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CIEH Wiltshire Branch– Proposals for a National Public Health Service

**Mike Studden, Hon Secretary
South West Regional Management Board**



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“The emphasis we put on protecting from risk and treating illness, is not matched by the emphasis we put on preventing illness in the first place.

Recognising the additional demands facing the NHS in the coming decades – an increasing and ageing population, costly advances in treatments and rising expectations – we simply can’t go on like this.

To have a fighting chance of meeting new demand in the years ahead, we have to get to grips with the real drivers of demand on our NHS now”.

'A new approach to public health' , Andrew Lansley, Health Secretary,
UK Faculty of Public Health Conference, 7 July 2010



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“But, it’s clear that we have to find a new approach – to think new thoughts. We need a paradigm shift.

The reforms we are bringing in will empower you – the professionals – to commission services that work – to apply the best technology and the best new insights of social psychology and behavioural economics to achieve real improvements in public health.”

'A new approach to public health', Andrew Lansley, Health Secretary,
UK Faculty of Public Health Conference, 7 July 2010



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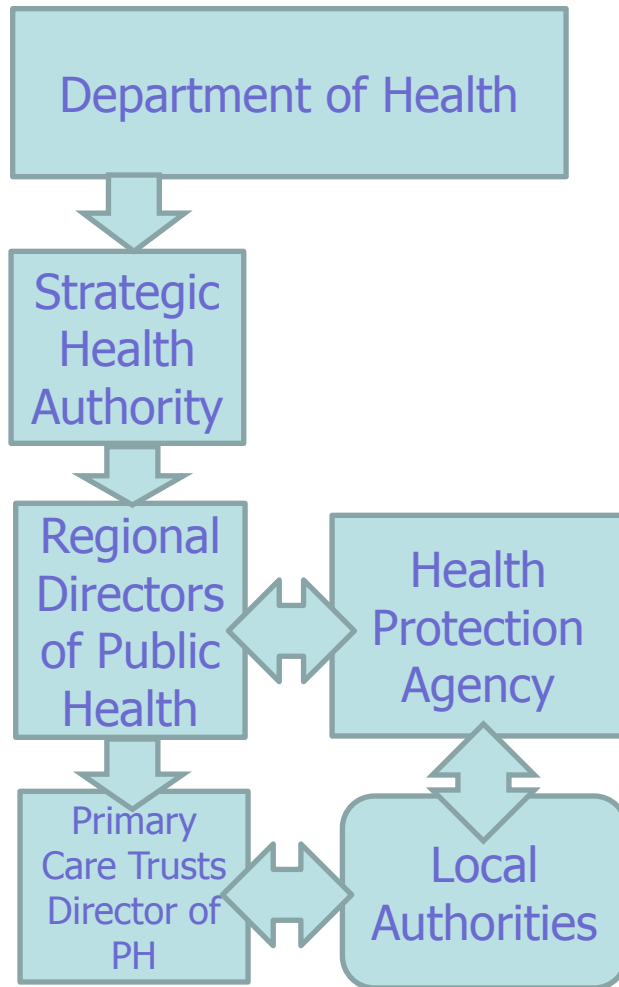
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PROPOSALS

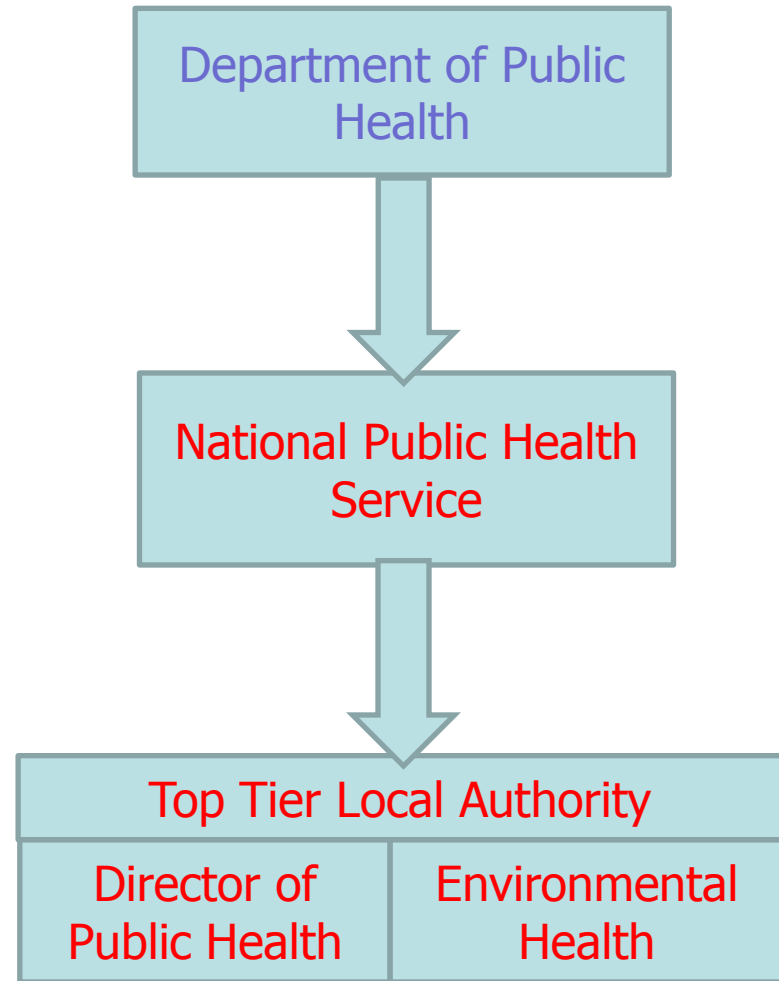
- Secretary of State for Public Health
- Cabinet Sub-Committee on Public Health
- New Public Health Service
- National cross-government Public Health Strategy
- Strengthening the role of local government in improving public health



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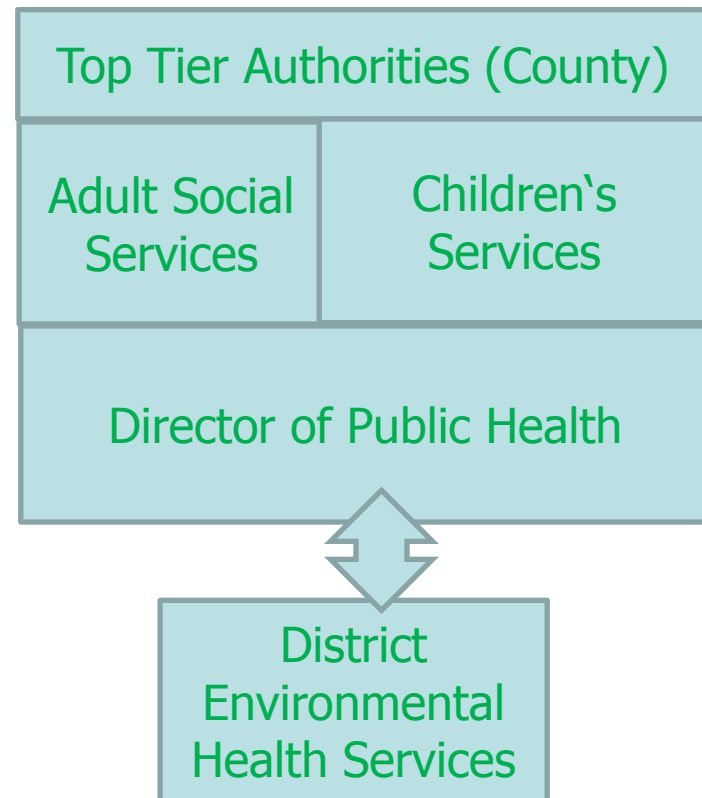
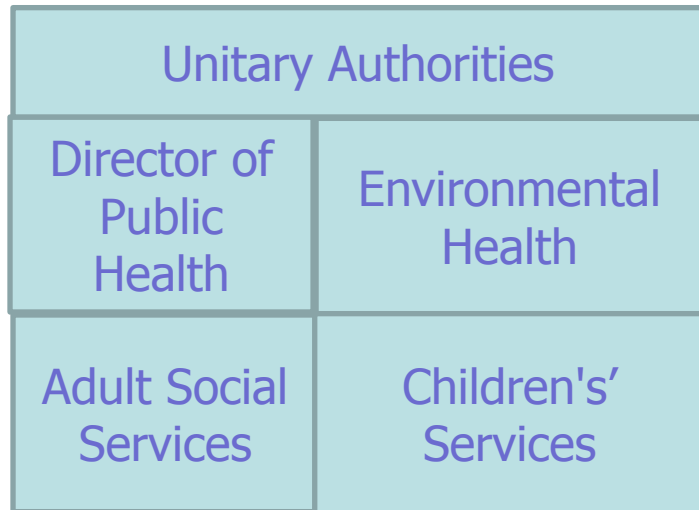
EXISTING



PROPOSED



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Equity and excellence: Liberating the NHS

page 4, para. 6p;

page 5, para.8.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Liberating the NHS: Local democratic legitimacy in health

page 14, para.51.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117721.pdf

Liberating the NHS: Commissioning for patients

page 2, para 1.9 LAs to lead JSNA;

page 5, para 1.20 partnerships;

page 7, 2.6 consortia to work with LAs on public health;

page 10, para 2.20 LA Wellbeing Boards.

http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117705.pdf



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Equity and excellence: Liberating the NHS

Autonomy, accountability and democratic legitimacy

To strengthen democratic legitimacy at local level, local authorities will promote the joining up of local NHS services, social care and health improvement.

The debate on health should no longer be about structures and processes, but about priorities and progress in health improvement for all.



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Liberating the NHS: Local democratic legitimacy in health

Local authority leadership for health improvement

In future, local authorities will have a stronger influence on the health outcomes of their local area. When PCTs cease to exist we intend to transfer responsibility and funding for local health improvement activity to local authorities.

Embedding leadership for local health improvement activity within local authorities builds upon the existing success of the many joint Director of Public Health appointments between local authorities and PCTs.

It is intended to unlock synergies with the wider role of local authorities in tackling the determinants of ill health and health inequalities.



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Liberating the NHS: Commissioning for patients

Local authorities will **lead the statutory joint strategic needs assessment**, which will inform the commissioning of health and care services and promote integration and partnership across areas, including through **joined up commissioning plans across the NHS, social care and public health**.

They will **support joint commissioning and pooled budget arrangements**, where parties agree this makes sense, and will undertake a scrutiny role in relation to major service redesign.

One option for doing this is through the **creation of statutory health and wellbeing boards within local authorities**.



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Liberating the NHS: Commissioning for patients

Establishment of GP consortia

GP practices to form consortia and arrangements for authorisation by the NHS Commissioning Board

Consortia and the NHS Commissioning Board will work with patients and the public, with **local government**, and with other health and care professionals **to secure more patient-centred and integrated delivery of care**

Consortia will have a **duty to** promote equalities and to **work in partnership with local authorities**, for instance **in relation to** health and adult social care, early years services and **public health**.



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Liberating the NHS: Commissioning for patients

The **proposed new local authority health and wellbeing boards** would enable consortia, alongside other partners, to contribute to **effective joint action to promote the health and wellbeing of local communities**, including combined action on health improvement



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Challenges

- Service delivery models
- Positioning EHPs
- Engaging with new structures
 - Health and Wellbeing Boards
 - GP Commissioning Groups



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Service delivery models

- Joint NPHS/ LA appointed Directors of Public Health
- Ring fenced “public health” budgets for LAs
- Local autonomy/ evidence based intervention
- Population level intervention v. individual service?
- Northern Ireland and US two tier models?



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Positioning EHPs

- Leadership
- Advocacy
- Capacity building
- New skills (JSNA)
- Structures and service delivery models



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Engaging with new structures

- Health and Wellbeing Boards – local empowerment for local solutions/ statutory power to ensure “wellbeing”
- GP Commissioning Groups – power of the purse/ needs assessment for preventative initiatives v. historical curative spend



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Consultation on a New National Public Health Service for England

ISSUES

Is environmental health public health?

Do environmental health functions fit in the “new” public health?

What can environmental health professionals bring to public health?

What can public health bring to environmental health?

Are there any obvious gaps in the “new model”?

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Is environmental health public health?

The official definition of public health is:

"the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society"

Public Health in England, Sir Donald Acheson, 1988



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Who works in public health?

People from a range of disciplines and at all levels of seniority make up the public health workforce.

Professionals who spend a major part, or all of their time, in public health practice include
environmental health officers and those who use research, information, public health science or health promotion skills in specific public health fields.

Public health in England, Chief Medical Officer, Department of Health, June 2003

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/Features/FeaturesArchive/Browsable/DH_5017813



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Do environmental health functions fit in the "new" public health?

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What can environmental health professionals bring to public health?

- Local engagement and community awareness
- Commitment to improve public health
- 170 years of experience
- Professional expertise
- Partnership working expertise
- Local accountability



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What can public health bring to environmental health?

- Evidence based approach to intervention (Joint Strategic Needs Assessment)
- Ring fenced funding (albeit for wider public health responsibilities)
- Statutory role
- Direct links to National Public Health Service



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Are there any obvious gaps in the "new model"?

- Strategic focus for environmental health
- Interface between population and individual health roles
- Local v national priorities
- Recognition of environmental health contribution to public health
- Integration into public health professional training and registration (new career paths)

Towards a Bright New Future?

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