

# Healthy Lives, Healthy People

Our strategy for public health in England

# The Health Background

- Britain has amongst the worst levels of obesity in the world.
- Smoking claims over 80,000 lives a year.
- 1.6 million people are dependent on alcohol.
- Over half a million new sexually transmitted infections were diagnosed last year, and one in ten people getting an infection will be re-infected within a year.
- Poor mental health is estimated to be responsible for nearly a quarter of the overall burden of long-standing poor health.
- People in the poorest areas can expect to live up to 7 years less than people in richer areas.

# The New Approach

- **representative** – 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.

*and will focus on improving the health of the poorest fastest*

A decorative graphic in the bottom-left corner consisting of several overlapping, semi-transparent green squares of varying sizes and shades, creating a stepped, staircase-like effect.

# Health and Wellbeing throughout life

1. Empowering local government and communities
2. Tackling health inequalities
3. Coherent approach to different stages of life
4. Giving every child the best start in life
5. Making it pay to work
6. Designing communities for active aging and sustainability
7. Working collaboratively with business and voluntary sector – the Public Health Responsibility Deal

# A New Public Health System

- Public Health England – a national public health service
- A return of public health leadership to Local Government
- Professional leadership nationally and locally
- Dedicated resources for public health at national and local levels
- Focus on outcomes and evidence based practice supported by a strong information & intelligence system
- Maintaining a strong relationship with the NHS, social care and civil society
- Set out in the forthcoming Health and Social Care Bill

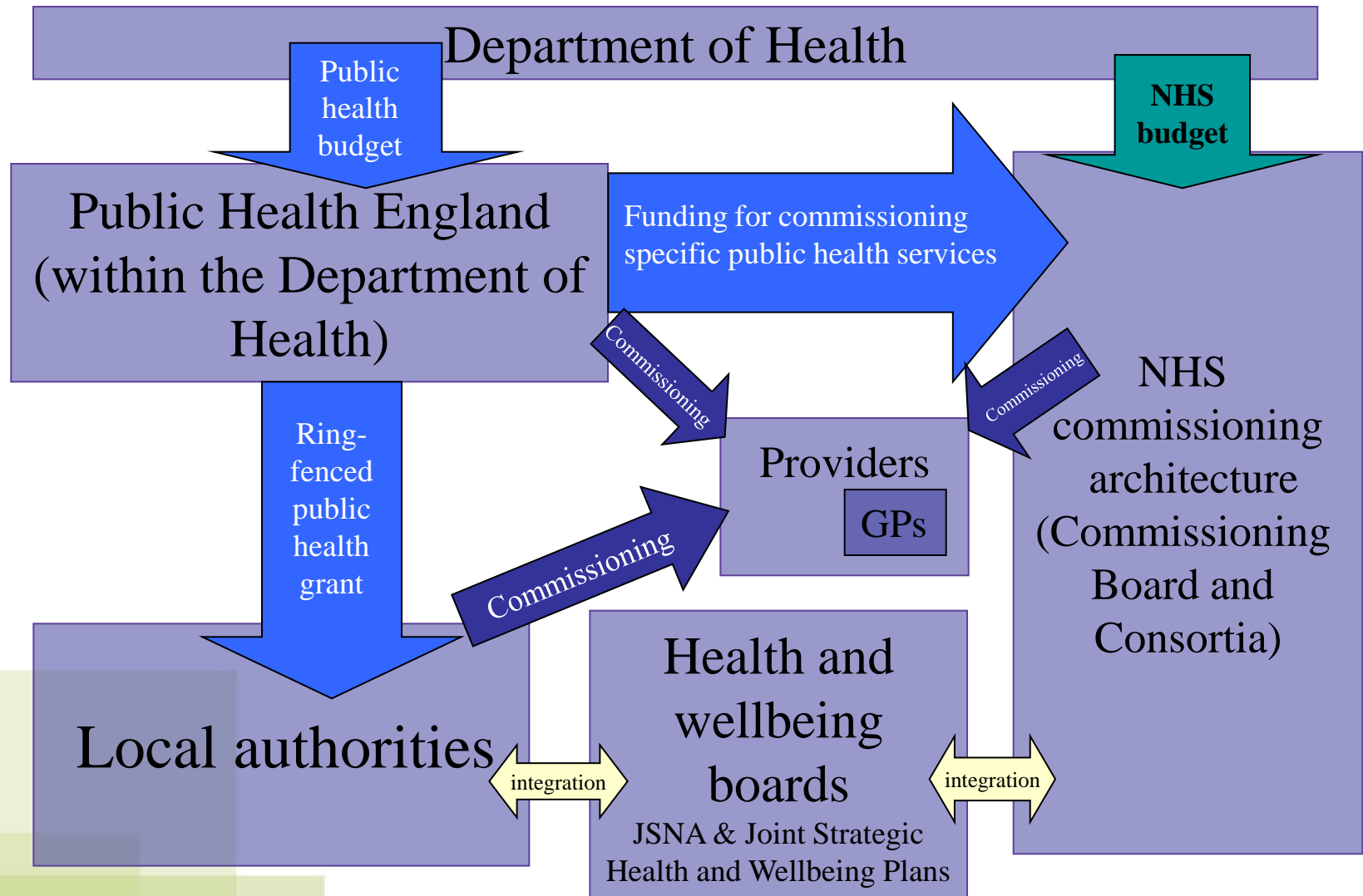
# Public Health England

- New public health service directly accountable to the Secretary of State for Health with a clear mission to;
  1. Achieve measurable improvements in public health outcomes; and
  2. Provide effective protection from public health threats
  
- It will do this by;
  1. Protecting people from infectious disease and biological, chemical and radiological threats;
  2. Helping people and families to be able to take care of their own health and wellbeing; and
  3. Inspiring challenging and commissioning partners from all sectors.

## PROPOSED ROLE - The Director of Public Health;

- Will be jointly appointed by the relevant local authority and Public Health England and employed the local authority with accountability to locally elected members and through them to the public.
- Will be the principal adviser on all health matters to the local authority, its elected members and officers, on the full range of local authority functions and their impact on the health of the local population
- Will play a key role in the proposed new functions of local authorities in promoting integrated working
- Jointly lead the development of the local Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategy (with Directors of Adult Social Services and Directors of Children's Services)
- Will continue to be an advocate for the public's health within the community
- Will produce an authoritative independent annual report on the health of their local population

# Public health funding and commissioning



# Defining commissioning responsibilities – examples

	<b>Proposed activity to be funded from the new public health budget (provided across all sectors)</b>	<b>Proposed commissioning route/s for activity (including any direct provision)</b>	<b>Examples of proposed associated activity to be funded by the NHS budget (including from all providers)</b>
Infectious disease	Current functions of the Health Protection Activity in this area, and public health oversight of prevention and control, including co-ordination of outbreak management	PHE with supported role by local authorities	Treatment of infectious disease; co-operation with PHE on outbreak control and related activity
All screening	PHE will design, and provide the quality assurance and monitoring for all screening programmes	NHS Commissioning Board (cervical screening is included in GP contract)	-
Obesity programmes	Local programmes to prevent and address obesity, e.g. delivering the National Child Measurement Programme and commissioning of weight management services	Local authority	NHS treatment of overweight and obese patients, e.g. provision of brief advice during a primary care consultation, dietary advice in a healthcare setting, or bariatric surgery

# Public Health and the NHS

- The NHS will commission some public health services, with funding passed from Public Health England.
- In addition, the NHS will have an ongoing role in certain services with public health aspects - the Department expects that public health continues to be an integral part of primary care services.
- Public health expertise will inform the commissioning of NHS funded services, facilitating integrated pathways of care for patients. This will be underpinned:
  - locally by ensuring DsPH are able to advise the GP consortia; and
  - nationally via the relationship between the Secretary of State/ Public Health England and the NHS Commissioning Board.

## *Consultation question*

*How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?*

# Allocations and the health premium

## Allocations

- From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued to LAs in 2012/13, providing an opportunity for planning.
- We propose to move to actual allocations from current spend towards the target allocations over a period of time.
- We will take independent advice on how the allocations are made.

## Health premium

- Building on the baseline allocation, LAs will receive an incentive payment, or 'health premium', that will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework.
- The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

**We are consulting on Public Health allocations and the health premium in the consultation document**

# Accountability

- Secretary of State remains accountable for resources allocated to the health and social care system as a whole, for strategy and for the legislative and policy framework and for progress against national outcomes.
- As part of DH, PHE will be accountable to the Secretary of State for the functions it exercises.
- There will also be a relationship between PHE and LAs, which means that local government will be accountable to PHE. The public health grant to LAs, as a ring-fenced grant, will carry some conditions about how it is used.
- The primary accountability for local government will be to their local populations in improving outcomes in health and well-being.
- Locally, Health and Wellbeing Boards will be core to the assessment and agreement of local priorities.
- Data will be published in one place by Public Health England enabling national and local democratic accountability for performance against those outcomes. This will make it easy for local areas to compare themselves with others across the country and incentivise improvements and at a national level to track progress towards health improvements across the board.

# Public Health Outcomes Framework: VISION

To improve and protect the nation's health and to improve the health of the poorest, fastest

- **Domain 1 - Health Protection and Resilience:** Protecting the population's health from major emergencies and remain resilient to harm
- **Domain 2 - Tackling the wider determinants of health:** Tackling factors which affect health and wellbeing and health inequalities
- **Domain 3 - Health Improvement:** Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities
- **Domain 4 - Prevention of ill health:** Reducing the number of people living with preventable ill health and reduce health inequalities
- **Domain 5 - Healthy life expectancy and preventable mortality:** Preventing people from dying prematurely and reduce health inequalities

*Consultation question:*

*Do you agree with the overall framework and domains?*

# The Indicators

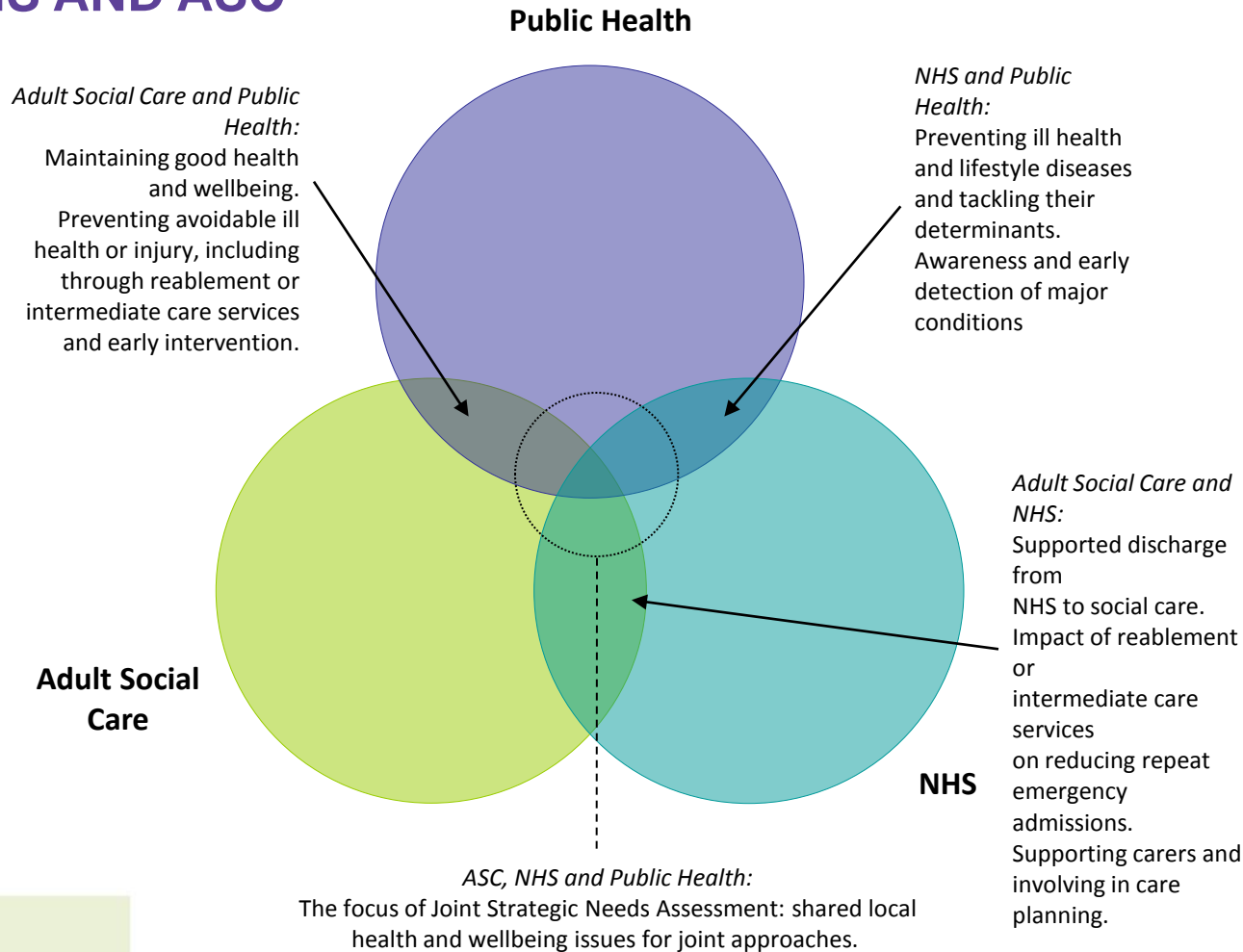
## Criteria for how we developed proposed indicator

- Are there evidence-based interventions to support this indicator?
- Does this indicator reflect a major cause of premature mortality or avoidable ill health?
- By improving on this indicator, can you help to reduce inequalities in health?
- Will this indicator be meaningful to the broader public health workforce and to the wider public?
- Is this indicator likely to have a negative / adverse impact on defined groups (groups sharing a characteristic protected by equalities legislation)? (If yes, can this be mitigated against?)
- Is it possible to set measures, SMART objectives against the indicator to monitor progress in both the short and medium term?
- Are there existing systems to collect the data required to monitor this indicator; and
- Is it available at the appropriate spatial level (e.g. Local Authority)?
- Is the time lag for data short, preferably less than one year
- Can data be reported quarterly in order to report progress?

### *Consultation question*

*Are these the right criteria to use in determining indicators for public health?*

# Public Health Outcomes Framework – ALIGNMENT WITH NHS AND ASC



*Consultation question:*

*Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?*

## Summary timetable

<b>Summary timetable (subject to Parliamentary approval of legislation)</b>	<b>Date</b>
Consultation on: <ul style="list-style-type: none"> <li>• specific questions set out in the White Paper;</li> <li>• the public health outcomes framework; and</li> <li>• the funding and commissioning of public health.</li> </ul>	Dec 2010–March 2011
Set up a shadow-form Public Health England within the Department of Health Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA. Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013

## Overall Transition

- Accountability for delivery in 2011/12 will continue to rest with SHAs and PCTs.
- In addition, SHAs will be responsible for the overall transition process in their regions during 2011/12 with co-ordination and leadership for public health from DH.
- As part of this, Regional Directors of Public Health (RDsPH) will lead the transition for the public health system at the regional and local level.

# Healthy Lives, Healthy People – A Consultation

- Public Health White Paper
  - Role of GPs and GP practices in public health
  - Public health evidence
- Professional Regulation
- Outcomes Framework for Public Health
- Funding and Commissioning for Public Health

*Find consultation documents at;*

[www.consultations.dh.gov.uk/healthy-people](http://www.consultations.dh.gov.uk/healthy-people)

*Respond to consultations at;*

[publichealthengland@dh.gsi.gov.uk](mailto:publichealthengland@dh.gsi.gov.uk)