REPORT TO:	Cabinet Member - Health and Social Care
DATE:	16th February 2011
SUBJECT:	Public Health White Paper *'Healthy Lives, Healthy People'* Consultation process
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 manager
EXEMPT/ CONFIDENTIAL:	No

PURPOSE/SUMMARY:

To provide the Cabinet Member with a summary of the recently published consultation documents supporting the Public Health White Paper '*Healthy Lives, Healthy People'*

To provide the Cabinet Member with the opportunity to respond the consultation questions set out in the supporting documents- please note that the supporting consultations close on **31st March 2011**

REASON WHY DECISION REQUIRED:

N/a

RECOMMENDATION(S):

That the Cabinet Member notes the contents of the supporting documents

KEY DECISION:	No
FORWARD PLAN:	N/A
IMPLEMENTATION DATE:	N/A

ALTERNATIVE OPTIONS:

IMPLICATIONS:

Budget/Policy Framework: None

Financial: There are no financial implications as Public Health is currently within NHS Sefton, apart from the jointly appointed Director of Public Health. However, it is proposed in the Public Health White Paper that local government will be allocated a ring-fenced budget for improving the health and wellbeing of the local population.

CAPITAL EXPENDITURE	**2009 2010 £**	**2010/ 2011 £**	**2011/ 2012 £**	**2012/ 2013 £**
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
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:

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
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*

Department of Health (2010) *Healthy Lives, Healthy People*

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

Department of Health (2010) Healthy Lives, Healthy People: Transparency in Outcomes. Proposals for a Public Health Outcomes Framework. Consultation document.

Department of Health (2010) Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health.

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

Strategy for Public Health in England

Background

Building on the NHS White Paper *Equity and Excellence: Liberating the NHS,* the Public Health White Paper *'Healthy Lives, Healthy People'*, published in December 2010, 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.

A consultation is underway on the Public Health White Paper and a number of supporting documents. This document gives a summary of those supporting papers, a list of supporting consultation questions and the process for contributing to NHS Sefton and Sefton Council's joint response.

Supporting consultations

In late December 2010, two further consultation documents supporting the Public Health White Paper were published proposing an outcomes framework for public health and how public health should be funded and commissioned. The following provides an overview of such documents:

- **Healthy Lives, Healthy People: Transparency in outcomes. Proposals for a Public Health Outcomes Framework**

The government proposes a new strategic outcomes framework for public health across public services at national and local levels, based on the evidence of where the biggest challenges are for health and wellbeing, and the wider factors that drive it.

Proposals for a new *Public Health Outcomes Framework* have been made in light of the recent consultations on the *NHS Outcomes Framework* and the ongoing consultation on *Transparency in Outcomes: a Framework in Adult Social Care*. Together these three aligned frameworks will set out the outcomes that local government, the health and care sectors are responsible for achieving.

Diagram A. (attached) shows some key areas of overlap, where local services share an interest and where a whole-systems approach could support better outcomes. By sharing the same or complementary measures between sectors, there is a stronger incentive for local services to work together and measure their progress on the same basis.

This approach assumes that the three Outcomes Frameworks act as whole to tell the 'story' of health, rather than three separate entities. There are other local services crucial to achieving outcomes, and which public health will work with in partnership – children's services, employment services, leisure, transport and housing, for instance. Whilst the diagram does not yet include all relevant areas of overlap and focus for all partners, government are clear their contribution to public health is vital.

The backbone of the proposed approach is to make publicly available a set of data and information relating to the public's health at national and where possible at local authority levels. To ensure transparency and reduce data burdens it is proposed that specific data be published in one place by Public Health England. At a national level, this information will be used across government and by partners to understand the key priorities for health and aid efforts to prioritise action. At a local level, this will allow people to interrogate information as they want and minimise costs of reproduction on councils. This will also make it easy for local areas to compare themselves with others across the country, and where possible how performance is changing within areas. To drive equality in public health outcomes, it is vital public health data be disaggregated by key equality characteristics and neighbourhoods where possible.

The Public Health Outcomes Framework is not a performance management tool. It should be a consistent means of presenting the most relevant, available data on public health for national and local use. The Outcomes Framework is based on government's high-level vision for public health; "*to improve and protect the nation's health and to improve the health of the poorest, fastest",* supported by five key domains for public health that reflect national, local and community level actions, which are evidence-based, can be measured, and which can be used by the public to hold local services to account for improvements in health.

Domains are sequenced to reflect the spectrum of public health ranging from influencing the wider determinants of health, to opportunities to improve and protect health, through to preventing ill health (morbidity) and avoiding premature death (mortality): The five domains for public health are outlined below:

Domain 1 - Health Protection and Resilience: Protecting 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

In focusing on how to improve the public's health in its broadest sense, local authorities and their partners must also seek to advance equalities, eliminate the impact of discrimination and narrow inequalities in health behaviours between communities. This will be a core element of each domain through disaggregation of all indicators by different equality characteristics and down to neighbourhood level, where feasible

For a subset of indictors, which would be agreed with public health and local government partners, a 'health premium' would be attached, which aims to incentives councils to make progress on health improvement priorities and reduce health inequalities. Further details of the 'health premium' are outlined in the consultation on the funding and commissioning routes for public health.

The proposals set out in this consultation paper aim to engender closer working across organisational cultures and boundaries – driving improved partnership working where there is room for improvement, keeping in step where close and productive partnerships are already strong and making a difference. The shared responsibility of Government, business and industry is vital to the national contribution to the proposed outcomes.

Health and Wellbeing Boards will be core to the assessment and agreement of local priorities. The Outcome Frameworks will be used alongside the Joint Strategic Needs Assessment to determine local priorities and to set out strategies for which they will be held locally accountable to deliver.

Public Health Outcomes Framework- Questions for consultation

- ***Question 1.*** How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

- ***Question 2.*** Do you feel these are the right criteria to use in determining indicators for public health?

- ***Question 3.***How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

- ***Question 4.*** Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

- ***Question 5.*** Do you agree with the overall framework and domains?

- ***Question 6.*** Have we missed out any indicators that you think we should include?

- ***Question 7.*** We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

- ***Question 8.*** Are there indicators here that you think we should not include?

- ***Question 9.*** How can we improve indicators we have proposed here?

- ***Question 10.*** Which indicators do you think we should incentivise? (Consultation on this will be through the accompanying consultation on public health finance and systems)

- ***Question 11.*** What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

- ***Question 12.*** How well do the indicators promote a life-course approach to public health?

- **Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health**

As set out in *Equity and Excellence: Liberating the NHS*, Primary Care Trusts (PCT's), which were previous commissioners for local services, including for public health, will be abolished in 2013 and replaced by a new NHS commissioning architecture, locally led by GP consortia, and nationally by a new independent NHS Commissioning Board.

In the proposed new system public health services will be funded by a new public health budget, separate from the budget managed through the NHS Commissioning Board for healthcare, to ensure that investment in public health is ring-fenced. As outline in *Healthy Lives, Healthy People,* in exercising its functions Public Health England will fund public health activity through three principal routes: through allocating funding to local authorities; commissioning services via the NHS Commissioning Board; or commissioning or providing services itself.

Diagram B. (attached) sets out at a high level the flows of the public health budget from the Department of Health across the system.

Decisions as to how services would be best commissioned will determine how much funding flows through different parts of the system. The majority of public health budget will be spent on local services, either commissioned via the NHS Commissioning Board (who may choose to pass responsibility down to GP consortia) acting on behalf of Public Health England, or led by local authorities through a ring-fenced grant. This ring-fenced grant will be made under section 31 of the Local Government Act 2003

It should be noted that the above funding flows diagram is not exhaustive, and only details the public health grant that local authorities receive from the Department of Health, not other funding that local authorities receive. Local authorities already carry out a range if health protection functions and have many wider responsibilities that bear on public health such as leisure, housing, education and social care. For the purposes of funding, the Department is treating these existing functions, which are funded through the existing funding settlement, as separate from the public health ring-fence. Local authorities will of course be free to integrate management of these functions with their new public health responsibilities, should they wish.

- Public health funded services commissioned by the local authority

As set out in the Government's response to the NHS White Paper consultations, *Liberating the NHS: legislative framework and next steps,* the Health and Wellbeing Boards will provide a mechanism for bringing together discussions about investment in cross-cutting services, such as social care primary prevention. It is proposed that Health and Wellbeing Boards will include elected representatives, local HealthWatch and key local commissioners for health and social care, including GP consortia and DsPH, adult social care and children's services.

These freedoms and the new ring-fenced budget open up opportunities for local government to take innovative approaches to public health involving new partners. The Department of Health expects that local authorities will want to contract for services with a wide range of providers and incentivise and reward those organisations for improving health and wellbeing outcomes and tackling inequalities, to deliver best value for their population. The Department will work to ensure that voluntary, community and social enterprise (VCSE) sector organisations are supported to play a full part in providing health and wellbeing services.

- Public health funded services commissioned or provided at a national level

In line with the overall remit of Public Health England, some services will need to be commissioned and/or provided at a national level. Public Health England will directly fund and commission some services, such as any national campaigns; directly provide some services, for example the functions currently carried out by the Health Protection Agency; and directly provide some activity which will be exercised locally, for example via the local networks of Public Health England Health Protection Units.

- Sub-national or supra-local commissioning arrangements

For some services, commissioning may be best carried out at a sub-national or supra-local level. This would apply to services that are specialised in nature, such as services for victims of sexual violence and for vulnerable groups. These services may need to secure specialist expertise and facilities. These services also need to be strategically commissioned where there is a need at either a local or supra-local level. Although there will be no formal structural provision for sub-national commissioning, where it is appropriate either sub-national commissioning arrangements would be established as part of Public Health England, or local authorities could choose to adopt supra-local arrangements for commissioning certain activities for which they are responsible. For example a particular local authority might commission such a service, leading on behalf of others with arrangements to fund activity accordingly.

- Public health funded services commissioned via the NHS

It will be appropriate in some cases for Public Health England to ask the NHS to take responsibility for commissioning public health interventions or services funded from the public health budget. This will include population interventions, such as screening programmes, that are best delivered as part of a wider pathway of care and which would be commissioned on behalf of Public Health England.

Where the NHS takes responsibility for commissioning public health interventions, the NHS commissioning architecture will determine how it does so appropriately. The assumption will be that such services will usually be commissioned by GP consortia in collaboration, where appropriate, with each other or with other bodies. The main exception to this will be some public health elements of primary care services that will be funded by Public Health England but commissioned by the NHS Commissioning Board (in exercise of its own functions). For instance, the GP contract currently includes provision of childhood immunisation and cervical screening tests. These elements will be funded by Public Health England, which will therefore want to influence how the services are commissioned.

- NHS funded and commissioned services

In other cases, public health work is - and should continue to be - an integral part of the services provided in primary care, and will continue to be funded from within the overall resources used by the NHS Commissioning Board to commission these services. This includes public health activity carried out by GP practices as part of the essential services they provide for all patients, preventative services provided by dentists under their NHS contracts, and services provided under the community pharmacy contractual framework (CPCF).

Building on the baseline allocation described above, local authorities will receive an incentive payment, or premium, which will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework. The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics. We will develop the formula in a transparent and evidence based way. Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges.

The Department of Health aims to pay local authorities for the progress they make and to ensure that they do not automatically receive additional funding if the health of the local population deteriorates. Nor should they be punished by seeing their funding reduce if they are successful in improving the health of their population. The health premium will be funded from within the funding available for public health and we will look for opportunities to reprioritise discretionary central public health funding to ensure local authorities get the incentive payments they deserve and as part of a progressive rebalancing of central and local budgets.

The Department of Health intends the support for progress in reducing health inequalities to be clear and significant. There would be a sliding scale depending on the size and extent of a local authority's progress and relative to the authority's position in terms of relative health outcomes. This is not a target regime. Central Government will not be dictating detailed targets. Government believe that a combination of a national framework, financial incentives, local freedom on how outcomes will be achieved and greater transparency will be far more effective in energising and empowering local services to deliver of their best, rather than having to work to prescriptive targets for which they have little or no ownership.

Funding and commissioning routes for public health – Questions for consultation

- ***Question 1.*** Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?

- ***Question 2.*** What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?

- ***Question 3.*** How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?

- ***Question 4.*** Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved

- ***Question 5.*** Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?

- ***Question 6.*** Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A in the paper?

- ***Question 7.*** Do you consider the proposed primary routes for public health funded activity (third column) to be the best way to: a) ensure the best possible outcomes for the population as a whole, including the most vulnerable b) reduce avoidable inequalities in health between population groups and communities and if not what would work better?

- ***Question 8.*** What services should be mandatory for local authorities to commission?

- ***Question 9.*** Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

- ***Question 10.***Which approaches to developing an allocation formula should we ask the ACRA to consider?

- ***Question 11.***Which approach should we take to pace-of-change?

- ***Question 12.*** Who should be represented in the group developing formula?

- ***Question 13.***Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

- ***Question 14.*** How should we design the health premium to ensure that it incentivises reductions in inequalities?

- ***Question 15.*** Would linking access to growth in health improvement budgets to on elements in the Public Health Outcomes Framework provide an effective incentive mechanism?

- ***Question 16.*** What are the key issues the group developing the formula will need to consider?

NHS Sefton and Sefton Council are preparing a joint response to the Healthy Lives, Healthy People consultation and the two supporting consultations on outcomes and funding and commissioning routes for public health. Local partners and key stakeholders are invited to contribute to ensure a whole system response to the proposed changes.

Submitting your contribution

To ensure your views are included in the NHS Sefton response, please email your contribution to whitepaperconsultation@sefton.nhs.uk– **deadline 25th February 2011.**

To make an individual response directly to the Department of Health, visit the consultation website at http://consultations.dh.gov.uk/ which includes deadlines and supporting information. Alternatively email publichealthengland@dh.gsi.gov.uk