

Healthy Lives, Healthy People

Public Health White Paper Consultation

Consultations

- Government is consulting on the Public Health white paper
- Deadline for which is 31 March 2011
- Follows consultation which has already taken place on the NHS white paper – which RMBC responded to

3 parts to consultation:

- Consultation questions referring to main white paper
- 2 supporting documents:
 - Commissioning and Funding for public health
 - New public health outcomes framework

Consultation Questions

- The Dept. Of Health will work to strengthen the public health role of GPs by:
 - PHE and NHSCB to work together to encourage GPs in their PH role
 - Incentives and drivers for GP-led activity concerning PH
 - PHE to strengthen the focus of PH issues in the education and training of GPs

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?

Questions Cont..

- PHE will promote information-led PH interventions
- PHE will draw together existing complex information and intelligence performed by multiple organisations into a coherent form for ease of access
- The National Institute of Health Research will continue to take responsibility for PH research on behalf of DH

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?

Questions Cont..

- A detailed workforce strategy will be developed late 2011
- The DH will encourage PCTs and local government to discuss future shape of PH locally
- DH also publishing review of the regulation of PH professionals – they believe statutory regulation should be a last resort, preferred approach is to ensure effective voluntary regulation for any unregulated PH professionals

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?

Funding & Commissioning

16 questions relating to how PH is to be funded and services commissioned, key points to consider:

- Ring-fenced PH budgets allocated to LAs by PHE
- Will include Health Premium for authorities with greatest deprivation and inequalities
- PH budget will not include functions which are already carried out by LAs such as housing, leisure, social care
- HWB can pool other budgets as required
- Shadow PH allocated to be provided April 2012
- Local authorities and GP consortia will have equal obligation to prepare the JSNA through the HWB
- HWB to develop local HW Strategy, based on the JSNA
- Commissioners to have regard to the JSNA and HW Strategy
- Ring-fenced budget to give opportunities for local government to involve new partners when contracting for services

Outcomes Framework

12 questions relating to the proposed new Outcomes Framework,
key points to consider:

- The framework will be co-produced and nationally applicable without the Government dictating what is contained in the data set
- There will be a need to reflect the breadth of contributions from all partners
- Public health, NHS and Adult Social Care frameworks will all align with key areas of overlap where services share an interest
- The framework will:
 - Use indicators which are meaningful to communities
 - Focus on major causes and impacts of health inequality
 - Take on a life-course approach
 - Use data collected and analysed nationally to reduce burden on LAs

Framework Cont..

- Will include 5 domains:
 - Health protection and resilience
 - Tackling wider determinants of health
 - Health improvement
 - Prevention of ill health
 - Healthy life expectancy and preventable mortality