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Health Scrutiny Panel	**25 January 2011**	**Unrestricted**		**4.4**
Report of: London Borough of Tower Hamlets NHS Tower Hamlets **Presenting Officers:** Deborah Cohen – Service Head Commissioning and Strategy, London Borough of Tower Hamlets Dr Somen Banerjee - Director of public health for NHS Tower Hamlets (interim):		**Title:** Joint report on the Public Health White Paper **Ward(s) affected:** All		

1. Summary

This paper sets out the key elements of the Public Health White Paper and outlines plans for local implementation.

2. Recommendations

The Health Scrutiny Panel is asked to consider and comment on the information set out in the presentation and the briefing paper.

‘Healthy Lives, Healthy People’ - What are the key issues?

1. Purpose

The purpose of this paper is to summarise the key elements of the public health white paper and outline plans for local implementation.

2. Background

‘Health Lives, Healthy People: Our strategy for public health in England’ was published at the end of November 2010. Its purpose is to set out the principles and framework for developing a public system that effectively addresses the public health challenges currently faced by the nation. The white paper sets out to:

- Assess current public health challenges
- Critique the current approach to improving population health
- Set out principles and values underpinning a new approach
- Identify priorities for intervention
- Outline a new structure for public health delivery
- Set out a timeline for transition to the new structure

These steps are set out below.

3. An assessment of public health challenges in England

In order to inform the approach and priorities of the White Paper, the Government conducted a review of health trends in England and published these in a document that accompanied the White Paper (‘Our Health and Wellbeing Today’). The findings highlighted the following public health challenges that the White Paper seeks to address:

- The growing burden of ill health as life expectancy increases
    - 79% of the burden of ill health is accounted for by muscular, circulatory and mental health conditions
    - Healthy life expectancy is rising at a slower rate than life expectancy indicating that people are living longer in poorer health
    - Increasing numbers living with multiple chronic conditions

- The impact of lifestyle on prevalence of major chronic disease
    - Increasing obesity will drive a continued increase in diabetes
    - Rising levels of harmful alcohol use are driving a rise in chronic liver disease

- Poor mental health as a significant contributor to the burden of ill health
    - Estimates range from 9% to 23%
    - 1 in 5 of adults experience mental ill health at any one time
    - Substance misuse and mental health problems frequently coexist

- The social cost of substance misuse
    - Drunkenness is associated with almost half of assaults and 1 in 4 incidents of domestic violence
    - Drug associated crime has an estimated societal cost of £13.9bn a year

- The threats to health from environmental factors and infectious diseases
    - The quality of the physical and social environment have an important influence on health and wellbeing of the local population
    - Climate change is likely to pose challenges in terms of long term health services planning and emergency preparedness.
    - Rising trends of TB and sexually transmitted infections are currently of concern

- The importance of mental wellbeing for both mental and physical health
    - Rates of wellbeing can vary widely between localities and measures are being developed nationally to understand these variations better
    - Strong social networks and high levels of social capital are recognised as important factors for health and wellbeing

- The persistence of health inequalities despite improvements in life expectancy
    - The gap in life expectancy between richest and poorest neighbourhoods in England is 7 years and the gap in disability free life expectancy is 17 years
    - There are measurable variations at small area level in health outcomes these are related to deprivation

- The importance of getting early years right and understanding public health challenges at different stages in people's lives
    - As set out in the Marmot review, positive and negative experiences accumulate over life to affect health outcomes and at population level differences in these experiences linked to deprivation underpin health inequalities
    - From a policy perspective, this means focussing on the key stages in life that affect people's future health trajectory (preschool, school, employment/training, family-building and retirement)

4. A critique of current approaches to addressing these challenges

The White Paper set out the Government's assessment of existing approaches to addressing the challenges set out in the previous section and concluded the following:

- The current approach and system is 'not up to the task of seizing these huge opportunities for better health and reduced inequalities in health'
- The role of central government needs to be reframed as 'top-down initiatives and lectures from central government about the 'risks' are not the answer
- Public health budgets have 'too often been raided at times of pressure in acute NHS services and short-term crises'

- Public health professionals ‘have been disempowered and their skills not sufficiently valued when compared to counterparts in NHS acute services’
- The current system for health protection is fragmented and ‘the system lacks integration and is over-reliant on good will to make it work’
- Arguments about when it is appropriate for government to intervene in people’s health have become oversimplified and neglect the range of approaches possible

5. Principles and values underpinning a new approach

The White Paper seeks to address this critique by a ‘radical new approach’ that will ‘reach across and reach out’

- Fundamental to this approach is getting ‘to the root causes of people’s circumstances’ and integrating mental and physical health
- This means recognising that wider determinants of health - such as education, employment and the environment - need to be addressed to tackle health inequalities
- Responsibility to address these issues ‘needs to be shared across society - between individuals, families, communities, local government, business, the NHS, voluntary and community organisations, the wider public sector and central government’.
- Whilst the NHS continues to have a crucial role, the White Paper recognises that local government ‘is best placed to influence many of the wider factors’ affecting health and wellbeing and this provides a rationale for positioning public health in the local authority

Characteristics of the system that will deliver this change are set out as follows:

Responsive

- Local government and local communities will be freed up to decided how best to improve health and wellbeing with local partner (through new freedoms and funding for public health in local government)
- This will be within a context of a public health outcomes framework and a ‘health premium’ incentivising local government and communities to improve health and reduce health inequalities

Resourced

- Public health funds will be ring-fenced from within the overall NHS budget to ensure that it is prioritised
- These funds will be allocated to local authorities for public health

Rigorous

- Public Health England will be established as a ‘uniting force for the wider family of professional who also spend time on improving people’s lives and tackling inequalities’
- This will be a vehicle for the development and application of an evidence base of ‘what works’ and for driving a culture of innovation and evaluation

Resilient

- A strong, integrated system of health protection will be developed with ‘clear line of sight from the top of government to the frontline’
- Functions of the Secretary of State for Health will be enhanced with clear lines of accountability

The conditions for government intervention are an important theme within the White Paper and these are informed by ‘core values’ around balancing freedoms of individuals and organisations with the need to avoid harm to others:

- The ‘ladder’ of interventions developed by the Nuffield Council of Bioethics is set out as a potential framework for thinking through how to intervene and to what extent
- This sets out eight potential levels of intervention ranging from doing nothing or just providing information to eliminating choice through legislation (see page 30)
- Behavioural science techniques are seen as a way of minimising the need to ban or significantly restrict choice through approaches ‘nudging people in the right direction’
- The Public Health Responsibility Deal reflects this approach through proposals to establish voluntary agreements with business and other partners around food, alcohol, physical activity, health at work and behaviour change

5. Priorities for intervention

The White Paper sets out priorities for action based on local empowerment of government and communities and a life-course framework for intervention, reflecting its analysis of public health challenges and the principles set out above,

The fundamental approach is to address wider factors that affect people at different stages and key transition points in their lives and reflecting the principle of ‘proportionate universalism’ as set out in the Marmot Review - ‘by which the scale and intensity of action is proportionate to the level of disadvantage’

Priorities, interventions and commitments are set out within a life course framework as follows.

Starting well

- This refers to early intervention and prevention as a key priority through strong universal public health and early education with an increased focus on disadvantaged families (reflecting the principle of ‘proportionate universalism’)
- Specific commitments include increased investment in health visitors (leading and delivering on the Healthy Child programme), doubling the capacity of the Family Nurse Partnership programme and continuing to tackle child poverty (strategy due in spring 2011)

Developing well

- Schools are identified as a major focus for promoting better health outcomes for children and the shift of power from central government to schools and local communities is seen as an opportunity to drive this

- The Director of Public Health is seen as having a lead role in determining local strategies for improving child health and wellbeing and bringing together partners including local authority children's services colleagues, schools and others
- The period in which young people move from teenage years and make the transition into adulthood is seen as a priority for investment in interventions to reduce susceptibility to harmful influences in areas such as sexual health, teenage pregnancy, drugs and alcohol
- A range of priorities to promote healthy lifestyles in children and young people are set out including
    - Schools based mental health programmes
    - Broadening Change4Life across a wider range of childhood issues
    - Maintaining the requirement to provide physical education in maintained schools
    - Increasing the take up of competitive sports
    - Continuing the Healthy Child Programme and the National Child Measurement Programme
    - Developing a new vision for school nurses reflecting their public health role
    - Promoting mental health resilience in children and adolescents with mental health problems
    - Examining legislation on plain packaging of tobacco products
    - To support the transition from school to further education or work, 75,000 more apprenticeship places are planned by 2014/5 and the National Citizen Service will be piloted in 2011

Living Well

- This sets out general proposals around supporting healthy lifestyles and reflects the perception of the ineffectiveness of central government 'lecturing people how to live well' and the need for local solutions
- The Public Health Responsibility Deal referred to in the previous section is a key component of the approach and in early 2011 is expected to deliver agreements with business and other partners on salt reduction, better information for consumers on food, socially responsible retailing and consumption of alcohol
- A range of initiatives of are set out led by a number of government departments
    - Provision of evidence on making regular physical activity and healthy food choices easier drawing on evidence from 'Healthy Towns' as well as sustainable travel and cycle towns
    - Support for local sustainable transport through a £560m Local Sustainable Transport Fund
    - £100m Mass Participation and Community Sport Legacy Programme
    - Support from the Department of Communities and Local Government on streamlining planning policy
    - Development of a new designation to protect green areas of importance to local communities and community ownership of green spaces
    - Publication of information on local air quality and noise levels to enable local government and communities to act
    - Overhaul of the Licensing Act to increase local powers to remove licenses from clubs, bars or pubs causing problems

- Expanding range of settings for NHS Health Checks to include pharmacy, community and workplace settings
- Strengthening work with the pharmaceutical industry and community pharmacists to promote smoking cessation
- Alignment of funding streams on drug and alcohol treatment services across the community and in criminal justice settings to divert people from the criminal justice system to heath services
- Development of a cross government drug strategy and a local role for public health professionals in implementation
- Development of an integrated model of service delivery for sexual health services including linking services with broader risk taking behaviour (e.g. alcohol)
- Development of a social marketing strategy based on life stages and using emerging ideas from behavioural science
- Setting out a public health role in tackling violence and abuse

Working Well

- This recognises the health benefits of secure employment, the importance of safeguarding health at work and also using the workplace setting as an opportunity to improve health
- Measures to increase employment combine job creation programmes with reforms to the benefit system
- Work with the Faculty of Occupational Medicine seeks to develop an accreditation process for new occupational health standards and to expand the role of occupational health professional to prioritise preventive initiatives
- The Public Health Responsibility Deal is seen as a vehicle for developing a partnership with employers to improve health at work
- There is pledge in the NHS Constitution to provide support and opportunities for staff to maintain their health, wellbeing and safety

Ageing Well

- Public health is seen as having a major leadership role in promoting active ageing recognising that 'key moments such as retirement or bereavement' are not inevitably part of ageing
- Public health will have key role in integrating with 'areas such as social care, transport, leisure, planning and housing, keeping people connected, active, independent and in their own homes'
- The importance of integrated working between NHS and local government is emphasised in delivery of programmes to promote active ageing and enabling people to live independently e.g. re-ablement, falls prevention and support for carers
- It is envisaged that Directors of Public Health and Directors of Adult Social Services will work together to commission services for older people and those who care for them
- Phasing out of the default retirement age is a commitment along with maintenance of the state pension

6. A new system for public health delivery

In order to deliver on the priorities outlined in the previous section, the White Paper sets out a radical restructure of the public health system in England. The two major developments are the transfer of local health improvement functions to local government and the establishment of Public Health England.

Local Government role

- **'Local leadership will be at the heart of the new public health system with new ring-fenced budgets, enhanced freedoms and responsibilities for local government to improve the health and wellbeing of their population and reduce inequalities'**
- From 1 April 2013 it is proposed that upper tier and unitary local authorities will have a duty to improve the health and wellbeing of their population
- The Government will requires Directors of Public Health to be employed in upper-tier councils and unitary authorities to lead local public health efforts (the role can be shared with other local councils if agreed locally)
- Health and Wellbeing Boards will bring together key NHS, public health and social care leaders in each local authority to work in partnership to establish a shared local view on the needs of the local community and support joint commissioning of NHS, social care and public health services
- The proposed minimum membership would be elected representatives, GP consortia, Director of Public Health, Directors of Adult Social services, Directors of Children's Services, local Health Watch and, where appropriate, participation of the NHS Commissioning Board
- The White Paper emphasises the critical role of local government in ensuring the coherence and integration of commissioning strategies across the NHS, social care, public health and other local partners.
- To support this it is envisaged that health and wellbeing boards would develop joint health and wellbeing strategies based on the assessment of need outline in the Joint Strategic Need Assessment
- There will be sufficient flexibility within the legislative framework for health and wellbeing boards to go beyond their minimum statutory duties and this opens the potential to join up a broad range of local services to meet local need more effectively and efficiently

Director of Public Health role

- The Director of Public Health will be employed by local government and jointly appointed by the local authority and Public Health England
- They will be strategic leaders for public heath in local communities with professional accountability to the Chief Medical Officer and part of the Public Health England professional network
- Directors of Public Health will be responsible for the health improvement functions of upper-tier and unitary authorities and will be required to prepare an annual report on the population's health. They will need to be supported by a team with specific public health and commissioning expertise

- In order to discharge these responsibilities they will need to promote health and wellbeing within local government, advise and support GP consortia on population aspects of NHS services and work with Public Health England health protection units

Public Health England

- Public Health England will be a new, dedicated and professional public health service within the Department of Health with an overarching remit to unite the public health community
- Its roles will include provision of public advice to the Secretary of State and wider system, delivery of effective health protection services, commissioning of national level interventions (including from the NHS), allocation of funding to local government, appointment of directors of public health and promoting public health research. It will fund those services that contribute to health and wellbeing primarily by prevention rather than treatment aimed at cure
- It is proposed that Public Health England should be responsible for funding and ensuring the provision of services such as health protection, emergency preparedness, recovery from drug dependency, sexual health, immunisation programmes, alcohol prevention, obesity, smoking cessation, nutrition, health checks, screening, child health promotion and some elements of the GP contract (e.g. immunisation and contraception)
- It will include the current functions of the Health Protection Agency and the National Treatment Agency (which will become functions of the Secretary State for Health)
- The budget for the new public health system will be ring fenced within the overall NHS budget and it is estimated that the current spend on areas likely to be the responsibility of Public Health England could be over £4b.
- This will be allocated across three funding routes
    - The public health ring-fenced budget to local government
    - Asking the NHS Commissioning Board to commission services e.g. screening service and elements of the GP contract
    - Commissioning or providing services directly e.g. vaccines, national communication strategies or health protection functions (currently provided by the Health Protection Agency)
- Health visiting, school nursing and the child health protection services that they lead will be funded from the Public Health England budget with the NHS Commissioning Board leading the commissioning of health visiting services on behalf of Public Health England

Local Public Health Budget

- Public Health England will allocate ring fenced budgets, weighted for inequalities to upper tier and unitary authorities which will fund both improving population health and wellbeing and some non discretionary services (e.g. open access sexual health services and certain immunisations)
- The new health premium will seek to incentivise action to reduce health inequalities by providing local authorities with an incentive payment based on progress in improving local population health
- Disadvantaged areas will receive a greater premium if they make progress in recognition of their greater challenge

- ‘Shadow’ allocations will be made to local authorities for each local areas for the budget in 2012/13 to enable planning before allocations are introduced in 2013/4

The new Public Health System and the NHS

- The NHS has a crucial role in public health in relation so promotion of health, preventing avoidable illness and emergency preparedness
- There will therefore need to be close partnership working at national level between Public Health England and the NHS Commissioning Board and at the local level between local government, Directors of Public Health and GP consortia.
- The NHS role in public health will be embedded in the mandate that the Secretary of State sets for the NHS Commissioning Board.
- The public health role of GPs will be strengthened through the role of GP consortia in maximising their impact on improving health and reducing health inequalities, the further development of prevention-related measures in the QOF
- It is proposed that 15% of current value of QOF should be devoted to evidence based public health and primary prevention indicators from 2013 (funded from the Public Health England budget)
- Public Health England is expected to influence the development of the community pharmacy contractual framework and primary care dentistry contracts through the NHS Contracting Board

7. Next Steps

Substantial work is needed over the next two to three years at both national and local level to manage transition in the context of significant restructure in other parts of health and care sector (e.g. the development of GP consortia and the abolition of SHAs and PCTs)

Department of Health timescales are as follows:

- From December 2010 to March 2011, consultation on three documents
  - ‘Healthy Lives, Healthy People"
  - The public health outcomes framework
  - The funding and commissioning of public health
- During 2011
  - Shadow-form Public Health England set up in DH
  - Working arrangement with local authorities begin to be set up with matching up of PCT Directors of Public Health to local authority areas
- April 2012
  - Public Health England to take on full responsibilities (including functions of HPA and NTA)
  - Shadow public health ring-fenced allocations to local authorities published
- April 2013
  - Ring fenced allocations and transfer of local health improvement functions granted to local authorities

The process of transition locally is at an early stage

- Co-Directors of Public Health are working with the Director of Adult Health and Wellbeing in Tower Hamlets Council on developing a local transition plan

- At sector level, the Directors of Adult Social Services in the City and Hackney, Tower Hamlets and Newham are in discussion with locality Directors of Public Health and the Sector Director of Public Health to align approaches to transition
- A stakeholder workshop is planned in February across the sector to introduce key partners, including Councillors, GP representatives and others, to the White Paper and to explore its implications locally

Conclusions

'Healthy Lives, Healthy People' sets out a step change in how public health is delivered in England. The continuity with Marmot's framework, the focus on health inequalities, the commitment to the principle of 'proportionate universalism', the development of Health and Wellbeing Boards (and restatement of the central role of JSNA) and the proposal for a public health outcomes framework are all welcomed. The positioning of public health in the local authority provides new opportunities to address wider determinants of health and integrate health improvement across a broader range of services. However, it will be critical to ensure that in the context of simultaneous restructure of the NHS, economic recession and public sector spending cuts, the fundamental principle of NHS and local authority partners working together to promote health and wellbeing and reduce health inequalities based on a rich insight into the needs of the local population is sustained and strengthened.