

Summary Paper

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

It sets out a new approach to public health, with proposals to develop a public health service which achieves excellent results; helping people to live longer, healthier, more fulfilling lives, and improving the health of the poorest, fastest.

1. Seizing opportunities for better health

Accompanying the white paper is the *Our Health and Wellbeing Today* report, which provides a more detailed story of the health of people living in England today, headlines include:

- Public health has made advances over the years and infectious disease now only accounts for 1 in 50 deaths. However tuberculosis and STIs are rising and pandemic flu remains a threat. More people are expected to have long-standing illness in future, particularly due to an aging population. Our causes of premature death are dominated by 'diseases of lifestyle', where smoking, unhealthy diet, excess alcohol consumption and sedentary lifestyles are contributory factors.
- Health inequalities in life-expectancy and disability-free life expectancy are large. Many factors drive inequalities, such as early years care, housing and social isolation – despite which most health efforts focus more on treatment than the causes of poor health. The government are working to re-balance this focus and prioritise public health funding.
- The Marmot Review highlights a social gradient of health – the lower a person's social position, the worse their health; life expectancy gap is on average 7 years between the richest and poorest communities, and up to 17 years in disability-free life expectancy.
- There are also huge inequalities based on race, disability, religion, gender and sexual orientation which can interact in complex ways with socioeconomic position in shaping people's health. Some vulnerable groups and communities, for example people with learning disabilities or travellers have significantly poorer health and life-expectancy than would be expected based on their socioeconomic status alone.

The opportunities and challenges set out in the report are stark, for example:

- Improving maternal health could give children a better start in life; reducing infant mortality and low birth-weight babies
- Taking better care of children's health and development could improve educational attainment and reduce mental illness, unhealthy lifestyles, road deaths and hospital admission due to tooth decay
- Being in work leads to better physical and mental health
- The majority of mortality and morbidity today is due to 'lifestyle' factors; changing adult's behaviour could reduce premature death, illness and costs to society
- Many excess winter deaths could be prevented through warmer housing and take-up of seasonal flu vaccinations

2. A radical new approach is proposed

The white paper proposes a new approach, which will:

- Protect the population from health threats, led by central government
- Empower local leadership and encourage responsibility across society
- Focus on key outcomes
- Reflect the government's core values of freedom, fairness and responsibility
- Balance the freedoms of individuals and organisations with the need to avoid harm to others; using the least intrusive approach necessary to achieve desired effect

This new approach is set out to address the root causes of poor health and wellbeing, reaching out to families and individuals who need most support, and will be:

Responsive

Local government will be freed-up to decide how best to improve the health and wellbeing of their citizens, deciding on actions locally with the NHS and other key partners, this will be done through:

- A proposed new public health outcomes framework which will sit alongside the NHS outcomes framework (set out in the NHS white paper) and be based on 5 domains of public health:
 - Health protection; protecting people from major health emergencies and serious harm
 - Tackling the wider determinants of ill-health
 - Health improvement; promoting the adoption of 'healthy' lifestyles
 - Healthy life expectancy; preventing people from dying prematurely
- A proposed 'health premium' will incentivise local government and communities to improve health and reduce inequalities
- Data will be published to make it easier for local communities to compare themselves with others across the country and incentivise improvements

Resourced

Prevention has not enjoyed parity with treatment over the years, to prioritise prevention the government proposes to:

- Ring-fence public health funds from within the overall NHS budget to ensure it is prioritised – although it will still be subject to cost reductions and efficiency gains that will be required across the system
- Allocate ring-fenced funds for public health to local authorities to enable them to secure better health and reduce inequalities

Rigorous

Public health professionals have been disempowered and their skills not sufficiently valued when compared with counterparts in the NHS acute services. To address this imbalance, government proposes to:

- Set up a new public health service within the Department of Health – called Public Health England, which will unite the family of professionals who spend time on improving people's health and tackling inequalities
- Build and apply the evidence base for 'what works' and develop a culture of using evidence to prioritise what we do
- Harness the information revolution to make best use of evidence and evaluation and support innovative approaches to behaviour change throughout society

Resilient

The current system for health protection is fragmented, although public health incidents and emergencies in recent years have been excellent, the system lacks integration and is over-reliant on goodwill to make it work. Government is therefore proposing:

- To enhance the functions of the Secretary of State for Health, making accountabilities in the system clearer
- To create a more streamlined public health service to lead health protection and public health efforts across the country

2.1 Effective intervention

The white paper proposes a new approach to intervening in people's health, based on the belief that previous arguments about when to intervene have become oversimplified; either intrusive intervention into people's lives, or complete hands-off. The proposed criteria for intervening will include:

- Firstly, the government recognises that protection and improving people's health covers a wide spectrum of issues, such as serious biological, chemical and infectious disease threats where central government must take a strong lead, to diseases such as diabetes, heart disease and depression, which are linked to people's lifestyles and situations and require more local solutions
- Second, the government will balance freedoms of individuals with the need to avoid harm to others – looking carefully at the case before deciding whether to intervene and to what extent

- Thirdly, the government will consider different approaches for different groups, taking into account the significant barriers some people face – capable, responsible adults will be treated as adults, children will be treated differently as they rely more on adults to help make decisions and some individuals require different approaches due to particular barriers

A 'ladder' of interventions will be used:

- Public expect government to prepare and tackle serious threats and emergencies, these will demand direct intervention from central government
- Some activities require intervention once centrally, then many times locally; including air, food and water standards, buying vaccines and legislation to ban some types of drugs
- Banning everything and lecturing does not work, few people choose 'good' or 'bad' health and everyone makes personal choices about how they live – capable adults are responsible for these choices. However, not everyone has total control over their lives and circumstances and a range of factors constrain and influence what they do, therefore strengthening self-esteem and confidence, positively promoting 'healthier' behaviours and adapting the environment to make healthier choices easier will be key

3. Key proposals and Responsibilities

3.1 A new public health system

- *Public Health England* will be established within the DoH to protect and improve the public's health, accountable to the Secretary of State for Health.
- It will include the current functions of the health protection agency (HPA) and national treatment agency (NTA), bringing together a fragmented system with a new protected public health budget, supporting local action through funding and the provision of evidence, data and professional leadership
- It will also include elements of public health activity currently held within the DoH and strategic health authorities (SHAs), along with functions of the Public Health Observatories and cancer registries, it will also work with local government, the NHS and other government agencies and partners as necessary.
- Public Health England will have a local presence in the form of Health Protection Units (HPUs), working with NHS and local government for emergency preparedness.

Public Health England's role will include:

- Providing public health advice, evidence and expertise to the Secretary of State for Health and the wider system
- Delivering effective health protection service
- Commissioning or providing national-level health improvement services
- Jointly appointing DPH and supporting them through professional accountability arrangements
- Allocating ring-fenced budgets to local government and rewarding them for progress made against the public health outcomes framework
- Commissioning some public health services from the NHS
- Contributing internationally-leading science to the UK and globally

This new service and the strengthening of public health within local authorities will not lead to the NHS stepping back from its crucial role on public health. The NHS has a critical role to play in emergency preparedness and response and in promoting health and preventing avoidable illness. There will need to be close partnership working between Public Health England and the NHS at a national level and between local government, DPH and GP consortia at a local level.

3.2 A new role and freedoms for local government

- Local government already plays a significant role on protecting and improving public health, through environmental health, air quality, planning, transport and housing. Local councils will continue to carry out their statutory duties under the Public Health Act 1984.
- New ring-fenced budgets, enhanced freedoms and responsibilities for local government will help areas to improve the health and wellbeing of their populations and reduce inequalities.

- Embedding public health within local government will make it easier to create tailored solutions in order to meet varying local needs – enabling joint approaches to be taken with other areas of local government’s work; such as environment, transport, planning, children’s services, social care as well as with key partners such as NHS, police, business, early years, schools and the voluntary sector.
- The DPH will be employed by the council to lead local public health efforts, a role that can be shared with other local council’s if agreed locally. How local government decides to fulfil their role in public health will be left up to them locally, with constraints being minimal.
- Payment will be made for progress made against the public health outcomes framework

3.3 Directors of Public health

- The DPH will be employed by local government and jointly appointed by the relevant local authority and Public Health England.
- The DPH will be a public health professional, with the skills to be the strategic leader for public health locally.

Their critical tasks will include:

- Promoting health and wellbeing within local government
- Providing and using evidence relating to health and wellbeing
- Advising and supporting GP consortia on the population aspects of NHS services
- Developing an approach to improving health and wellbeing locally, including promoting equality and tackling health inequalities
- Working closely with Public Health England health and protection units to provide health protection as directed by the Secretary of State for Health
- Collaborating with local partners on improving health and wellbeing, including GP consortia, other local DPH, local businesses and others

3.4 Health and Wellbeing Boards

- Following consultation on the NHS white paper, detailed proposals will be published for the establishment of local health and wellbeing boards. There will be a proposed minimum membership of elected representatives, GP consortia, DPH, Directors of Adult Social Services, Directors of Children’s Services, local HealthWatch and where appropriate, the participation of the NHSCB. These members will be subject to legislation and local areas will be able to expand membership to include local voluntary groups, clinicians and providers where appropriate.
- GP consortia and the DPH will have equal and explicit obligation to prepare the JSNA and do so through the arrangements made by the Health and Wellbeing Board.
- It is proposed that health and wellbeing boards develop joint health and wellbeing strategies, based on their JSNA. This strategy will provide the overarching framework within which more detailed and specific commissioning plans for the NHS, public health, social care and other services that the health and wellbeing board agrees to consider, are developed. The joint strategy will also have to include consideration relating to pooled budgets joined-up commissioning.

4. Funding and commissioning for public health

4.1 National public health budget

- The national public health budget will be ring-fenced within the overall NHS budget
- Early estimates suggest that current spend on areas that are likely to be the responsibility of public Health England could be over £4 billion.

4.2 Local public health budget

- Public Health England will allocate ring-fenced budgets, weighted for inequalities for improving the health and wellbeing of local populations
- The ring-fenced budgets will fund both improving population health and wellbeing, and some non-discretionary services such as open access sexual health services, and certain immunisations.

- There will be scope to pool budgets in order to support public health work
- The public health budget will be a ring-fenced grant, which will carry some conditions for how the budget should be used; however, there will be some flexibility for local areas to determine how best they can use this funding.
- 'Shadow' allocations will be made to local authorities for the 2012/13 budget, providing an opportunity for planning before allocations are introduced 2013/14.

4.3 Health Premiums

- A new health premium will be introduced to incentivise action to reduce inequalities, which will apply to the part of the public health budget which is for health improvement. Local authorities will receive an incentive payment, or premium, for services that depends on progress made in improving health of the local population, based on a baseline allocation that is weighted towards areas with the worst health outcomes and most need.
- Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges.

4.4 Commissioning of public health services

- Public Health England will fund those services that contribute to health and wellbeing primarily by prevention rather than aimed at treatment, provision will include 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 promotion including those led by health visiting and school nursing, elements of the GP contract such as immunisation, contraception and dental public health.
- A forthcoming consultation document will set out proposals in more detail.

Public Health England will have 3 principal routes for funding services:

- Granting the public health ring-fenced budget to local government
- Asking the NHS Commissioning Board (NHSCB) to commission services, such as screening and relevant elements of the GP contract
- Commissioning or providing services directly, e.g. national purchasing of vaccines, national communication campaigns, health protection functions currently conducted by the Health protection Agency (HPA)
- There may also be the option for GP consortia to commission on behalf of Public Health England

Because of the crucial role of early years development, the Public Health England budget will fund health visiting, school nursing and the child health promotion services they lead, in particular the Healthy Child Programme. The DoH then the NHSCB will lead the commissioning of health visiting services in the first instance on behalf of Public Health England, to ensure the workforce growth needed to meet the coalition commitment (4,200 health visitors). The NHSCB will then work with PCTs, GP consortia and local partners so that in the longer term health visiting services can be commissioned locally.

4.5 Local Commissioning

- Local authorities will be encouraged to contract for services with a range of providers across the public, private and voluntary sectors and to incentivise and reward those organisations to deliver the best outcomes for their population – the forthcoming consultation on funding and commissioning in public health will explore how this will best be achieved.
- The DoH expects that the majority of services will be commissioned, given the opportunities this would bring to engage local communities in the provision of public health, and such efforts will be supported by the proposed new right for communities to bid to take over local state-run services, and a new Big Society Bank, which will lever in new social investment for charities and social enterprises.

5. National-level partnership with the NHS

- The NHS still has a crucial role to play in public health; ensuring health services meet the needs of the whole population.
- Public Health England will benefit the NHS by reducing pressures from avoidable illnesses, such as obesity and smoking related illness, and allowing the NHS to focus its efforts elsewhere.
- Public Health England will work closely with the NHS at national level and provide advice and support to the wider DoH and NHS; ensuring services meet the needs of the whole population.
- The DoH will strengthen the role and incentives for GPs and practices on prevention services – both as primary care professionals and commissioners.
- GP consortia will have responsibility for the whole population in their area, which should encourage them to work closely with their local authority, nurses, midwives, health visitors, pharmacists and dentists.

The DoH will strengthen the public health role of GPs by:

- Public Health England and the NHSCB will encourage GP consortia to maximise their impact on improving population health and inequalities; looking specifically at equitable access to services
- Information on achievement by practices will be available publicly, supporting people to choose their GP practice based on performance
- Incentives and drivers for GP-led activity will be designed with public health in mind
- Public Health England will strengthen the focus of public health in the education and training of GPs as part of the DoH workforce strategy

Consultation question

a. 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?

- Community pharmacies have potential to help improve health and wellbeing; Public Health England will influence the development of community pharmacies through the NHSCB. Alongside the JSNA, local authorities, through the proposed Health and Wellbeing Boards, will have responsibility for producing pharmaceutical needs assessments, which will inform commissioning in this area.
- The dental public health workforce will increase its focus on effective health promotion and prevention of oral disease.

5.1 National leadership and responsibilities

The DoH will be freed from the operational management of the NHS, refocusing efforts on protecting and improving health. This includes new powers for the Secretary of State for Health:

- Accounting to Parliament and the public for the government's public health activities and spending
- Ensuring the health and care system works to deliver better health and wellbeing
- Setting ring-fenced budget for public health from within the overall NHS budget
- Setting direction for Public Health England and the context for local public health efforts
- Leading public health across central government, through the Cabinet sub-committee on public health
- Leading public health work across civil society
- Participating in public health work across the UK with Devolved Administrations and at European and international levels
- Proposing legislation
- Commissioning research for public health

6. Enhanced protection for health

- The government will devolve public health leadership wherever possible, but will keep powers and strengthen them where there is a strong case for central government leadership.

- Public Health England will build on current arrangements for emergency preparedness and response. Together with the NHS, Public Health England needs to be able to respond to major disruptive challenges, such as infectious disease outbreaks, terrorism and impacts of climate change.
- Public Health England will bring together the health protection and emergency planning and response functions from the DoH, HPA and SHAs.
- In the response phase, there will be national leadership, with most incidents managed locally by the Public Health England HPU and the DPH working together.

6.1 Health protection services

A range of health protection functions will be done at national levels, Public Health England will:

- Provide a coherent framework for rapid responses to threats
- Act in co-ordination across government and with national partners in response to threats
- Provide evidence-gathering functions
- Provide information and independent advice on hazards to health to professionals and public
- Provide specialist microbiology function
- Set standards for the national immunisation programme
- Commission communication campaigns
- Respond to legislative requirements

7. Evidence for public health

Public Health England will promote information-led, knowledge driven public health interventions.

Public Health England will draw together the existing complex information, intelligence and surveillance functions performed by multiple organisations into a coherent form to make evidence more easily accessible to those who will use it.

Their approach will be based on 3 principles:

- Quality – evidence will be timely, reliable, relevant to the audience and scientifically robust
- Transparency – evidence will be as accessible and user-friendly as possible
- Efficiency – information will be collected once but used many times with new knowledge applied rapidly as it becomes available

7.1 Research

The National Institute for Health Research (NIHR) will continue to take responsibility for the commissioning of public health research on behalf of the DoH. Public Health England will work with the NIHR to identify public health research priorities.

7.2 Information and intelligence

Public Health England will:

- Strengthen public health surveillance by ensuring fit-for purpose data collection and analysis
- Work with and measure the impact of different communication channels, including NHS Choices
- Ensure the National Institute for Health and Clinical Excellence (NICE) adds value to the evidence of effectiveness and cost effectiveness of public health interventions
- Develop intelligence about the relative cost effectiveness of different interventions to support DPH in commissioning local services

Consultation with those interested in public health practice – comments requested on:

- Publishing an annual review of the latest evidence on what works best in achieving better public health outcomes
- Developing a single, accessible and authoritative web-based evidence system for professionals, particularly DPH, to make evidence easily available to all and to encourage the use of the best evidence in practice
- Encouraging recognition and peer-sharing of successful innovative evidence-based approaches

Consultation questions

- b. What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?**
- c. How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?**
- d. What can wider partners nationally and locally contribute to improving the use of evidence in public health?**

8. Workforce for public health

- The government wants to maintain a well-trained, highly motivated public health workforce.
- A range of public health staff will work within Public Health England, employed by the DoH.
- There will also be many other critical roles in public health not employed by Public Health England, such as clinicians and professionals from GPs to dentists, pharmacists, nurses and environmental health officers.
- The DoH is encouraging PCTs and local authorities to discuss the future shape of public health locally.
- A more detailed workforce strategy will be developed by autumn 2011.
- The DoH is publishing a review by Dr Gabriel Scally on the regulation of public health professionals, as government believe statutory regulation should be a last resort. The preferred approach is to ensure effective and independently-assured voluntary regulation for any unregulated public health specialists.

Question

- e. 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?**

9. Making it happen

By early 2011

More detail on the proposed shape and structure of the new Public Health and care system and proposals for managing the transition in a series of publications, including:

- Detailed roadmap for the system; the NHS, Public Health England and the DoH – setting out transition milestones
- Further detail on the public health system, based on responses to the consultation on this white paper and forthcoming consultation documents, including
 - funding and commissioning for public health
 - Public health outcomes framework
- HR frameworks setting out the principles for managing people moving between organisations
- The Health and Social Bill, introduce to Parliament following the NHS white paper consultation
- The NHS operating framework and the announcement of PCT allocations for 2011/12, published in December 2010

The first step in determining budgets for public health will be to establish the baseline health spend for those services for which Public Health England will take responsibility for. Local PCT spending on such services during 2009/10 will be used as the baseline to reflect recent historic spending, rather than spending during a transition year.

9.1 Proposed timeline

Dec 2010 – March 2011

- Consultation on this white paper and forthcoming documents

During 2011

- Set up shadow-form Public Health England within the DoH
- Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas

Autumn 2011

- Public Health England will take on full responsibilities, including functions of the HPA and NTA
- Publish shadow public health ring-fenced allocations to local authorities

April 2013

- Grant ring-fenced allocations to local authorities

The DoH will publish a range of key documents that link to this white paper, including:

Winter 2010/11

- Health visitors
- Mental health
- Tobacco control

Spring 2011

- Public Health Responsibility Deal
- Obesity
- Physical Activity
- Social Marketing
- Sexual health and teenage pregnancy
- Pandemic flu

Autumn 2011

- Health protection, emergency preparedness and response