



Healthy Lives, Healthy People

The Public Health White Paper
Hugh Annett

Scale of the Change for Bristol

- Over 10,000 people in Bristol are receiving incapacity benefits for mental illness
- Only an estimated 33% of adults in Bristol are physically active
- 29% of children in Bristol are classed as living in poverty
- Life expectancy for men in Bristol living in the most deprived areas is 7 years less than for men in the least deprived areas. The difference for women is over 4 years.
- Over 300 people per year in Bristol die prematurely from heart disease and stroke
- Almost 600 people per year die from smoking in Bristol
- Almost 10,000 people in Bristol are admitted to hospital every year for alcohol related harm



The New Public Health System

- Directors of Public Health will be the strategic leaders for public health and health inequalities in local communities
- A new, dedicated, professional public health service – Public Health England – will be set up as part of the Department of Health
- There will be ring-fenced public health funding from within the overall NHS budget to ensure that it is not squeezed by other pressures
- Responsibility for local health improvement functions will transfer to local authorities. There will be ring-fenced budgets for upper-tier and unitary local authorities
- The core elements of the new system will be set out in the forthcoming Health and Social Care Bill
- The best evidence and evaluation will be used, supporting innovative approaches to behaviour change
- The Chief Medical Officer will have a central role in providing independent advice to the Secretary of State for Health and the Government
- Public health will be part of the NHS Commissioning Board's mandate



Examples of Current Public Health Activity

NHS commissioned

For example:

- Sexual health programme
- Cancer screening programmes
- Midwifery and health visiting
- Mental health services

Local Authority commissioned

For example:

- Leisure services
- Transport
- Education
- Environmental health

Other agencies

For example:

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



New responsibilities: Some Examples

| Local authority | Public Health England | NHS Commissioning Board |
|-------------------------|-----------------------------------|--------------------------|
| Alcohol and drug misuse | Health Protection | Health visiting services |
| Community safety | Intelligence (some local support) | Immunisation |
| Obesity | Nutrition programmes | Offender health care |
| Dental public health | Public health surveys | Screening programmes |
| Tobacco control | | |



Process for managing change

- Local Public Health Transition Board to be set up with representatives from the NHS and local authority.
- Local Board will look to share learning with a Regional Transition Board.
- Due diligence process for understanding current functions and how they could transfer into the Local Authority starts in February 2011.
- Local engagement work will continue beyond the consultation process for the Public Health White Paper to ensure local implementation maximises the potential to improve health and wellbeing and reduce health inequalities.



Healthy Lives, Healthy People

Why the White Paper is welcome:

- A statement that the public's health is the Government's priority. Sustaining growth and wellbeing depend on good health.
- A vision of radical reforms to make wellness central to all we do – in health and across government.
- A new approach: one that directly involves the many influences on our health choices. Within the public sector, actions in the NHS, social care, education, transport and environment can all have a major impact on our health. This change will target health inequalities.
- Bringing together PCT's public health functions with the wider remit of councils in areas such as housing, transport and leisure presents real opportunities to take a holistic approach to tackling public health issues, such as, obesity, smoking, alcohol and low levels of physical activity.



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A rounded view of health and wellbeing

- Recognise that society in entirety – business, employers, friends and family – influences our health decisions.
- Government will use an ‘intervention ladder’ ranging from the least intrusive actions (such as providing information) to the most intrusive (eliminating people’s choice about what they do through legislation). Work with people wherever possible; and intervene only where necessary.
- Under ‘Responsibility Deal’ with industry and voluntary sector five networks have been set up to focus on food, alcohol, physical activity, health in the workplace and the role of behaviour change. The great swapathon food voucher scheme being backed by ASDA and the News of the World is a recent example.



Healthy Lives, Healthy People

A rounded view of health and wellbeing

- Emphasis on life-course approach (Marmot Review of Health Inequalities) with every child being the best start in life (eg investing to increase health visitor numbers, doubling by 2015 the number of families reached through the Family Nurse Partnership programme).
- The aim is to make active ageing the norm rather than the exception, for example by building more Lifetime Homes, protecting green spaces and launching physical activity initiatives.



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Power to local communities

- Empower local communities to come together to tackle the challenges they face, including greater role for voluntary sector.
- Use of more innovative approaches to tackling public health challenges, such as approaches which employ the latest behavioural insights.
- A new, dedicated, professional public health service – Public Health England to strengthen the national response on emergency preparedness and health protection, and provide a strong hub for evidence, information and evaluation, supporting local efforts.



Healthy Lives, Healthy People

Key leadership role for the Director of Public Health

- 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
- Contribute to the development of the local Joint Strategic Needs Assessment (JSNA) and help develop the joint health and wellbeing strategy alongside others like GPs, Social Care and the Voluntary and Community Sector.
- Be an advocate for the public's health within the community
- Produce an authoritative independent annual report on the health of their local population



Public Health Outcomes

- The Outcomes Framework has three purposes: (a) to set out the Government's goals (b) to provide a mechanism for transparency and accountability and (c) to provide the mechanism to incentivise local health improvement and inequality reduction through the 'health premium'.
- At the local level, an integrated approach will be established through Health and Wellbeing Boards and Health and Wellbeing Strategies. The PHOF will be used alongside the Joint Strategic Needs Assessment to determine local priorities.
- The Outcomes Framework is based on a high-level vision for public health: *"To improve and protect the nation's health and to improve the health of the poorest, fastest"* – measured through differences in life expectancy and health life expectancy between communities



Public health outcomes

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 and health inequalities

Domain 3

Health Improvement:
Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities

Domain 4

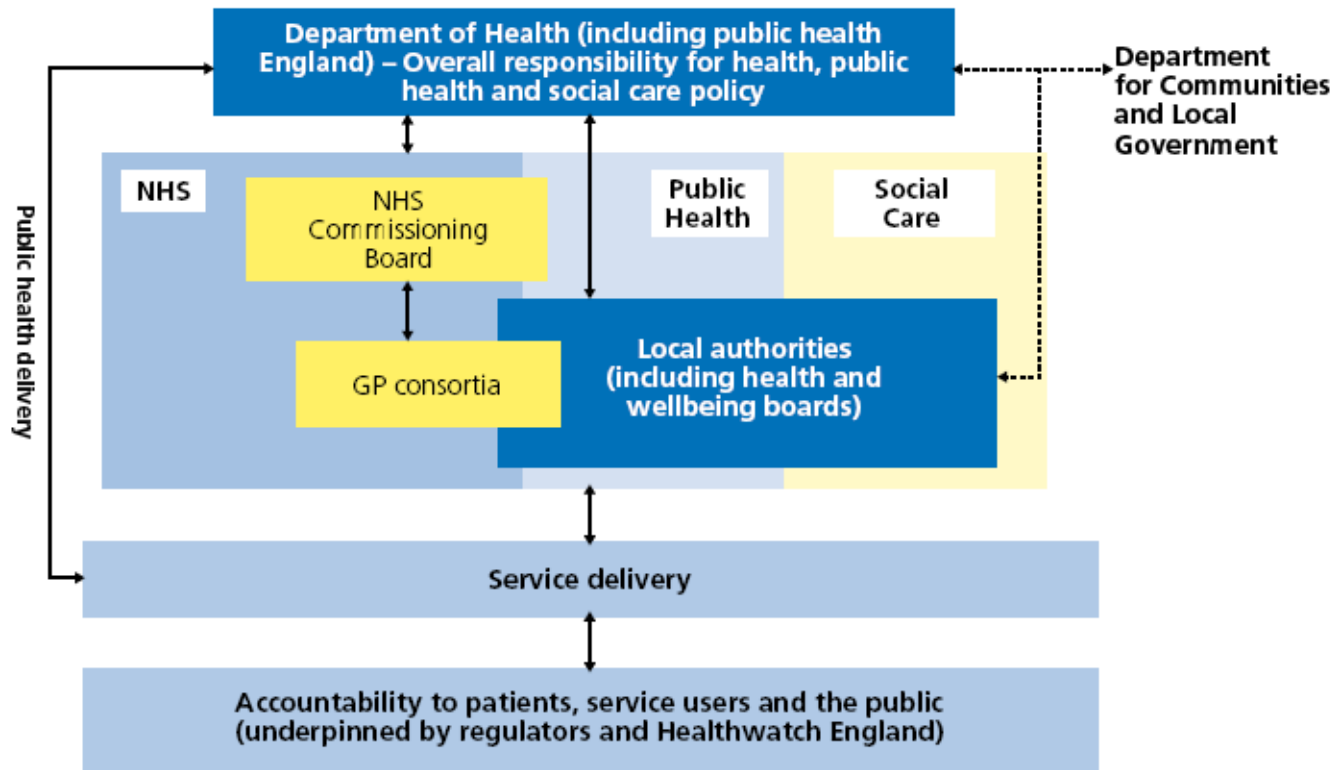
Prevention of ill health:
reducing the number of people living with preventable ill health and reduce health inequalities

Domain 5

Healthy life expectancy and preventable mortality:
preventing people from dying prematurely and reduce health inequalities



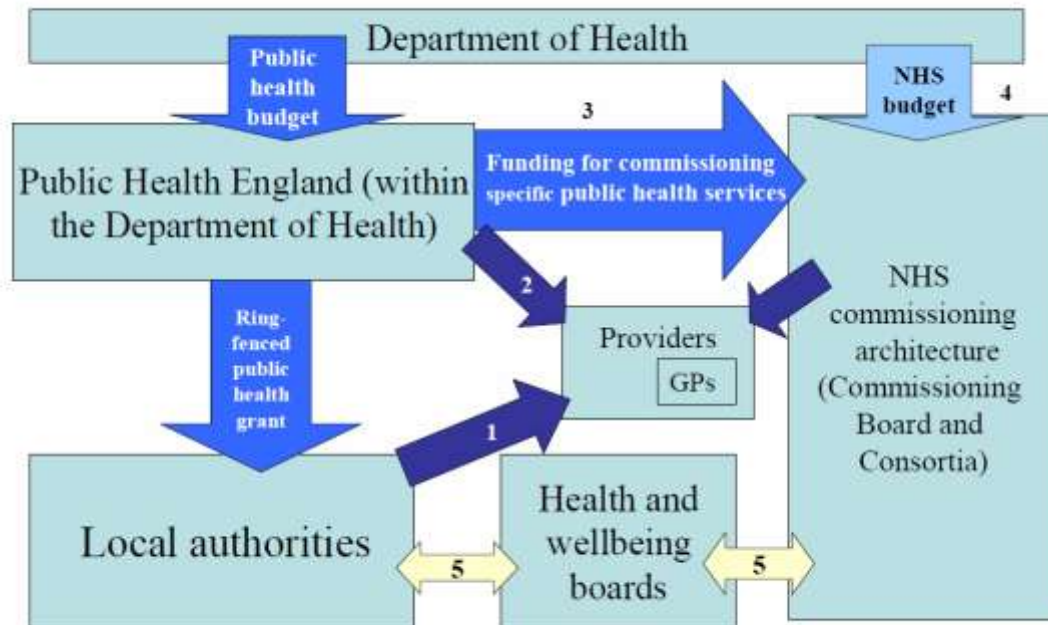
How the 'health and wellbeing system' will work



Subject to Parliamentary scrutiny



Funding and commissioning of public health



1 (1) Local authorities could commission or provide public health funded services.

2 (2) Public Health England could commission or provide public health funded services at a national level.

3 (3) The NHS could commission 'public health funded' services.

4 (4) The NHS will continue to fund and commission some public health services.

5 (5) The health and wellbeing board will support integrated commissioning across the system.



Healthy Lives, Healthy People

There are three defined areas of public health which are all important:

- Health improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health) for example, helping young people to achieve and maintain a healthy weight.
- Health protection (including infectious diseases, environmental hazards and emergency preparedness), for example, childhood vaccination programmes.
- Health services (including service planning, efficiency, audit and evaluation), for example, health visiting or school nursing universal and specialist support.



(1) Improving the evidence behind decisions

Some key questions:

- Q1.1 How could we help to develop or improve the way in which evidence is gathered?
- Q1.2 What do you think are the key roles that should be played by national organisations (like Public Health England and NICE) and by local organisations?
- Q1.3 Do you feel you have access to the right kinds of public health evidence to support your decision making?



(2) Deciding what should be our local priorities

Some key questions:

- Q2.1 Does this framework feel about right for measuring the impact of public health programmes?
- Q2.2 Are there any indicators you feel should be added, excluded or amended?
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- Q2.3 What do you think should be the priority within these indicators?
- Q2.4 The Department of Health is considering providing incentives to encourage performance in some areas – which indicators do you feel would be suitable and why?



(3) Ensuring organisations work well together for health and wellbeing

Some key questions:

- Q3.1 Is the Health and Wellbeing Board is a good place to bring together public health and other budgets to support better health and wellbeing?
- Q3.2 How can we extend the role of the voluntary and community sector in providing health and wellbeing support?
- Q3.3 How can we make sure that NHS services continue to be underpinned by public health advice?



(4) Agreeing who will buy or provide public health services

Some key questions:

- Q4.1 Do you agree with the list of functions that should be funded by the public health budget?
- Q4.2 Do you believe these functions will help to (a) improve outcomes and (b) reduce health inequalities?
- Q4.3 What services should the local authority have to provide as a mandatory duty?



(5) Deciding how funding will be provided

Some key questions:

- Q5.1 What are the key issues for developing a fair funding formula for local public health budgets?
- Q5.2 Who should be represented in the national group deciding the formula?



(6) Creating the right incentives

Some key questions:

- Q6.1 How can we best use incentives to tackle health inequalities?
- Q6.2 Is it fair to link any growth to health improvement budgets to demonstrating that progress has already been made?

