

Healthy Lives, Healthy People

Changes to Public Health in B&NES

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How does public health work?

- Public health is everybody's business. It means working on every influence over our health and wellbeing, from local health services through to housing, education and transport
- Public health seeks to take action around three key areas
 - Health improvement
 - Health protection
 - Health services
- Currently public health funded via Primary Care Trust

Public health challenges in B&NES

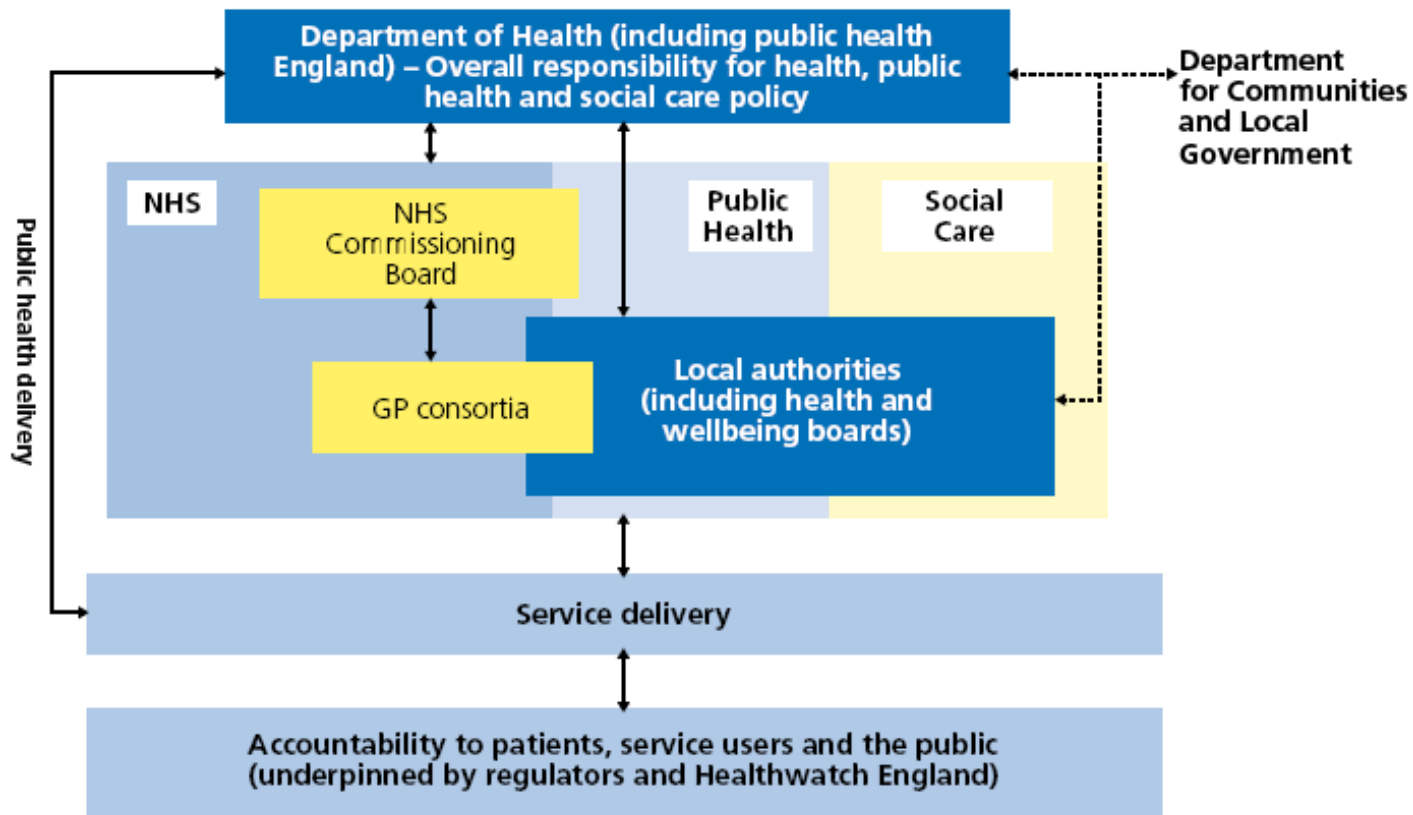
- One in five people still smoke
 - a leading cause of premature death and inequality
- Very few adults are active enough in daily life
- Alcohol related hospital admissions have doubled over last 10 years
- Mental health problems affect many of our 8800 out-of-work benefit claimants

- 14% of children are classed as living in poverty – much higher in some areas
- Around 130 older people are calculated to die each year from “avoidable winter deaths” due to cold homes
- Difference in life expectancy among people with low and high incomes is 6 years for men and 3 years for women

How will public health change?

- Less central government control. More local control
- Responsibility for public health will transfer from NHS to the council, with a ring-fenced budget
- Statutory Health & Wellbeing Board provides local leadership
 - Joint Strategic Needs Assessment
 - Joint Health and Wellbeing Strategy
- A new Public Health Outcomes Framework of indicators will be published regularly for anyone to see:
 - to compare the health of their population with other areas
 - local people to hold the Board to account

The 'health and wellbeing system'



- An extra 'health premium' will be paid to councils for progress on indicators in the outcomes framework
- A new public health service – Public Health England – will be set up as part of the Department of Health
- The best evidence and evaluation will be used, supporting innovative approaches to behaviour change

Responsive to communities

- Recognise that all society – business, employers, friends and family – influences our health decisions.
- Work with people wherever possible; and intervene only where necessary.
- Empower local communities to come together to tackle the challenges they face to improve their own health and well being.
- Greater role for voluntary sector

Life-course approach and health inequalities

- Every child having best start in life
- ‘Responsibility Deal’ with industry and voluntary sector
- Health of the workforce
- Ageing Well
 - Being part of the community
 - Active ageing
 - Lifetime Homes
 - Maintain social networks

Director of Public Health

- Principal adviser on all health matters to the local authority
- An advocate for the public's health within the community
- Lead the development of
 - a local Joint Strategic Needs Assessment (JSNA)
- Work with others like GPs, Social Care and the Voluntary and Community Sector as part of Health & Wellbeing Board
- Produce an authoritative independent annual report on the health of the population in B&NES

Examples of current public health

Local Authority commissioned:

- Leisure services
- Education
- Transport
- Environmental health

NHS commissioned:

- Weight management
- Healthy schools Plus
- Sexual health programme
- Cancer screening programmes
- Midwifery and health visiting
- Mental health services

Other agencies:

- Health Protection Agency – emergency response
- National Treatment Agency – drug and alcohol support

New responsibilities - examples

Local authority	Public Health England	NHS Commissioning Board & GP Consortium
Joint strategic needs assessment - lead	Intelligence at national level	Joint strategic needs assessment
Commission local programmes for obesity, tobacco control, alcohol and drug misuse	Nutrition programmes	Health visiting services
Manage local health protection issues, such as outbreaks or environmental hazards	Lead national health protection issues such as pandemic flu planning	Child Immunisations Screening programmes
Sexual health services		Contraceptive services via GP contract

Timetable for change

Key activity	Timing
Consultation on Public Health White Paper	by 8 March 11
Consultation on Public Health Outcomes Framework and plans for funding and commissioning	by 31 March 11
Plan transition of teams into local authorities Public Health England (in shadow form).	during 2011
Shadow budget allocations to local authorities Public Health England - full responsibilities	April 2012
Grant for public health functions in local authorities - ring-fenced	April 2013

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

- What is needed for the Board to be effective?
- For example, what information do they need and where from?
 - Joint Strategic Needs Assessment
 - Health and Wellbeing Strategy
 - Director of Public Health report
- How would you like to see the board working?
- Who do you think needs to be on the board?

- 2. 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?**
 - What are the barriers to such involvement and how could they be reduced?

3. Do you think the new arrangements are the best way to:

- a) ensure the best possible outcomes for the population as a whole, including the most vulnerable;
- b) reduce avoidable inequalities in health between population groups and communities.

4. What can local partners contribute to improving the use of evidence in public health?

- What evidence do you gather?
(Evidence can be information about local needs or information about programmes that are known to be effective)
- How is it shared?
- How do you think evidence should be used?
- What information would you find useful?