

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
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**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

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

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.

▪ **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.

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

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