

MEETING: CABINET MEMBER - HEALTH AND SOCIAL CARE
DATE: Wednesday 22 December 2010
TIME: 12.00 pm
VENUE: Town Hall, Bootle (This meeting will also be video conferenced to the Town Hall, Southport)

Councillor

DECISION MAKER: Porter
SUBSTITUTE: Parry

SPOKESPERSONS: Brennan D Rimmer

SUBSTITUTES: Friel Preston

COMMITTEE OFFICER: Paul Fraser
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The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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AGENDA

Items marked with an * involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>
1.	Apologies for Absence	
2.	Declarations of Interest Members and Officers are requested to give notice of any personal or prejudicial interest and the nature of that interest, relating to any item on the agenda in accordance with the relevant Code of Conduct.	
3.	Minutes of Previous Meeting - 10 November 2010	(Pages 5 - 8)
4.	Anchor Staying Put Sefton Joint report of the Adult Social Care Director and the Neighbourhoods and Investment Programmes Director	All Wards; (Pages 9 - 16)
5.	Healthy Lives, Healthy People : Our Strategy For Public Health In England White Paper Joint report of the Acting Director of Public Health (NHS Sefton and Sefton Council) and the Thematic Chair – Healthier Communities and Older People Partnership	All Wards; (Pages 17 - 24)

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THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON WEDNESDAY, 17 NOVEMBER, 2010.

CABINET MEMBER - HEALTH AND SOCIAL CARE

MEETING HELD AT THE TOWN HALL, BOOTLE ON WEDNESDAY 10 NOVEMBER 2010

PRESENT: Councillor Parry

ALSO PRESENT: Councillor D Rimmer

35. APOLOGIES FOR ABSENCE

Apologies for absence were received from the Cabinet Member, Councillor Porter and Councillor Brennan.

36. DECLARATIONS OF INTEREST

No declarations of interest were received.

37. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 13 October 2010 be confirmed as a correct record.

38. PUBLIC HEALTH ANNUAL REPORT - FAIR SOCIETY, HEALTHY LIVES

The Cabinet Member considered the report of the Acting Director of Public Health on the Public Health Annual Report - Fair Society, Healthy Lives.

The report indicated that each year, the Director of Public Health had responsibility to produce a report highlighting the health of the local population; that Sefton's Health 2010, 'Fair Society Healthy Lives' was the third report in a series recommending actions to address health inequalities in Sefton. The first of these reports in 2008, 'Investing to Save Lives', focused on reducing health inequalities in the short term; the second report in 2009, 'Investing for the Future', built upon this approach by focusing on actions needed to tackle inequalities in the medium term; whilst the third report built on the national Strategic Review of Health Inequalities produced by Professor Sir Michael Marmot (February 2010), by providing a framework to focus our efforts to improve health and well-being in a sustainable way for the longer term by addressing the following six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all

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- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

The report also indicated that despite people living longer and healthier lives, the priorities emerging from Sefton's recently updated Joint Strategic Needs Assessment (JSNA) highlighted the need to:

- Reduce health inequalities within Sefton, and between Sefton and other areas
- Focus on prevention and early detection of both physical and mental illness
- Reduce the levels of behaviours that carry risk for future health
- Tackle the main diseases from which people die;

and concluded that as preparations were made for the establishment of Health and Well-being Boards, proposed in the NHS White Paper 'Equity and Excellence: Liberating the NHS', there was a need to continue to work in partnership and refocus priorities to ensure that combined resources were reallocated to address the key health needs in Sefton.

A copy of the Public Health Annual Report was appended to the report; and Cathy Warlow, Head of Health Improvements and Partnerships, NHS Sefton, presented the report to the Cabinet Member and Party Spokespersons.

RESOLVED: That

- (1) the report on the Sefton Public Health Annual Report 2010 be noted; and
- (2) Cathy Warlow be thanked for her informative presentation.

39. SERVICE INSPECTION OF ADULT SOCIAL CARE - IMPROVEMENT PLAN UPDATE

The Cabinet Member considered the report of the Strategic Director - Social Care and Well-Being on his department's updated Improvement Plan following the Care Quality Commission's (CQC) inspection of Adult Social Care, a copy of which was appended to the report.

The report indicated that the inspection focused on:

- (i) safeguarding adults
- (ii) improved quality of life for older people
- (iii) increased choice and control for older people;

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that the CQC judged that the Council was performing well in respect of (i) and (iii) above and performing excellently in respect of (ii); and that the capacity to improve in Sefton was promising.

The report concluded by detailing the recommendations made by the CQC in order for the Council to rise to the challenge of continuous improvement. The improvement plan was submitted to CQC on 23 April 2010 and the timescale for the plan was six months.

This was a Key Decision and was included on the Council's Forward Plan of Key Decisions.

RESOLVED:

That progress on the Improvement Plan following the Care Quality Commission's inspection of Adult Social Care be noted.

40. SAFEGUARDING ADULTS IN SEFTON

The Cabinet Member considered the report of the Strategic Director - Social Care and Well-Being updating on the activity and developments in Safeguarding Adults in Sefton for the period April to September 2010

The report detailed the key areas focused on by Dignity in Care; together with the statistics relating to the monthly referral rates across the departmental teams; the primary service user group identification; and concluded by detailing recent outcomes.

RESOLVED: That

- (1) the report updating on Safeguarding Adults in Sefton be noted; and
- (2) further performance reports be submitted on a quarterly basis.

41. TRANSFORMING SOCIAL CARE QUARTERLY PROGRESS REPORT

The Cabinet Member considered the report of the Strategic Director - Social Care and Well-Being on his department's Transforming Social Care Milestones; and indicating that a decision on this matter was required as the department was obliged by the Government, to report Transformation Progress to the Cabinet Member as part of the Care Quality Commission performance framework requirements.

The report detailed the underpinning requirements and milestones relating to:

- effective partnerships with people using services, carers and other local citizens
- self-directed support and personal budgets
- prevention and cost effective services - information and advice

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- local commissioning

This was a Key Decision and was included on the Council's Forward Plan of Key Decisions.

RESOLVED:

That the Transforming Social Care Quarterly Progress Report be noted.

Agenda Item 4

REPORT TO: Cabinet Member Social Care
Cabinet Member Regeneration

DATE: 22nd December 2010
19th January 2011

SUBJECT: Anchor Staying Put Sefton

**WARDS
AFFECTED:** All

REPORT OF: Robina Critchley (Adult Social Care Director)
Alan Lunt (Neighbourhoods & Investments Programmes
Director)

**CONTACT
OFFICER(s) :** Margaret Milne
(Principal Manager Adult Social Care)

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To inform Cabinet Members of the notification of Anchor Housing Association to discontinue the "Staying put Service" from 31st March 2011 and to inform Cabinet Members of the proposed interim arrangements.

REASON WHY DECISION REQUIRED:

Anchor have served notice on the above service and in light of the financial review the directorate are considering sustainability of the service and cost efficiencies for the delivery of the service.

RECOMMENDATION(S):

The Cabinet Member is asked to note the report.

KEY DECISION:**FORWARD PLAN:**

IMPLEMENTATION DATE: 1st January 2011.

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ALTERNATIVE OPTIONS:

IMPLICATIONS:

Budget/Policy Framework:

Financial: None

<u>CAPITAL EXPENDITURE</u>	2010 2011 £	2011/ 2012 £	2012/ 2013 £	2013/ 2014 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date?				
How will the service be funded post expiry?				

Legal: N/a

Risk Assessment: No specific risk assessment has been carried out in respect of this issue although such matters are covered in Departmental risk registers

Asset Management:

CONSULTATION UNDERTAKEN

Discussions have taken place with Anchor since June 2010.

Anchor have sought expressions of interest for the transferring of undertakings of the service since June 2010 with a range of providers including the Community, Voluntary and Faith sector.

The Head of Corporate Finance and Information Services has been consulted and has no comments on the report. FD 586/10.

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity			√
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy		√	
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

- The Chronically Sick and disabled persons act 1970
- Community Care Act 1990
- Putting People First: a shared vision and commitment to the transformation of adult social care
- National Health service long term conditions model (DH 2005)
- Section five (Delayed Discharged Act)
- Our Health Our Care, our Say: a new direction for community services
- Liberating the NHS
- A Vision for Adult Social Care: Capable Communities and Active Citizens

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Background

The Anchor Staying Put, Home Improvement Agency has been funded by Sefton since it was first established in approximately 1995. The service has been very valuable and cost effective as it helps people to remain independent in their own homes for as long as reasonably possible.

In July this year Anchor Housing Association (the national body) served notice to the Council that it planned to discontinue the provision of Home Improvement Agencies to all Councils from 31st March 2011. In the meantime Anchor has been in discussion with a range of providers about possible transfer of services to other not for profit organisations.

Due to the economic climate there have been few expressions of interest except from the Mears Group who are a profit making organisation.

Anchor Staying Put core services were originally established to provide help and assistance to applicants through the Council's Disabled Facilities Grant programme (DFG). The aim of this is to assist applicants in completing their applications and gathering associated supporting information. They also procure the works on behalf of the client, which includes tendering and managing of the contract on site. This is an essential service to the majority of grant recipients who are elderly or disabled. The Council does not have the resources or the staff to provide this level of support and assistance. Without this assistance the majority of applications may not progress beyond the application phase.

In the current financial year Anchor Staying Put is involved in over £2.5 million pounds worth of work in respect of the Council's DFG programme. The agency generates a fee based upon the volume of work completed in any given year. The fee is currently set at 10% of the Council's approved costs.

Anchor Staying Put Sefton activity funded by Sefton Community Equipment Service (SCES)

- Disability Resource Centre
- Small Aids & Equipment Service
- Intermediate Care Minor Adaptations
- Adaptations & Coordinating Service
- Sensory Impairment Service
- Hospital Discharge Service

Total funding **£133,200** from SCES **plus £2,500** contribution towards the rent of the Disability Resource Centre (DRC).

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The costs of the services include overheads (including stationary, equipment, utilities and back office functions).

To match the £5000 that SCES and NHS Sefton pay (50% shared cost) Anchor pay the rest of the rent, a further £5000, plus all the VAT out of their own budget.

Since 2008 there has been additional funds provided through the Supporting People Programme to enhance the level of services to enable people to remain at home.

Supporting People currently fund three services these are:

- Anchor Staying Put Sefton (core service) - **£41,500.00**.
- Handyperson Service - **£38,810.90**
- Enhanced Handyperson Service - **£95,495.00**

Total £175,806

The Enhanced Handyperson Service is funded until March 2011 via a specific time-limited grant received from Communities and Local Government.

The core service relates to work in respect of The Council's Disabled Facilities Grants (DFGs).

The Handyperson services involve the conducting of minor repairs and adaptations with work including:

- Fitting locks & bolts, door bells / crime prevention enhancements
- Putting up shelves/curtain rails/tracks and curtains
- Re-hanging doors/moving furniture
- Small areas of plastering and tiling/ decorating
- Basic plumbing i.e. unblocking sinks / tap washers

The Enhanced Handyperson Service also includes the provision of gardening services. Jobs include:

- Cutting Lawns
- Trimming Hedges
- Clearance
- Pruning
- Weeding
- Strimming
- Planting

This service is only available to vulnerable clients. Jobs which take less than two hours to complete, are delivered free of charge with clients only having to pay for materials. For jobs taking more than two hours, the service charge is £10 per hour.

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The Staffing Structure for the service may be found at appendix 1.

On 22nd November, the Regional Manager from the Mears Group met with Council officers to advise that with effect from 1st December 2010 they have committed to take over the majority of Anchor HIA (including Sefton's).

Mears advised that they are:

- The leading providers of repairs, adaptations and home improvement to the Social Housing Sector.
- Provide over 4 million hours of domiciliary care to people in the UK in their own homes
- Have the highest customer satisfaction scores in the housing sector and best overall quality rating from the Care Quality Standards Commission

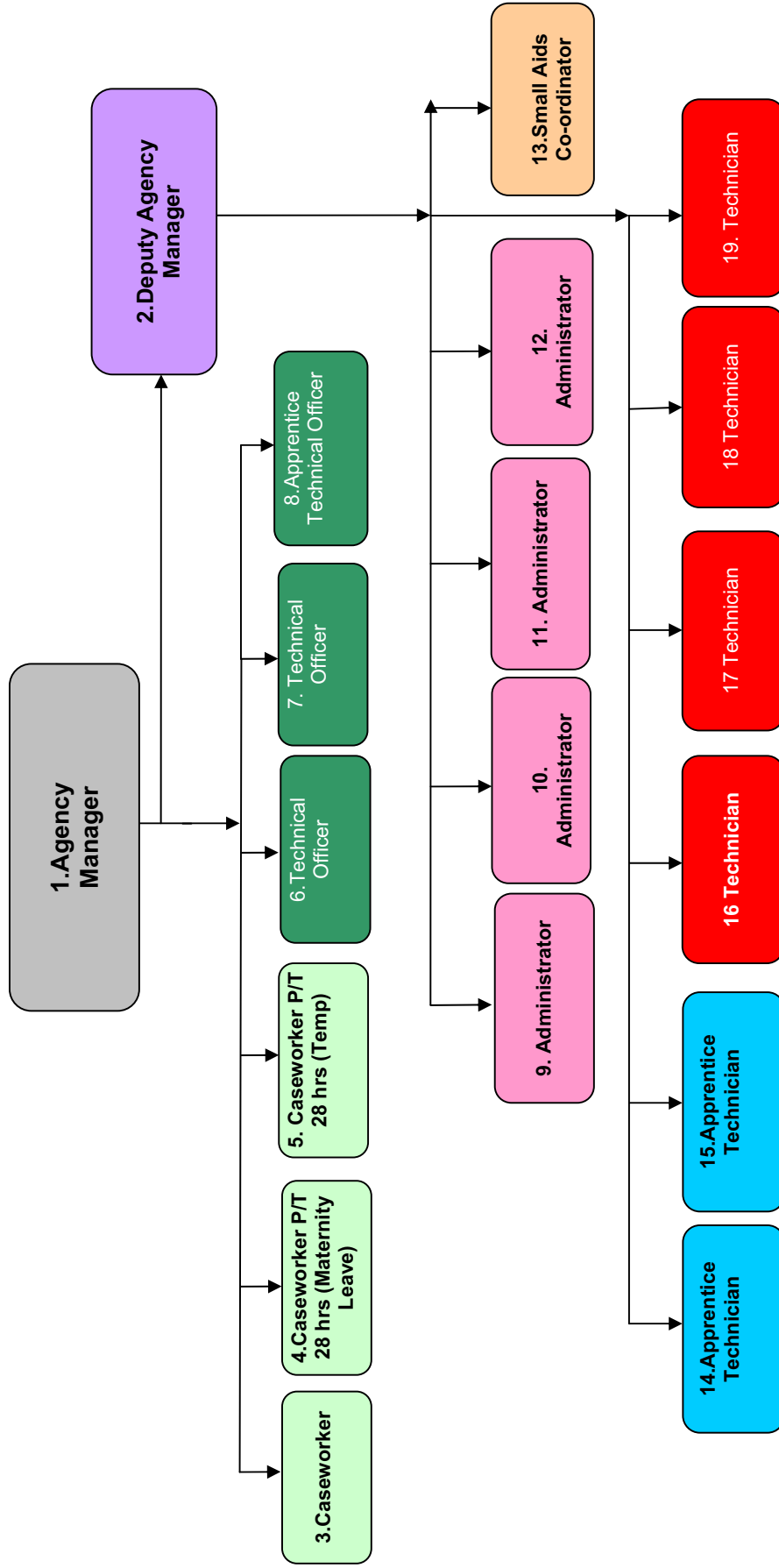
Mears presented their business case in sustaining Home Improvement Agency services in Sefton which included opportunities to reduce costs and improve services and are looking at this work as a long term business development opportunity.

Officers made Mears aware of the current and future financial constraints within the Council and that a review is being undertaken of which essential services we aim to commission from 1st April 2011 and that the present contracts with Anchor are likely to be considerably reduced.

Mears provided assurance that they will provide central support to the Sefton Home Improvement Agency and are committed to maintaining this as a local project and would agree to a one year contract monitored by a working group which would include officers and service users from Sefton.

Corporate procurement has advised that we are required to tender this service in preparation for the expiry of the current contract even though this will likely (due to the uncertain economic climate) be for an initial period of one year with the potential for two twelve month roll over contracts. Mears have been notified of this situation.

Another report will be provided to members early in the New Year to update them of the outcome of that exercise.



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REPORT TO: Cabinet Member - Health and Social Care

DATE: 22nd December 2010

SUBJECT: White Paper
*Healthy Lives, Healthy People:
Our strategy for public health in England*

**WARDS
AFFECTED:** All

REPORT OF: Hannah Chellaswamy; Acting Director of Public Health
(NHS Sefton & Sefton Council) and Thematic Chair -
Healthier Communities and Older People partnership

**CONTACT
OFFICER:** Cathy Warlow; Thematic Manager - Healthier Communities
and Older People partnership

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To provide the Cabinet Member with a summary of the recently published White Paper on Public Health – *Healthy Lives, Healthy People*

To provide the Cabinet Member with the opportunity to respond the consultation questions set out in this White Paper - please note that the consultation on these questions closes on **8th March 2011**

REASON WHY DECISION REQUIRED:

N/a

RECOMMENDATION(S):

That the Cabinet Member notes the contents of this paper

KEY DECISION: No

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FORWARD PLAN: N/A

IMPLEMENTATION DATE: N/A

ALTERNATIVE OPTIONS:

IMPLICATIONS:

Budget/Policy Framework: None

Financial: None

	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
<u>CAPITAL EXPENDITURE</u>				
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal:

Risk Assessment: None

Asset Management: None

CONSULTATION UNDERTAKEN/VIEWS

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CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Creating Safe Communities		✓	
3	Jobs and Prosperity		✓	
4	Improving Health and Well-Being	✓		
5	Environmental Sustainability		✓	
6	Creating Inclusive Communities		✓	
7	Improving the Quality of Council Services and Strengthening local Democracy		✓	
8	Children and Young People		✓	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Department of Health (2010) *Equity and Excellence; Liberating the NHS*

Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*

Department of Health (2010) *Our Health and Wellbeing Today*

Strategy for Public Health in England

Background

Healthy Lives, Healthy People builds on the NHS White Paper *Equity and Excellence: Liberating the NHS* published in July 2010. This White Paper outlines government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest

This White Paper responds to Professor Sir Michael Marmot's *Fair Society, Healthy Lives* report and adopts its life course framework for tackling the wider determinants of health.

Summary

- **Seizing opportunities for better health**

Public health has formidable achievements to its name: clean air and water, enhanced nutrition and mass immunisation have consigned many killer diseases to the history books. There are huge opportunities to go further and faster in tackling today's causes of premature death and illness. People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; and of childhood emotional and behavioural problems. Although infectious diseases now account for only 1 in 50 deaths, rates of tuberculosis and sexually transmitted infections are rising and pandemic flu is still a threat.

A fuller story on the health of England is set out in *Our Health and Wellbeing Today*, which has been published to accompany this white paper.

- **A radical new approach**

New approach will empower individuals and local communities, enable professional freedoms and unleash new ideas based on the evidence of what works. The new approach will reach across and reach out – addressing the root causes of poor health and wellbeing, reaching out to individuals and families who need the most support – and be:

- **responsive** – owned by communities and shaped by their needs;
- **resourced** – with ring-fenced funding and incentives to improve;
- **rigorous** – professionally-led and focused on evidence, efficient and effective; and
- **resilient** – strengthening protection against current and future threats to health

Protecting the population from health threats should be led by central government, with a strong system on the frontline. However, beyond that, local leadership and wide responsibility across society is the way to improve everyone's health and wellbeing, and tackle the wider factors that influence it, most effectively. Efforts should be focused on the outcomes that matter most, doing what works best to get there. When central government needs to act the approach will reflect the core values of freedom, fairness and responsibility by strengthening self-esteem, confidence and personal responsibility; positively promoting healthy behaviours and lifestyle; and adapting the environment to make healthy choices easier. We will balance the freedoms of individuals and organisations with the need to avoid harm to others, and we will use a ladder of interventions to determine the least intrusive approach possible, aiming to make voluntary approaches work before resorting to regulation.

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▪ Health and Wellbeing throughout life

The government is shifting power to local communities, enabling them to improve health throughout people's lives, reduce inequalities and focus on the needs of the local population. The cross-government framework that will enable local communities to reduce inequalities and improve health at key stages in people's lives includes:

- **empowering local government and communities, who will have new resources, rights and powers to shape their environments and tackle local problems;**
- **taking a coherent approach to different stages of life and key transitions, instead of tackling individual risk factors in isolation.** Mental health will be a key element, with a new mental health strategy being published shortly;
- **giving every child in every community the best start in life.** This will be supported through continued commitment to reduce child poverty, by investing to increase health visitor numbers, doubling by 2015 the number of families reached through the Family Nurse Partnership programme, and refocusing Sure Start Children's Centres for those who need them most;
- **making it pay to work,** through comprehensive welfare reforms, creating new jobs through local growth and working with employers to unleash their potential as champions for public health;
- **designing communities for active ageing and sustainability.** Active ageing will be made the norm rather than the expectation. We will protect and promote community ownership of green spaces and improve access to land so that people can grow their own food; and
- **working collaboratively with business and the voluntary sector through the Public Health Responsibility Deal** with five networks on food, alcohol, physical activity, health at work and behaviour change. We plan to launch the Deal in early 2011 and expect to be able to announce agreements on further reformulation of food to reduce salt, better information for consumers about food, and promotion of more socially responsible retailing and consumption of alcohol.

▪ A new public health system

Localism will be at the heart of the new system, with devolved responsibilities, freedoms and funding. Directors of Public Health will be strategic leaders for public health and health inequalities in local communities, working in partnership with the local NHS and across the public, private and voluntary sectors.

A new dedicated professional public health service, *Public Health England*, will be set up as part of the Department of Health, which will strengthen the national response on emergency preparedness and health protection

There will be ring-fenced public health funding from within the overall NHS budget to ensure that it is not squeezed by other pressures. There will also be ring-fenced budgets for upper-tier and unitary local authorities and a new health premium to reward progress made locally against elements of the new proposed public health outcomes framework, taking into account health inequalities.

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The new system will use the best evidence and evaluation and will support innovative approaches to behaviour change – with a new National Institute for Health Research (NIHR), School for Public Health and a Policy Unit in Behaviour and Health.

Public Health will be part of the NHS Commissioning Board’s mandate, with public health support for NHS Commissioning nationally and locally. There will be stronger incentives for GPs so that they play an active role in public health.

The Chief Medical Officer will have a central role in providing independent advice to the Secretary of State for Health and the government on the population’s health. He or she will be the leading advocate for public health within, across and beyond government, and will lead a professional network for all those responsible for commissioning or providing public health

The core elements of the new system will be set out in the forthcoming Health and Social Care Bill, and are therefore subject to Parliament’s approval

- **Making it happen**

Subject to the passage of the Health and Social Care Bill the government plans to:

- enable the creation of Public Health England, which will take on full responsibilities from 2012, including the formal transfer of functions and powers from the Health Protection Agency and the National Treatment Agency for Substance Misuse;
- Transfer local health improvement function to local government, with ring-fenced funding allocated to local government from April 2013; and
- Give local government new functions to increase local accountability and support integration and partnership working across social care, the NHS and public health

Summary Timetable (subject to Parliamentary approval of legislation)	Date
Consultation on: <ul style="list-style-type: none"> ▪ Specific questions set out in the Public Health White Paper; ▪ The public health outcomes framework; and ▪ The funding and commissioning of public health 	Dec 2010 – March 2011
Set up a shadow-form Public Health England within the Department of Health Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013

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Consultation Questions:

- 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 the 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?

Forthcoming consultation documents will set out questions on the proposed public health outcomes framework and the funding and commissioning of public health