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Shadow Health & Well-being Board
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Healthy Lives, Healthy People: Update and Way Forward

1. Background

The White Paper *Healthy Lives, Healthy People: Our strategy for public health in England* set out a bold vision for a reformed public health system in England. Update and Way Forward sets out the progress that has been made in developing that vision and identifies those issues where further *development is needed, and a timeline for this work.*

The White Paper was complemented by two further consultation documents, Healthy Lives, Healthy People: transparency in outcomes, and Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health, both published in December 2010. Consultation continued on all three documents until 31 March 2011. The Department of Health was directly involved in over 60 consultation events, and supported many others.

Update and Way Forward lays out a commitment to a reformed public health system for England which:

- Clarifies the new leadership role for local authorities and their directors of public health, across health improvement, health protection and population health services to the NHS
- Sets out proposals for commissioning public health services
- Establishes a new integrated public health service, Public Health England, to drive improvements in health and protect against health threats;
- Sets out that Public Health England will be an executive agency of the Department of Health, to provide greater operational independence within a structure that is clearly accountable to the Secretary of State for Health
- Sets out clear principles for emergency preparedness, resilience and response.

The bold changes proposed in Healthy Lives, Healthy People are a response to the challenges we face to the public's health. For example, two out of three adults are overweight or obese; and inequalities in health remain widespread, with people in the poorest areas living on average 7 years fewer than those in the richest areas, and spending up to 17 more years living with poor health. Major health threats remain, ranging from the risk of outbreaks or new pandemics to the potential impact of terrorist incidents.

The policy statement ***Update and Way Forward*** reaffirms the Government's vision for public health across the life course. The new approach aims to build people's self-esteem, confidence and resilience right from infancy – with stronger support for early years, emphasising more personalised, preventive services that are focused on delivering the best outcomes for citizens. It sets out progress nationally towards tackling the issues raised in consultation and indicates where work will be undertaken quickly with stakeholders to test proposals and finalise the design of the new system.

The recent consultations on public health and the Listening Exercise for the Health and Social Care Bill demonstrated broad support for this strengthened focus on public health, for giving new public health responsibilities to local government and for the commitment to the Marmot agenda. Consideration of the challenges made by individuals and organisations to the consultations and listening exercise are reflected in the policy document.

The national vision is to create a public health system that will reach across and reach out – addressing the root causes of poor health and wellbeing, reaching out to individuals and families who need the most support, and be:

- **Responsive** – owned by communities and shaped by their needs
- **Resourced** – with ring-fenced funding and incentives to improve
- **Rigorous** – professionally-led, focused on evidence, efficient and effective
- **Resilient** – strengthening protection against current and future threats to health.

2. Key Messages

On the 14th July 2011 the DH published Healthy Lives, Healthy People: Update and Way Forward:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128333.pdf

Key messages from the document include:

A: A locally-led system: local government

Wherever possible, responsibility and power should be transferred to the local level, allowing local services to be shaped to meet local needs.

- Local authorities will have a role across the **three domains of public health**:
 - **Health improvement** (including people's lifestyles as well as inequalities in health and the wider social influences of health)
 - **Health protection** (including infectious diseases, environmental hazards and emergency preparedness)
 - **Population Health services** (including service planning, efficiency and audit, and evaluation)
- The Health and Social Care Bill gives upper tier and unitary local authorities a new duty to take such steps as it considers appropriate for **improving the health of the people in its area**. Local authorities will get new functions through regulations for taking steps to **protect the local population's health**, and for **providing clinical commissioning groups with population health advice**.
- Local authorities will be funded to carry out their specific new public health responsibilities through a ring-fenced grant. There will only be a limited number of conditions on the use of the grant. These will centre on defining clearly the purpose of the grant, to ensure it is spent on the public health functions for which it has been given, and ensuring a transparent accounting process.

B: A local community's health advisor - the Director of Public Health

The Director of Public Health role is critical to ensuring that public health is embedded across the work of the authority, acting corporately but exercising the appropriate professional independence where necessary to advocate for the health of the local population.

In summary the role of the Director of Public Health will be as:

- The principal adviser on health to elected members and officials
- The officer charged with delivering key new public health functions
- A statutory member of the health and wellbeing board
- The author of an annual report on the health of the population.

They will have responsibilities across the three domains of public health, reflecting the responsibilities of local authorities.

Health improvement: The Director of Public Health will lead on investment for improving and protecting the health of the population locally, and reducing health inequalities through the way the ring-fenced grant is spent (although accountability for the grant rests with the Chief Executive of the local authority).

Health protection: It will be a requirement for the local authority to ensure that plans are in place to protect the health of the local population. This will ensure that Directors of Public Health have a critical role, working closely with Public Health England at the local level and with the NHS, to ensure appropriate public health responses to the whole spectrum of potential problems, from local incidents and outbreaks to emergencies.

Population health services: Directors of Public Health and their teams will provide public health expertise, advice and analysis to clinical commissioning groups and health and wellbeing boards and (for primary care and other directly commissioned services) to the NHS Commissioning Board. This provision of public health input to NHS commissioning will become a mandated step for local authorities, using regulation-making powers in the Health and Social Care Bill.

Public health specialists will also come together with other health and care experts in new clinical senates, hosted by the NHS Commissioning Board, to advise on how to make patient care fit together seamlessly.

Status of Directors of Public Health

Employed by local authorities, but the appointment process will be joint with Public Health England, who will be able to ensure that only appropriately qualified individuals fill the post.

The DPH will be expected to be of Chief Officer status with direct accountability to the Chief Executive for the delivery of local authority public health functions.

C: A locally-led system: supported by Public Health England

Public Health England will bring together a fragmented system, strengthen the national response on emergency preparedness and health protection and support public health delivery across the three domains of public health through information, evidence, surveillance and professional leadership.

Public Health England will support and enable local leaders to promote, protect and improve people's health. It will be a source of information, advice and support for local authorities and clinical commissioning groups as they develop local approaches to improve health and wellbeing. Public Health England will support this local action by:

- Generating information on the state of public health in England to support the development of local Joint Strategic Needs Assessments
- Building the evidence base on what works, working with academic researchers and public health practitioners ensuring local areas are able to share best practice and insight and achieve value for money

- Communicating intelligence to local leaders about how best to tackle the public health challenges their population is facing, to support the development of joint health and wellbeing strategies
- Reporting on local government contribution in improving population health outcomes as part of the public health outcomes framework
- Advocacy to promote and encourage action right across society, including by local employers and individuals and families
- Providing robust surveillance and local response capabilities to respond to threats to public health and ensure health is protected.
- Professional support for Directors of Public Health.

Public Health England will play a particularly key role in health protection: protecting people from hazards including infectious diseases, radiation, chemicals and poisons, and any emergencies caused by these.

D: A locally-led system: the NHS contribution to public health

The NHS will continue to have a critical part to play in securing good population health, and will work closely with local authorities to achieve the best possible health outcomes for local people. The NHS role in securing population health outcomes includes:

- The provision of accessible and high quality health care to meet the needs of the local population
- Ensuring that in delivering healthcare the opportunities to have a positive impact on public health are taken
- Delivery of specific population health interventions (e.g. childhood immunisations and national screening programmes)
- The NHS contribution to health protection and emergency response.

Where appropriate the NHS Commissioning Board will be asked to commission specific services funded from the public health budget. (Annex A of Update and Way Forward).

E: A locally-led system: coordinated by the health and wellbeing board

Bringing the whole system together at the local level will be health and wellbeing boards. They will maximise opportunities for integration between the NHS, public health and social care, promoting joint commissioning, and driving improvements in the health and wellbeing of the local population. Health and wellbeing boards will provide the vehicle for local government to work in partnership with commissioning groups to develop comprehensive Joint Strategic Needs Assessments and robust joint health and wellbeing

strategies, which will in turn set the local framework for commissioning of health care, social care and public health services, and taking into account wider ranging local interventions to support health and wellbeing across the life course (e.g. local planning and leisure policies and working with community safety partnerships, police and crime commissioners).

F: Financing the public health system

A fundamental plank of the reform strategy is providing public health with dedicated resources. This will allow the promotion of a strategic approach to spend on prevention, recognising that public health is a long-term investment, and that effective spend on prevention will release efficiency savings elsewhere, which can then be used elsewhere in the NHS and cross-government more widely.

Through engagement with the NHS, and increasingly local government partners the DH is working to establish the future size of the ring-fenced public health budget.

The DH is committed to ensuring that local authorities are adequately funded for their new responsibilities and that any additional net burdens will be funded in line with the Government's New Burdens Doctrine. Public health grants to upper tier and unitary local authorities will be made for the first time in 2013-14 and DH intend to provide shadow allocations for 2012-13 by the end of this year. The Advisory Committee for Resource Allocation continues to consider what it will recommend as an appropriate allocations formula for the local authority grant.

G: Clear national leadership – Public Health England

Nationally, Public Health England will drive delivery of improved outcomes in health and well-being, and design and maintain systems to protect the population against existing and future threats.

Public Health England will be established as an integrated public health delivery body. It will bring together in one organisation the public health skills, knowledge and capabilities that are currently distributed across a wide range of health organisations. Those bodies whose functions will in future be the responsibility of Public Health England are listed below - together they currently employ approximately 4500 staff:

- The Health Protection Agency;
- The National Treatment Agency for substance misuse;
- The Regional Directors of Public Health and their teams in the Department of Health and Strategic Health Authorities;
- The regional and specialist Public Health Observatories;
- The Cancer Registries and the National Cancer Intelligence Network;
- The National Screening Committee and Cancer Screening Programmes.

Public Health England will be an Executive Agency with a Chief Executive with clear accountability for carrying out its functions. Its status will underline its responsibility for offering scientifically rigorous and impartial advice. At a national level, Public Health England will provide the Secretary of State with a clear line of sight on health protection from national coordination down to local delivery. Public Health England will work closely with the NHS Commissioning Board to ensure effective approaches are in place for the delivery of the public health outcomes. The NHS Commissioning Board will look to Public Health England to ensure appropriate population health advice is available to the NHS from the public health system.

H: Developing a rich and diverse workforce

DH is working with stakeholders to develop a public health workforce strategy as set out in the White Paper. The focus of the strategy will be on the specialist workforce, but it is clear that public health is everybody's business, so the strategy will be inclusive. It will:

- Scope the current situation of public health workforces;
- Consider the role and purpose of the public health workforce in the context of the White Paper, *'Healthy lives, healthy people: our strategy for public health in England'*
- Examine how best to transform the workforce to meet the challenges and opportunities of the future, but also offer career pathways to those with different entry points
- Set out how to deliver a high quality, sustainable, specialist workforce with the flexibility to move across employment sectors
- Look at the training and education opportunities to support wider public health
- Workforces (such as health visitors, school nurses, many allied health professionals and others) and the relationship between Public Health England and Health Education England
- Consider how best to build on and use workforce data effectively, not least for planning for the future.

3. Managing the transition

Outlining the operating model for Public Health England in the autumn will provide a firm basis for implementing the system reforms and managing the transition. Subject to Parliament, upper tier and unitary local authorities will take on their new public health responsibilities in April 2013, at which point they will also take responsibility for Directors of Public Health and their functions. Public Health England will be created at the same time, formally taking on the functions of its predecessor bodies.

Aligning the start date of Public Health England with that of the local system will create additional time to ensure that the key elements of the new system are correct.

Ahead of 2013 local systems are developing locally tailored approaches. The transition to the new public health system will be a complex task. Some 5000 public health staff work across the 152 Primary Care Trusts and form the cadre of staff which may transfer to local authorities. Currently, a further 4,500 staff work for the bodies whose functions will in future be the responsibility of Public Health England.

Planning for the transition of public health functions to local authorities is being undertaken locally, under the leadership of the Regional Directors of Public Health. Formal transition plans are to be agreed with the Regional Director of Public Health by March 2012. Ahead of this date Local Authorities and PCT Clusters are strongly encouraged to work together on developing the relationships and joint working that will facilitate a robust transition for April 2013.

A Chief Executive for Public Health England will be in post from April 2012. This will allow the Chief Executive to oversee the detailed organisational design of Public Health England and steer the transition process to create Public Health England as a single integrated body.

To support the transition a small number of specific transition policy documents have been developed to help ensure a robust, consistent process. These include:

- HR Concordat with local government to set out the HR process for the transition from Primary Care Trusts to local government
- People Transition Plan for Public Health England to set out the HR process for the transition into Public Health England
- Workforce strategy: Sets out the future planning strategy for workforce development.

4. What's to Follow:

DH will produce a series of Public Health System Reform Updates to complete the operational design of the public health system including:

- The public health outcomes framework to detail how we will track public health outcomes and improvements
- The Public Health England Operating Model to describe how Public Health England will work, its relationships, and how it can support improved health outcomes
- Public Health in local government and the Director of Public Health, final detailed operational design building on the role set out in the policy statement
- Public health funding, to establish baseline public health spend and details of the allocation methodology, health premium and shadow allocations

- Workforce, DH will publish a comprehensive Workforce Strategy. DH will work with local authorities and public health professionals to address concerns relating to terms and conditions and regulation of public health professionals.

July 14th 2011