

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

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

### **5. Summary**

Following the presentation to ASH Panel on 10 February 2011 on the Public Health White Paper consultation documents, this report is to update panel on the draft response to date and to allow for further input now panel members have had the opportunity to look through the questions.

Consultation has taken place with Directorates and with other Elected Members via PSOC. The deadline for responses to the consultation is 31 March 2011 and is due to be signed off by Cabinet on 9 March 2011.

### **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 draft response to date**

## **7. Proposals and details**

The Government is consulting on the proposals within the main White Paper and two supporting documents in relation to the commissioning and funding of public health services and the new outcomes framework. The deadline for responding to the consultation is 31 March 2011. ASH panel members are being asked to consider the questions and draft response to date, to contribute towards the final RMBC response.

The two supporting document questions and draft responses are attached as appendix A and B.

### **7.1 Main White Paper Consultation Questions**

**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?**

**Notes to consider:**

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 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?**

**Note to consider:**

- 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 potential 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

- 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
- 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

**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?**

**Note to consider:**

- There will be a wide range of public health staff working with Public Health England, who will be employed by the Department of Health (DH), along with the range of public health staff following the transition to local authorities. The Government intends to publish a detailed workforce strategy by autumn 2011 which will provide further details of these staff members.
- The DH is also 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. There will however be a range of professionals such as the Director of Public Health and other clinical professionals who will continue to be regulated.

Concerns were raised at the previous Panel around the potential self-regulation of alternative therapists, such as homoeopaths and reflexologists which will be included in the final consultation response.

## **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 following this transition period.

## **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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