health England and the NHS at a national level. The role of GPs in prevention and health improvement will be strengthened, including incentives and drivers for GP-led activity such as 15 per cent of the quality and outcomes

**Question:** What incentives would ensure that partners within local public health systems work together to make best use of resources and contribute towards shared public health goals?
framework being devoted to public health indicators. GP consortia and local authorities, including directors of public health, will prepare the JSNA. In the first instance, the DH and then the NHS Commissioning Board will lead the commissioning of health visiting services to oversee the workforce growth needed to meet the commitment to a further 4,200 health visitors.

The whole of the NHS has a crucial role to play in the commissioning and delivery of prevention, health improvement and protection services across primary, secondary and tertiary care. GP commissioning consortia are required to work with local authorities. Connecting commissioners at local levels will be as important as Public Health England working with the NHS Commissioning board at a national level. More emphasis on prevention is required within NHS services.

We welcome the proposal for allocating part of the GP quality and outcomes framework to public health. However, NHS commissioners must ensure that providers deliver integrated health improvement and treatment services to improve longer-term health benefits to the population. We look forward to the new health visitor plan and how we can support the development of a multi-disciplinary health visiting service to improve public health.

**Across government and sectors**

The white paper highlights that the responsibility for addressing the root causes of ill health should be shared across society (individuals, families, communities, local government, the NHS, voluntary and community organisations, businesses, employers and central government). This includes working across multiple departments through a new public health cabinet sub-committee. ‘Responsibility deals’ are planned to increase businesses’ responsibility for the impact of their practices on public health. Five networks on food, alcohol, physical activity, health at work and behaviour change will be launched in 2011.

Integrated local strategies should help to facilitate cross-sector working at local levels. Similarly, a national framework is needed to ensure these efforts are mirrored nationally across government departments. The success of the cabinet sub-committee on public health will depend on the extent to which other departments, including the Treasury, act to address the wider determinants of health and health inequalities. Independent evaluation of the responsibility deals should measure the extent to which business involvement has improved public health.

**Ring-fenced budget and commissioning**

The public health budget will be ring fenced from the overall NHS budget. It will be subject to the running-cost reductions and efficiency gains required across the system. Public Health England will be responsible for the budget, which is estimated to be over £4 billion and local council chief executives will be the accountable officers for their allocated public health budget. A health premium within the ring-fenced budget will incentivise action to reduce health inequalities.

Clarification of the total amount of the ring-fenced budget and how much will be allocated to different parts of the system is needed, including how much of the budget will be required to fund nationally commissioned services. We are concerned that local authorities may not receive sufficient funding to commission and deliver health improvement services locally and pay for the expertise required to take on new public health responsibilities.

Aligning funding for public health budgets with funding allocated to GP commissioning consortia will also be essential to connect health service activity and access to health services to the public health work of local authorities.

**Outcomes**

The proposed outcomes framework covers five domains of public health:

- health protection and resilience; protecting people from health emergencies and serious harm to health
- tackling the wider determinants of ill health
- health improvement; positively promoting the adoption of ‘healthy’ lifestyles

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**White paper question**

Are there additional ways to ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?
• prevention of ill health; reducing number of people living with preventable ill health

• healthy life expectancy and preventable mortality, preventing people from dying prematurely.

We are pleased that the white paper includes plans to address five out of the six recommendations from the Marmot Review aimed at reducing health inequalities but we are concerned that the Spending Review might adversely affect the health and well-being of poorer communities. The NHS, social care, and public health outcomes frameworks will need to overlap to ensure consistency and to encourage different sectors to work together to reduce health inequalities and improve mental and physical health outcomes. The public health outcomes framework will need to clarify lines of accountability and make provisions to measure progress towards longer-term outcomes and align incentives across the NHS, public health, social care and wider government.

Public mental health and well-being

The white paper highlights improving mental health and well-being, with a particular focus on children. The DH is expected to set out its detailed approach in a separate mental health strategy. The NHS Confederation strongly supports the focus on improving public mental health, improving the mental well-being of children and young people and improving the physical health of people with mental health problems. It is crucial that the outcomes framework mirrors this focus on public mental health and overlaps with the outcomes in the mental health strategy.

However, reducing stigma around mental health is missing from the public health white paper. The existing Time to Change programme calls for a government commitment to long-term funding for effective anti-stigma and anti-discrimination activity and we support this. We recommend that, since Public Health England will oversee the public health system, it should also have a responsibility for improving public mental health and well-being nationally. Improving mental well-being makes economic sense, increasing contributions to the economy by maintaining people in employment as well as supporting them back to work and reducing the burden on the public sector services.

Question: How can the NHS, local authorities, voluntary sector and businesses work together to mitigate the impact of cuts to public services to improve public mental health?

Transition

The white paper highlights the critical need for scarce public health skills to be retained within the system and encourages PCTs and local government to discuss the future shape of public health locally. The DH will work with the Local Government Association (LGA) to consider what advice is required to support this and will ensure that human resource frameworks specifically address the needs of Public Health England.

We see the transition period as the area of greatest risk, during which specialist expertise could be lost and local public health services could fail to deliver. To avoid this, the Government should clarify, as quickly as possible, the future home for all public health functions that PCTs currently perform. We welcome the commitment to an overarching HR framework and workforce strategy. We welcome the commitment to publish shadow ring-fenced allocations but propose that local authorities should be given an indication of future budgets in 2011/12 rather than 2012/13 in order to aid them in transition planning and developing strategies for staff recruitment.

Fair Society, Healthy Lives: The Marmot Review recommendations

1. Giving every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
Public Health England and the NHS Commissioning Board will need to work together to build public health commissioning capacity in GP consortia and local authorities.

White paper question
If the Government pursues voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

Review of regulation of public health professionals – consultation paper
Dr Gabriel Scally’s review recommends that a statutory health professional regulatory body should regulate public health consultants and specialists. We believe that regulation for the public health workforce should be part of a holistic approach to health improvement and welcome the recognition given to the broader public health workforce within the NHS and local authorities.

Help shape our response on your behalf
The analysis in this document represents the start of our thinking about how to respond to the white paper consultation. We are consulting with our members through a number of events and forums to feed into our response. Your responses to this document will help us to provide the weight and detail needed for a fully representative position.

The questions we have highlighted are those where we believe your help will have the greatest impact but we encourage you to respond to any aspect of the consultation and this paper. Please email publichealth@nhsconfed.org by 8 February 2011 to give us time to formulate our full response.

www.nhsconfed.org/healthwhitepaper

The NHS Confederation
The NHS Confederation is the only independent membership body for the full range of organisations that make up today’s NHS. Our ambition is a health system that delivers first-class services and improved health for all.

We work with our members to ensure that we are an independent driving force for positive change by:

• influencing policy, implementation and the public debate
• supporting leaders through networking, sharing information and learning
• promoting excellence in employment.