

## ***Healthy lives, healthy people: our strategy for public health in England***

### **A briefing on key issues and actions following publication of the White Paper**

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#### **A change in approach and responsibilities**

1. The Public Health White Paper was published on 30 November 2010. It outlines the challenges facing the nation in terms of reducing smoking, alcohol and substance misuse, obesity, sexually transmitted infections, poor mental health and deep rooted health inequalities.
2. It proposes the development of a new approach, ending central government control and giving local government the freedom, responsibility and funding to innovate to develop their own ways of improving public health. There will be greater financial incentives for improving health and reducing inequalities. There will also be greater transparency so people can see the results they achieve.
3. Local government will also have new functions to increase local accountability and support integration and partnership working across social care, the NHS and public health
4. As part of these changes a dedicated, professional national service: Public Health England will be set up. This will be part of the Department of Health, rather than a separate legal body or the NHS. Funding will be ring-fenced from the overall NHS budget and a ring-fenced budget, weighted for inequalities, will be allocated to local authorities for improving health and well-being.

#### **The role of the Director of Public Health**

5. The Director of Public Health (DPH) will be the principal adviser on all health matters to the local authority, its elected members and officers, on the full range of local authority functions and their impact on the health of the local population. The DPH will play a key role in the proposed new functions of local authorities in promoting integrated working across the NHS and social care. A number of critical tasks have been proposed including:
  - Promoting health and wellbeing within local government
  - Advising and supporting the 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 protection units to provide health protection

- Collaborating with local partners on improving health and wellbeing including GP consortia, other local DsPH, local businesses and others.
- Producing an annual report on the health of the local population.

6. The DPH role can be shared with other local councils if agreed locally.

### **The Health and Wellbeing Board and the DPH**

7. The DPH will play a lead role in supporting the Health and Wellbeing Board, the final proposals for which are to be published shortly.
8. GP consortia and local authorities, including the DPH, will each have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment (JSNA). The health and wellbeing board will develop a high-level joint health and wellbeing strategy, informed by the (JSNA), to encourage coherent commissioning strategies across the NHS, social care, public health and other local partners. This will provide the overarching framework within which more detailed and specific commissioning plans for the NHS, social care, public health and other services that the health and wellbeing board agrees to consider are developed. This includes consideration of using pool budgets and joint commissioning arrangements.
9. There will be flexibility in the forthcoming legislative framework to enable 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. This includes children's services and education, disability services, housing, criminal justice agencies. Some areas are developing locally agreed partnership arrangements, such as public service boards and Community Budgets to support this kind of collaboration.

### **Broader public health staff**

10. The white paper states that the DPH will need to be supported by a team with specific public health and commissioning expertise.
11. The white paper also states that there are various models for how effective public health services can be delivered and it should be determined locally as to how particular areas make their arrangements. It also re-emphasises the direction of travel for provider functions of PCTs to move to other organisations and states that the move to 'any willing provider' for community services, to improve choice for local people, is not changed by the public health white paper.

### **NHS roles**

12. Public health and preventive work will remain an important part of NHS activity and will be part of the NHS Commissioning Board's mandate. The core elements of the new system will be set out in the forthcoming Health and Social Care Bill expected December 2010.
13. The Department of Health will work to strengthen the public health role of GPs by:
- Public Health England and the NHS Commissioning Board working together to support and encourage GP consortia to maximize their impact on population health

and reducing inequalities. This includes looking specifically at equitable access to services and outcomes.

- Increasing public transparency about how effective GP practices are in giving public health advice and achieving public health goals.
- Incentives for prevention related work in the quality and outcomes framework (QOF). A sum equivalent to at least 15% of the current value of the QOF should be devoted to evidence-based public health and primary prevention indicators from 2021/3. The funding for this will be within the Public Health England budget.

### **Emergency preparedness and response**

14. The Government will develop public health leadership wherever possible, but will keep powers where there is a case for central leadership. This includes preparing for and tackling emergencies. Public Health England will streamline the current roles of the Department of Health, Strategic Health Authorities and the Health Protection Agency to provide a robust new system, underpinned by powers held by the secretary of state for health. Public Health England will work closely with local government in delivering health protection services.

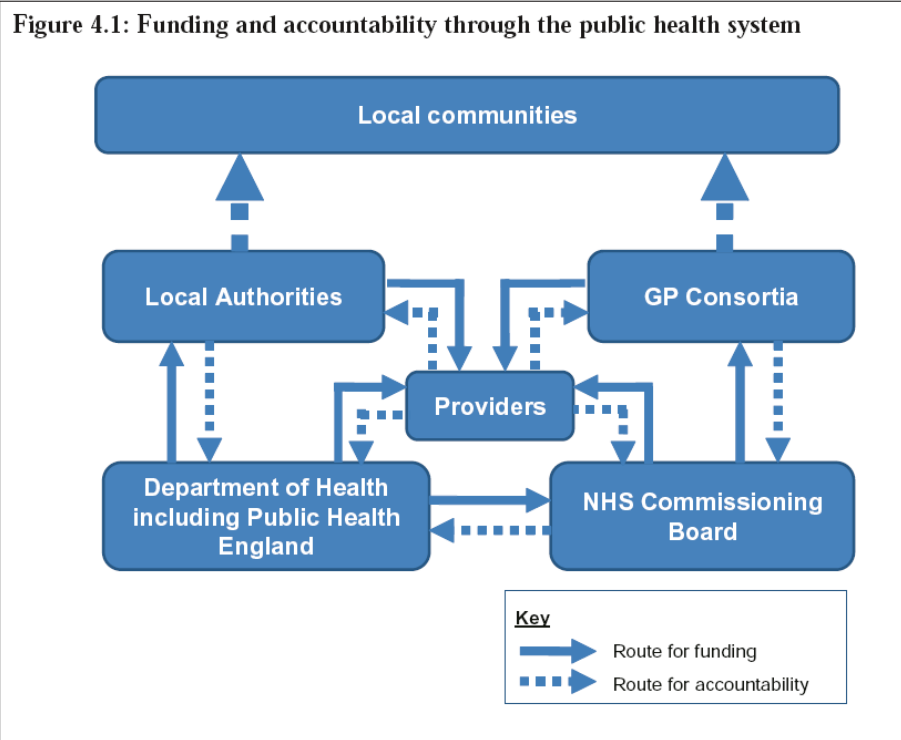
### **Accountability**

15. The primary accountability for local government will be to their local populations through transparency of progress against outcomes and their local strategy. There will also be a relationship between Public Health England and local councils through:

- the allocation of the ring-fenced budget, for which the Chief Executive will be the Accountable Officer
- through transparency of progress against aspects of a new public health outcomes framework (details of which are due to be published shortly)
- and through the incentives available to reward progress against health improvement outcomes.

16. Directors of Public Health (DsPH) will be jointly appointed by the relevant local authority and Public Health England. Councils will have the power to dismiss DsPH for serious failings across the full spectrum of their responsibilities. The Secretary of State for Health will have the power to dismiss them for serious failings in the discharge of their health protection functions. They will be accountable to the Secretary of State for Health and professionally to the Chief Medical Officer and they will be part of the Public Health England professional network.

17. A model of accountability and funding has been proposed overleaf:



18. A public health outcomes framework will be agreed, following a consultation, which will drive the improvements in public health throughout the new system. The public health outcomes framework will be complementary to the NHS and social care outcomes frameworks.

### **Making it happen**

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

- Create Public Health England, which will take on full responsibilities from 2012. This includes 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
- The transition to Public Health England will be developed in alignment with changes to PCTs and SHAs and the creation of the NHS Commissioning Board.
- More specific guidance for the transition process will be issued as a series of planning letters during 2011 as part of the wider structural changes occurring in the NHS.

## Consultation questions

There are five consultation questions:

1. 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?
2. Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?
3. 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?
4. Public health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?
5. 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?

Forthcoming documents and consultations will address questions about the proposed public health outcomes framework and the funding and commissioning of public health.

## Timetable for next steps

Summary timetable	Date
<ul style="list-style-type: none"> <li>• Consultation on specific questions set out in the White Paper</li> </ul>	Dec 2010 – 8 March 2011
Consultation on: <ul style="list-style-type: none"> <li>• The public health outcomes framework</li> <li>• The funding and commissioning of public health</li> </ul> Both are due to be published on 20 December 2010	Dec 2010 – March 2011
Set up a shadow-form Public Health England within the Department of Health  Start to set up working arrangements with local authorities, including matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA  Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013