

DECISION-MAKER:	PANEL B		
SUBJECT:	HEALTHY LIVES, HEALTH PEOPLE -HM GOVERNMENT STRATEGY FOR PUBLIC HEALTH IN ENGLAND		
DATE OF DECISION:	13 JANUARY 2011		
REPORT OF:	DIRECTOR OF PUBLIC HEALTH, SOUTHAMPTON CITY ANDREW MORTIMORE,		
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STATEMENT OF CONFIDENTIALITY
None

SUMMARY

To inform members of the proposals set out within the White Paper “Healthy Lives, Healthy People: Our Strategy for Public Health in England” and consider the implications for Southampton.

RECOMMENDATIONS:

- (i) To receive a presentation from the Director of Public Health on the Public Health White Paper.
- (ii) To consider the implications for the city of the White Paper and if the Panel wants to provide a response to the consultation.

REASONS FOR REPORT RECOMMENDATIONS

1. To ensure members are aware of the Government’s direction in relation to Public Health and have the opportunity to respond to the consultation.

CONSULTATION

2. None.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

DETAIL

1. The government published its White Paper on public health in England on 30th November. It proposes a new public health system with the following characteristics:
 - A strategic focus on the outcomes that matter most at all stages of life.
 - A focus on what works in order to make the biggest difference.
 - Harnessing efforts across society, including the private, voluntary and community sectors, to tackle the issues.
 - Putting local government in a leadership role.

The Director of Public Health will be the strategic leader for public health and health inequalities locally.

2. The government's approach to health and wellbeing is based on the following actions:
 - Strengthening self esteem, confidence and personal responsibility.
 - Positively promoting healthier behaviours and lifestyles.
 - Adapting the environment to make healthy choices easier.

Where central action is justified the government will aim to use the least intrusive approach necessary to achieve the desired objective.

3. The document sets out a number of proposals aiming to improve health that will have a significant impact on the local authority. This paper summarises the following key issues:
 - Rationale for the new focus on public health
 - Creation of Public Health England
 - Funding public health services
 - Role of Directors of Public Health
 - Wider role for local authorities
 - Big Society role in public health

A new Focus on Public Health

4. The White Paper sets out to ensure prevention and public health enjoy true parity with treatment to improve healthy life. It acknowledges that public health professionals have been disempowered and their skills not sufficiently valued when compared to their counterparts in NHS acute services.

Public Health England

5. The new, dedicated and professional public health service is to be known as Public Health England. It will have a protected public health budget that could be in the region of £4billion nationally. Its key roles will include:
 - Providing public health advice nationally;
 - Delivering health protection services and building on current arrangements for emergency preparedness, resilience and response;
 - Commissioning or providing national health improvement services, including information and behaviour change campaigns;
 - Jointly appointing Directors of Public Health and supporting them through professional accountability arrangements;
 - Allocating funding to local government, and rewarding them for progress made against elements of the proposed public health outcomes framework;
 - Commissioning some public health services from the NHS; and
 - Contributing internationally leading science to the UK and globally.

Funding Public Health Services

6. Public Health England will be responsible for funding services such as health protection, emergency preparedness, recovery from drug dependency, sexual health, immunisation programmes, alcohol prevention, obesity, smoking cessation, nutrition, health checks, screening, and child health promotion. There are 3 principal routes for funding services:
 - Granting the ring-fenced budget to local government.
 - Asking the NHS Commissioning Board (NHSCB) to commission services (such as screening services).
 - Commissioning or providing services directly, e.g. purchasing of vaccines or national communications campaigns.
7. Public Health England will allocate ring-fenced budgets, weighted for inequalities, for improving the health and wellbeing of local populations. A new health premium is planned for the part of the local public health budget geared towards health improvement. Key features will be:
 - A baseline allocation weighted towards areas with the worst health outcomes and most need.
 - Authorities will receive a premium dependent on the progress made in improving the health of the local population, based on elements of the proposed outcomes framework.
 - Shadow allocations to be made in 2012/13 providing an opportunity for planning before allocations are introduced in 2013/14.

Director of Public Health

8. Upper tier local authorities will be required to appoint a Director of Public Health (DPH) jointly with NHS England. The DPH will be the principal adviser on all health matters to the local authority and elected members. The DPH will be responsible for:
 - Providing the strategic lead to promote health and wellbeing within local government;
 - Advising and supporting GP consortia on population healthcare with high quality public health input into NHS services;
 - Developing an approach to improving health and wellbeing locally, including promoting equality and tackling health inequalities;
 - Working with Public Health England, the local resilience forum (LRF), health protection units to provide health protection as directed by the Secretary of State;
 - Collaborating with other partners (including schools, GP consortia and local businesses and the voluntary sector) on improving health and wellbeing;
 - Advising colleagues and partners on public health; and
 - An annual report and the JSNA.

The DPH will be accountable to the Secretary of State and professionally accountable to the Chief Medical Officer.

The New Roles for Local Government

9.
 - Duties to be transferred to upper tier local authorities from April 2013.
 - Local government already plays a significant role in protecting and improving the health of its communities through environmental health, air quality, planning, transport, housing, port health etc.;
 - Government is to publish detailed proposals for the establishment of health and wellbeing boards in every upper tier authority;
 - Promoting the development of integrated and joined up commissioning plans across the NHS social Care, public health and other local partners to support local people at all stages of life;
 - Organisations are to be encouraged to develop concise and high level strategies setting out how they will address the health and wellbeing needs of a community rather than large technical documents duplicating other plans;
 - Emphasis on councils having freedom to do what is best for local health needs and take innovative approaches; and
 - Opportunities to consider grant funding for local communities to take ownership of some highly focused preventative activities such as volunteering peer support, befriending and social networks.
10. Other commitments for change set out in the White Paper that will affect local government are listed in Appendix 2.
11. The White Paper is supported by a number of documents describing how it will be implemented in practice. The outcomes framework for public health sets out how progress will be measured both nationally and locally. It is one of the three 'aligned' outcome frameworks, the others being for the NHS (now published) and adult social care (under consultation). The five domains of Public Health below are abstracted from the Public Health Outcomes framework proposal.

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5
Health Protection and Resilience: protect the population's health from major emergencies and remain resilient to harm	Tackling the wider determinants of health: tackling factors which affect health and wellbeing and health inequalities	Health Improvement: Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities	Prevention of ill health: reducing the number of people living with preventable ill health and reduce health inequalities	Healthy life expectancy and preventable mortality: preventing people from dying prematurely and reduce health inequalities

Within each of the domains there will be a number of indicators supported by centrally collated and analysed data sets. A subset of indicators, agreed with public health and local government, will have a 'health premium' reward funding intended to 'incentivise' councils to make progress on health improvement priorities.

Conclusion

12. Making public health a local government responsibility is a substantial opportunity and a challenge. Integrating public health into existing activities provides exciting opportunities to make a real difference to the quality of people's lives. Through reaching out and across to address the root causes of poor health and wellbeing, ensuring a more responsive, resourced, rigorous

and resilient means to protect our population against current and future threats to health. The duty to join up different elements of the system provides real scope to improve outcomes and identify opportunities for efficiencies.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

13. None.

Revenue

14. None.

Property

15. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

16. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

17. None.

POLICY FRAMEWORK IMPLICATIONS

18. None

SUPPORTING DOCUMENTATION

Appendices

1.	Timetable for further action
2.	Other commitments for change to improve public health set out in the White Paper

Documents In Members' Rooms

1.	Healthy Lives, Healthy People: Our Strategy for Public Health in England
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Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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Background documents available for inspection at: N/A

KEY DECISION? N/A

WARDS/COMMUNITIES AFFECTED:	N/A
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Timetable for further action

Date	Summary Timetable
Dec 2010 – March 2011	Consultation on: <ul style="list-style-type: none"> • Public Health White Paper • Public health outcomes framework • Funding and commissioning of public health.
During 2011	<ul style="list-style-type: none"> • Establishment of 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.
Autumn 2011	<ul style="list-style-type: none"> • Develop the public health professional workforce strategy.
April 2012	<ul style="list-style-type: none"> • Public Health England to take on full responsibilities including the functions of the Health Protection Agency and National Treatment agency for Substance Misuse. • Shadow public health ring-fenced allocations for local authorities published.
April 2013	<ul style="list-style-type: none"> • Ring-fenced grant allocations available to local authorities.

**Other commitments for change to improve public health
set out in the White Paper**

- The new Cabinet Sub-Committee on Public Health will work across multiple government departments to address the wider determinants of health.
- Department of Health will publish a transformation plan to increase investment in health visitors.
- Double the capacity of the Family Nurse Programme and support health visitors to work with families needing additional early intervention.
- Publish a strategy for Child Poverty in Spring 2011.
- Work with employers to encourage breastfeeding friendly employment policies.

- The pupil and health premiums will weight funding to address inequalities and narrow the gap in health and education.
- Healthy Schools Programme is to be continued.
- Department for Education is to conduct a review to determine how schools can be supported to improve the quality of personal , social, and health education.
- The Chage4Life programme to be extended to take a more holistic approach to childhood issues including mental wellbeing, and behaviour, such as alcohol.
- A new vision for school nurses is to be developed reflecting their broad public health role in the school community.
- A mental health strategy is to be published in 2011.
- The government is to look at whether the plain packaging of tobacco products could be an effective way to reduce the number of young people taking up smoking and help those trying to give up.
- There is to be a Special Education Needs and Disability Green Paper .

- The government is working with business and the voluntary sector on a Public Health Responsibility Deal. This will cover alcohol, food, physical activity, health at work and behavioural change.
- The Department of Transport will publish a Local Transport White Paper which will outline how it will further support local authorities to take forward sustainable transport.
- The Department for Communities and Local Government will produce streamlined planning policy that aligns social, economic, environmental and health priorities in one place.
- DCLG is working with Defra to create a new designation to protect green spaces of particular importance to local communities.

- The Home Office will seek to overhaul the Licensing Act to give local authorities and police stronger powers to remove licences from , or refuse licences to, any clubs, bars and pubs that are causing problems, close any shop or bar found persistently selling alcohol to children and charge more for late-night licences.
- The Department of Health is to publish a Tobacco Control Plan.
- Funding streams on drug and alcohol treatment services will be aligned across the community and in criminal justice settings.

- The Warm Front Scheme is to be continued until 2012/13.
- An additional £400 million is being over the next 4 years to support carers' breaks.