

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

<b>1. Meeting:</b>	Adult Services and Health Scrutiny Panel
<b>2. Date:</b>	10 February 2011
<b>3. Title:</b>	Healthy Lives, Healthy People: Public Health White Paper Consultation
<b>4. Directorate:</b>	Chief Executive's

### 5. Summary

Following the summary of the Public Health White Paper which was presented to Panel on 9 December 2010, this report outlines the key proposals and consultation questions which the Government are seeking views on.

The deadline for responses to the main white paper and two supporting documents which outline proposals for commissioning, funding and the new outcomes framework is 31 March 2011.

This report sets out the key proposals and consultation questions and asks for members of the Adult Services and Health Scrutiny Panel to contribute to the RMBC formal response.

### 6. Recommendations

**That the Adult Services and Health Scrutiny Panel:**

- **Note and discuss the proposals set out in the white paper and consultation documents**
- **Discuss and consider the questions, to inform the Council's response.**

## **7. Proposals and details**

The White Paper outlines some significant changes to the way public health is delivered and gives a brief overview of some of the Government's priorities for public health. The proposals include:

- Establishing a new body – Public Health England – within the Department of Health to protect and improve the public's health.
- Responsibility for public health will transfer to local councils from 2013. Directors of Public Health will be jointly appointed by the local authority and Public Health England and work within the local authority.
- Establishing Health and Wellbeing Boards to decide upon local public health priorities.
- Using a 'ladder of interventions' to determine what action needs to be taken to address different public health needs. Some things will be tackled by central Government through Public Health England (such as serious threats and emergencies); others will need a combination of central Government and local action. In other situations enabling people to make healthier choices, including by providing information, promoting healthier behaviour and strengthening self-esteem and confidence will be key.
- Funding for public health work will be ring-fenced and areas with the poorest health will receive extra funding.
- Commissioning of public health activity will be the responsibility of Public Health England, through directly commissioning certain services directly (eg national purchasing of vaccines or national communications campaigns), asking the NHS Commissioning Board to commission public health services (eg national screening programmes), and the provision of the ring-fenced budgets for public health to local authorities. GP consortia may also be able to commission on behalf of Public Health England.
- GPs, community pharmacies and dentists will be expected to play a bigger role in preventing ill-health.
- A new outcomes framework will be produced against which progress on key public health issues will be measured. Local authorities will receive additional public health funding when progress on these outcomes is achieved.

### **7.1 Responding to the Consultation**

The Government is consulting on the proposals within the main White Paper. The deadline for responding to the consultation is 31 March 2011. ASH panel members are being asked to consider the questions and contribute towards the formal response.

The two supporting documents refer to proposals in relation to the commissioning and funding of public health services and the new outcomes framework. Deadline for responding to these documents is 31 March 2011 and questions are attached as appendix A and B.

#### **7.1.1 White Paper Consultation Questions**

##### **Role of GPs and GP practices in public health**

The Department of Health (DH) will work to strengthen the public health role of GPs in the following ways:

- Public Health England and the NHS Commissioning Board will work together to support and encourage GP consortia to maximise their impact on improving population health and reducing health inequalities
- Information on achievement by practices will be available publicly, supporting people to choose GP practices based on performance
- Incentives and drivers for GP-led activity will be designed with public health concerns in mind
- Public Health England will strengthen the focus on public health issues in the education and training of GPs as part of the DHs workforce strategy

**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?**

### **Public health evidence**

- Public Health England (PHE) will promote information-led, knowledge-driven public health interventions.
- The DH will develop an evidence-based approach to public health alongside and evidence-based approach to healthcare
- PHE offers a unique opportunity to draw together the existing complex information, intelligence and surveillance functions performed by multiple organisations into a more coherent form and to make evidence more easily accessible
- Local requirements for public health evidence will drive PHEs evidence function
- The best way to ensure that the new system is effective and cost-efficient is by providing people with transparent information on the cost, evidence-base and impact of services

### **Research**

- Public health evaluation and research will be critical in enabling public health practice to develop into the future and address key challenges such as how to handle the wider determinants of health and how to use behaviour change science
- The national Institute of health Research (NIHR) will continue to take responsibility for the commissioning of public health research on behalf of the DH
- The DH will establish an NIHR School for Public Health Research to conduct high-quality research to increase the evidence base for public health practice

### **Information and intelligence**

- The DH will draw together existing public health intelligence and information functions; Public Health Observatories, cancer registries and parts of the HPA, working to eliminate gaps and overlaps
- PHE will:
  - Strengthen public health surveillance by ensuring fit-for-purpose data collection and analysis of health outcomes
  - Work with and measure the impact of different communication channels, including NHS Choices
  - Ensure NICE adds maximum value by providing authoritative independent advice
  - Develop intelligence about the relative cost-effectiveness of different interventions to support the Directors of Public Health in commissioning local services

**Question b: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?**

**Question 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?**

**Question d: What can wider partners nationally and locally contribute to improving the use of evidence in public health?**

### **Regulation of public health professionals**

- A detailed workforce strategy will be developed by Autumn 2011
- A range of public health staff will work with PHE, employed by the DH
- After completion of Transforming Community Services in April 2011, the provider functions of PCTs will have moved to other organisations, including community foundation trusts and social enterprises
- The DH will encourage PCTs and local government to discuss the future shape of public health locally
- Alongside Healthy Lives, healthy People, the DH is publishing a review by Dr Gabriel Scally of the regulation of public health professionals. The government believes that 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?**

## **8. Finance**

There are no direct financial implications to this report.

## **9 Risks and Uncertainties**

Further clarity on the proposals will be provided following the consultation process, which ends 31 March 2011.

## **10 Policy and Performance Agenda Implications**

Public health will transfer to local authority responsibility as of 2013, when the Director of Public Health will be employed by the council. RMBC will need to consider the future shape of the public health workforce during this transition period.

Further consultation is taking place on the proposed public health outcomes framework, see appendix A for questions

## **11 Background Papers and Consultation**

Healthy Lives, Healthy People: strategy for public health in England (2010)

Healthy Lives, Healthy People: Transparency in outcomes consultation document

Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health

## **12 Contact**

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