HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
25 JANUARY 2011

HEALTHY LIVES, HEALTHY PEOPLE: OUR STRATEGY FOR PUBLIC HEALTH IN ENGLAND

Report from/author: Dr Alison Barnett, Director of Public Health

Summary

The White Paper Healthy Lives, Healthy People was published on November 30 and outlines the Government’s proposals for a new approach to public health. Two supporting documents: Consultation on the funding and commissioning routes for public health and The Public Health Outcomes Framework were published on 21 December. All three documents are subject to consultation on specific questions for 12 weeks. A presentation on the three documents will be made to the Committee.

1. Budget and Policy Framework

1.1 Healthy Lives, Healthy People: Our strategy for public health in England proposes that local authorities will be given new statutory duties to improve the health of their population. Health Protection responsibilities may also be carried out by local authorities on behalf of the Secretary of State for Health by agreement with Public Health England.

2. Background

2.1 The White Paper proposes a new Public Health System for England with the creation of Public Health England and the transfer of local health improvement functions from PCTs to local government. Upper tier and unitary authorities will receive a ring fenced grant from Public Health England to improve the health and wellbeing of their population. This will fund both improving health and wellbeing and some non discretionary services such as sexual health services and immunisation. Part of the rationale for this transfer of responsibility was the recognition that local authorities are best placed to influence the wider determinants of health such as education, employment and the environment.
2.2. The Public Health Outcomes Framework has three purposes:

- To set out the government’s priorities for improving and protecting the nation’s health and reducing health inequalities
- To provide a mechanism for transparency and accountability across the public health system at the national and local level for health improvement and protection and inequality reduction
- To provide the mechanism to incentivise local health improvement and inequality reduction against specific public health outcomes through the health premium

2.3. The outcomes framework has a vision to improve and protect the nation’s health and wellbeing and to improve the health of the poorest fastest. This is underpinned by overarching indicators on healthy life expectancy and differences in life expectancy and healthy life expectancy between communities. There are supporting indicators within five domains:

- Domain 1 Health protection and resilience: Protect the population’s health from major emergencies and remain resilient to harm
- Domain 2 Tackling the wider determinants of health: tackling factors which affect health and wellbeing
- Domain 3 Health Improvement: Helping people live healthy lifestyles and make healthy choices
- Domain 4 Prevention of ill health: reducing the number of people living with preventable ill health
- Domain 5 Healthy life expectancy and preventable mortality: preventing people from dying prematurely.

3. Advice and analysis

3.1. Implementation of Healthy Lives, Healthy People will require significant changes in the organisation and delivery of public health services. However Medway is well placed to make these changes having a long established public health function within Medway Council. In 2010 we developed with local partners the Health and Wellbeing Strategy for Medway which is consistent with the policy direction of Healthy Lives, Healthy People.

3.2. A Transition Board has been established by NHS Medway with local partners to lead the system changes arising from Equity and Excellence: Liberating the NHS and Healthy Lives, Healthy People. The workstreams related to the public health white paper are led by the Director of Public Health.

3.3. A link to the white paper is set out below:


3.4. Appendix 1 sets out the consultation questions. A summary of the key points for the Committee to consider will be circulated later this week, prior to the meeting.
4. **Consultation**

4.1. A consultation event for Medway partners on Healthy Lives, Healthy People is being organised in February and will inform the local response to the consultation questions.

5. **Financial and legal implications**

5.1. There are no immediate implications arising from the report. The changes will be subject to the passage of the Health and Social Care Bill. The public health ring fenced budget will be allocated to the Council in April 2013.

6. **Recommendations**

6.1. Members are asked to consider the Healthy Lives, Healthy People papers and provide feedback for the response to the consultation.

---

**Lead officer contact**

Dr Alison Barnett, Director of Public Health, Gun Wharf 01634 335176 alison.barnett@medwaypct.nhs.uk.

**Background papers**

Healthy Lives, Healthy People: Our Strategy for public health in England
Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health
Healthy Lives, Healthy People: Transparency in Outcomes, Proposals for a Public Health Outcomes framework
Appendix 1

Consultation questions - Healthy Lives, Healthy People
(with initial suggested responses in italics)

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?

In addition to the White paper a supplementary document Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health has specified an additional 16 questions which follow:

Q1 Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?

Q2: 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?

Q3: How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?
Q4: Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved?

Q5: Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?

Q6: Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A?

Q7: 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?

Q8: Which services should be mandatory for local authorities to provide or commission?

Q9: Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

Q10: Which approaches to developing an allocation formula should we ask the Advisory Committee on Resource Allocation (ACRA) to consider?

Q11: Which approach should we take to pace-of-change?

Q12: Who should be represented in the group developing the formula?

Q13: Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

Q14: How should we design the health premium to ensure that it incentivises reductions in inequalities?

Q15: Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?
Q16: What are the key issues the group developing the formula will need to consider?

The proposed Public Health Outcomes Framework has additional questions to respond to:

Q1 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?

Q2 Do you think these are the right criteria to use in determining indicators for public health?

Q3 How can we ensure that the Outcomes Framework, along with the Local Authority Public Health allocation, and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

Q4 Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

Q5 Do you agree with the overall framework and the domains?

Q6 Have we missed out any indicators that you think we should include?

Q7 We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

Q8 Are there indicators here that you think we should not include?

Q9 How can we improve indicators we have proposed here?

Q10 Which indicators do you think we should incentivise through the health premium? (Consultation on how the health premium will work will be through an accompanying consultation on public health finance and systems).

Q11 What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

Q12 How well do the indicators promote a life-course approach to public health?
Healthy People, Healthy Lives

Our strategy for public health in England

Dr Alison Barnett
Director of Public Health
Jan 2011
• Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health

• Healthy Lives, Healthy People: Transparency in Outcomes

• Proposals for a Public Health Outcomes Framework
Equity and Excellence: Liberating the NHS

- Independent and accountable NHS Commissioning Board
- Power and responsibility for commissioning devolved to GP consortia, accountable to the NHS Commissioning Board
- Local Authorities to promote joining up of local NHS services, social care and health improvement through Health and Wellbeing Board
- National Public Health Service with ring-fenced Public Health Budget
- Local Authority to be responsible for health improvement with ring fenced grant
- HealthWatch funded by and accountable to local authorities
The Health Background

• Britain has amongst the worst levels of obesity in the world.

• Smoking claims over 80,000 lives a year.

• 1.6 million people are dependent on alcohol.

• Over half a million new sexually transmitted infections were diagnosed last year, and one in ten people getting an infection will be re-infected within a year.

• Poor mental health is estimated to be responsible for nearly a quarter of the overall burden of long-standing poor health.

• People in the poorest areas expect to live up to 7 years less than people in richer areas.
The New Approach

- **representative** – 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
- **resilient** – strengthening protection against current and future threats to health.

- And will focus on improving the health of the poorest fastest
A New Public Health System

• Public Health England – a national public health service
• A return of public health leadership to Local Government
• Professional leadership nationally and locally
• Dedicated resources for public health at national and local levels
• Focus on outcomes and evidence based practice supported by a strong information and intelligence system
• Maintaining a strong relationship with the NHS, social care and civil society
• Set out in the forthcoming Health and Social Care Bill
Public Health England

• New public health service directly accountable to the Secretary of State for Health with a clear mission to:
  1. Achieve measurable improvements in public health outcomes; and
  2. Provide effective protection from public health threats

• It will do this by:
  1. Protecting people from infectious disease and biological, chemical and radiological threats;
  2. Helping people and families to be able to take care of their own health and wellbeing;
  3. Inspiring challenging and commissioning partners from all sectors;
Ladder of interventions

- Eliminate choice: regulate to eliminate choice entirely.
- Restrict choice: regulate to restrict the options available to people.
- Guide choice through disincentives: use financial or other disincentives to influence people to not pursue certain activities.
- Guide choice through incentives: use financial and other incentives to guide people to pursue certain activities.
- Guide choice through changing the default: make 'healthier' choices the default option for people.
- Enable choice: enable people to change their behaviours.
- Provide information: inform and educate people.
- Do nothing or simply monitor the current situation.
Improving health and wellbeing by

• Strengthening self esteem, confidence and personal responsibility

• Positively promoting healthier behaviours and lifestyles

• Adapting the environment to make healthy choices easier

• Using behavioural science – nudge people in right direction rather than banning or significantly restricting choices
Health & wellbeing throughout life

- Focus on key stages in life when physical and mental health can be influenced
  - Starting well
  - Developing well
  - Living well
  - Working well
  - Ageing well

- Public Health Responsibility Deal – working collaboratively with business and voluntary sector
Proposed role - The Director of Public Health

- Will be jointly appointed by the relevant local authority and Public Health England and employed the local authority with accountability to locally elected members and through them to the public.

- 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.

- Will be play a key role in the proposed new functions of local authorities in promoting integrated working.

- Jointly lead the development of the local Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (with Directors of Adult Social Services and Directors of Children’s Services).

- Will continue to be an advocate for the public’s health within the community.

- Will produce an authoritative independent annual report on the health of their local population.
• Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health
Public health funding and commissioning

Department of Health

Public Health England (within the Department of Health)

- Public health budget
- Ring-fenced public health grant

Funding for commissioning specific public health services

Providers

- GPs

Commissionsing

Health and wellbeing boards

- JSNA & Joint Strategic Health and Wellbeing Plans

Integration

NHS commissioning architecture (Commissioning Board and Consortia)

NHS budget
# Defining commissioning responsibilities – examples

<table>
<thead>
<tr>
<th>Proposed activity to be funded from the new public health budget (provided across all sectors)</th>
<th>Proposed commissioning route/s for activity (including any direct provision)</th>
<th>Examples of proposed associated activity to be funded by the NHS budget (including from all providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious disease</td>
<td>Current functions of the Health Protection Activity in this area, and public health oversight of prevention and control, including co-ordination of outbreak management</td>
<td>PHE with supported role by local authorities</td>
</tr>
<tr>
<td>All screening</td>
<td>PHE will design, and provide the quality assurance and monitoring for all screening programmes</td>
<td>NHS Commissioning Board (cervical screening is included in GP contract)</td>
</tr>
<tr>
<td>Obesity programmes</td>
<td>Local programmes to prevent and address obesity, e.g. delivering the National Child Measurement Programme and commissioning of weight management services</td>
<td>Local authority</td>
</tr>
</tbody>
</table>
Public Health Services to be commissioned by Local Authority

- Sexual health services (excl GP contract)
- Immunisation – school programmes eg HPV and teenage booster
- Seasonal mortality
- Falls prevention services
- Mental health promotion, suicide prevention
- Physical activity
- Obesity (excl NHS treatments)
- Drug and alcohol prevention and treatment
- Tobacco control
- NHS Health Checks
- Health at work initiatives
- Disease prevention and early presentation
- Dental Public Health
- Children’s public health (5-19yrs)
- Specialist domestic violence services
- Support for families with multiple problems
Public Health and NHS commissioning

• Public health expertise will inform the commissioning of NHS funded services, facilitating integrated pathways of care for patients. This will be underpinned:

  – Locally by ensuring that DsPH are able to advise the GP Consortia

  – Nationally via the relationship between Secretary of State/public Health England and the NHS Commissioning Board
Allocations and the Health Premium

- Allocations
- April 2013 PHE will allocate ring fenced budgets weighted for inequalities to LAs.
  Shadow allocations for 2012/13
- Pace of change from current spend to target allocation
- Health Premium
- Payable according to progress on improving health and reducing inequalities based on elements of the Public Health Outcomes Framework
Public Health Outcomes Framework

**Figure 2 – A framework for public health outcomes**

To improve and protect the nation’s health and well-being and to improve the health of the poorest fastest.
- Increasing healthy life expectancy
- Reducing the healthy life expectancy gap between the least deprived and most deprived communities

**Domain 1 – Health protection and resilience**

*Protect the population’s health from major emergencies and remain resilient to harm*

**Determinants of ill health**

- **Domain 2 – Tackling the wider determinants of health**
  - Tackling factors which affect health and wellbeing

- **Domain 3 – Health improvement**
  - Helping people to live healthy lifestyles make healthy choices and reduce the gap in health inequalities

- **Domain 4 – Prevention of ill-health**
  - Reducing the number of people living with preventable ill health and reduce the gap in health inequalities

- **Domain 5 – Healthy life expectancy and preventable mortality**
  - Preventing people from dying prematurely and reduce the gap in health inequalities

**Public health indicators (of which, some will be used locally to attract the Health Premium)**

- The Domains above set out the high-level goals for public health. Each domain will require a national local balance for delivery, with an onus on local delivery across the NHS, social care services public health and other local partners, and with strong leadership from the Director of Public Health.

- Outcomes for public health will be measured by indicators, which are supported by centrally collated and analysed data sets. This should include indicators that target different age groups, and target communities that experience differential outcomes in health.

- It will be for each local area to determine how they will wish to use these indicators for local transparency in response to local needs identified through their Joint Strategic Needs Assessment, and considered within their local Joint Health and Well-being Strategies.
### Summary timetable
(subject to Parliamentary approval of legislation)

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation on:</td>
<td>Dec 2010–March 2011</td>
</tr>
<tr>
<td>• specific questions set out in this White Paper;</td>
<td></td>
</tr>
<tr>
<td>• the public health outcomes framework;</td>
<td></td>
</tr>
<tr>
<td>• the funding and commissioning of public health.</td>
<td></td>
</tr>
<tr>
<td>Set up a shadow-form Public Health England within the Department</td>
<td>During 2011</td>
</tr>
<tr>
<td>of Health Start to set up working arrangements with local</td>
<td></td>
</tr>
<tr>
<td>authorities, including the matching of PCT Directors of Public</td>
<td></td>
</tr>
<tr>
<td>Health to local authority areas</td>
<td></td>
</tr>
<tr>
<td>Develop the public health professional workforce strategy</td>
<td>Autumn 2011</td>
</tr>
<tr>
<td>Public Health England will take on full responsibilities, including</td>
<td>April 2012</td>
</tr>
<tr>
<td>the functions of the HPA and the NTA</td>
<td></td>
</tr>
<tr>
<td>Publish shadow public health ring-fenced allocations to local</td>
<td></td>
</tr>
<tr>
<td>authorities</td>
<td></td>
</tr>
<tr>
<td>Grant ring-fenced allocations to local authorities</td>
<td>April 2013</td>
</tr>
</tbody>
</table>
Overall Transition

- Accountability for delivery in 2011/12 will continue to rest with SHAs and PCTs.

- In addition, SHAs will be responsible for the overall transition process in their regions during 2011/12 with co-ordination and leadership for public health from DH.

- As part of this, Regional Directors of Public Health (RDsPH) will lead the transition for the public health system at the regional and local level.
Healthy Lives, Healthy People – A Consultation

- Public Health White Paper
- Role of GPs and GP practices in public health
- Public health evidence
- Professional Regulation
- Outcomes Framework for Public Health
- Funding and Commissioning for Public Health

Find consultation documents at:
www.consultations.dh.gov.uk/healthy-people

Respond to consultations at:
publichealthengland@dh.gsi.gov.uk