Agenda No 2

AGENDA MANAGEMENT SHEET

Name of Committee	**Portfolio Holders (Health) Decision Making Session**
Date of Committee	**29 March 2011**
Report Title	**Consultation Response on White Paper: Healthy Lives Healthy People**
Summary	This report presents a joint response from Warwickshire County Council and NHS Warwickshire to the Government's consultation in respect of forthcoming health proposals.
For further information please contact:	Monica Fogarty Assistant Chief Executive Tel. 01926 412514 or monicafogary@warwickshire.gov.uk Dr. John Linnane Director of Public Health Tel: 01926 431491 John.linnane@warwickshire.nhs.uk
Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]	N/A
Background papers	

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	
Local Member(s)	☐	
Other Elected Members	X	Cllr Caborn, Shilton, Tooth and Rolfe
Cabinet Member		
Chief Executive		
Legal	x	Jane Pollard
Finance		

Other Chief Officers	X	Monica Fogarty, Wendy Fabbro, Marion Davis
District Councils	☐	
Health Authority	☐	
Police	☐	
Other Bodies/Individuals	☒	Via Health Transition Group Meeting held on 21.03.11

FINAL DECISION

SUGGESTED NEXT STEPS: Details to be specified

Further consideration by this Committee	☐
To Council	☐
To Cabinet	☐
To an O & S Committee	☐
To an Area Committee	☐
Further Consultation	☐

Agenda No 2

Portfolio Holder (Health) Decision Making Session

29 March 2011

Consultation Response on White Paper: Healthy Lives Healthy People

Report of the Assistant Chief Executive & Director of Public Health

Recommendation

That the Cabinet Portfolio Holder (Health) approves the attached response (Appendix A) for submission to Central Government on 31st March 2011.

1.0 National Context

1.1 Attached as Appendix A to this report is a joint response that has been drafted by the County Council and NHS Warwickshire in response to the following papers that have been issued by the Government under the banner 'Healthy Lives, Healthy People'

a) Healthy Lives, Healthy People White Paper: Our vision for Public Health in England
b) Healthy Lives, Healthy People*:* consultation on the funding and commissioning routes for public health
c) Healthy Lives, Healthy People: Transparency in Outcomes

1.2 The paper has been drafted in partnership and has been based on consultation events that have been held at county and borough/district level. The summary of the opinions have been summarised within the document which is divided into a summary of overall responses and then individual responses to questions raised within the three documents.

MONICA FOGARTY-Assistant Chief Executive
JOHN LINNANE-Director of Public Health
MARCH 2011

Appendix A

Joint Response to:

Healthy Lives, Healthy People White Paper: Our vision for Public Health in England

Healthy Lives, Healthy People*:* consultation on the funding and commissioning routes for public health

Healthy Lives, Healthy People: Transparency in Outcomes

NHS Warwickshire
Warwickshire County Council
V2 (22.03.11)

Foreword

Dear Secretary of State,

On behalf of NHS Warwickshire and Warwickshire County Council we would like to present our response to the suite of Health Lives, Healthy People white papers. Overall, we are very supportive of the proposals being made for public health in England and consider that there will be significant benefits of these changes for the people of Warwickshire and will allow us to build upon the strong history of partnership working that already exists in the county.

We have undertaken several deliberative events on a county wide basis and at the district and borough level where the responses have been broadly supportive of these changes. The summary of opinions raised at these events are summarised in this document.

The changes proposed to public health are significant and some issues will emerge in the detail. We strongly recommend that the government heeds the opinions of the Faculty of Public Health and the British Medical Association in finalising these arrangements to ensure that the scarce resource of skilled public health specialists and the public health infrastructure as a whole is not irrevocably damaged or fragmented which will almost certainly result in the failure of these well intentioned proposals.

Our response includes:

- A summary of the proposals that we most strongly support and the proposals that we are most concerned about in all three consultation documents
- Responses to consultation questions in *Healthy Lives, Healthy People White Paper: Our vision for Public Health in England*
- Responses to consultation questions in *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health*
- Responses to consultation questions in *Healthy Lives, Healthy People: Transparency in Outcomes*

COUNCILLOR BOB STEVENS
Deputy Leader, Warwickshire County Council and Porfolio Holder for Health

BRYAN STOTEN
Chair of NHS Warwickshire

JOHN LINNANE
Director of Public Health

Proposals Most Strongly Supported or Needing Further Consideration

We have separated our responses into several sections for ease and noted under each section what we support, what we have concerns about and any suggestions for improvements.

Overall

We support:

- The government basing much of the white paper on the recommendations of the Sir Michael Marmot's report "Fair Society, Healthy Lives" to improve health and reduce health inequalities. To this end the recent Tobacco Control Strategy is to be welcomed.
- The acknowledgement that the causes of ill health are related to a wide range of influences throughout life and that the NHS alone cannot tackle these and that the responsibility for these needs to be shared across local government and communities
- The proposal that local government is best placed to influence many of the wider determinants of health
- The ability of local communities to prioritise the issues that are most important for them
- The five domains of public health that cover the broad remit of public health
- The need for public health to be professionally led by a workforce of specialist and skilled staff
- The government in balancing the state intervention/legislation and personal freedoms, however, we would like to remind the government that where issues are entrenched in society e.g. smoking, alcohol misuse the use of legislation can be the most powerful tool we have in improving public health
- The Public Health Responsibility Deal and welcome the inclusion of the commercial sector in taking their responsibility for health
- The proposed large growth in health visitor numbers
- The Public Health outcomes framework and how these measures will be jointly held by the NHS and local government.
- The continued and important role of the Chief Medical Officer
- The normalisation of an evidenced based approach to prioritisation and an emphasis on outcomes, supported by evidence from the JSNA, thereby allowing the health inequalities agenda to be addressed more robustly

We feel the following need more development and consideration:

- The relationship between local public health commissioning and the National Commissioning Board (NCB) on behalf of Public Health England e.g. screening programmes. **We suggest that, where appropriate, sub-national offices of the NCB devolve responsibility for the quality and performance management of these services to local public health departments.**

- That the evidence base for “nudging” people towards better health is limited and we await the outputs of the Behavioural Insight Unit to provide more information.
- Provision of enough flexibility to allow local communities to set the public health outcomes that they consider most important to them and that there will not be centrally dictated targets. We suggest that only the most important national priorities for public health are set centrally in order to give local flexibility for tackling local priorities and creating greater local accountability.
- There is lack of clarity about the roles of Districts and Boroughs in delivering improvements in Public health (two tier local authorities). **We suggest that the DH acknowledges the important role that district and borough councils play with regard to public health.**

The Public Health Budget

We support:

- The government’s commitment to public health and the recognition that public health budgets are often squeezed and the ring-fencing of the budget in the future. Local feedback suggested the belief that this approach would aid joint working and giving PH a legitimate remit with everyone with a greater emphasis on well being to an overarching strategic direction
- The health premium for tackling health inequalities

We feel the following need more development and consideration:

- Whether the ring fenced budget handed down to local government public health departments will be sufficient to carry out the increase in activity expected by the government without being unreasonably top-sliced by Public Health England. **We suggest that local allocation of budgets must be as transparent as possible, take account of the broadening role of the local public health department under these proposals and that the budget is sufficient to resource these activities.**
- That the way in which the health premium is allocated is transparent and seen to be reasonable and fair. **We look forward to being consulted on the method on which the health premium will operate.**

The Role of the Director of Public Health

We support:

- The joint appointment of the DPH between local government and Public Health England in order to have greater influence over the wider determinants of health
- The DPH being the principal advisor to the Health and Wellbeing Board and a statutory member of the board and being a public health professional
- We strongly support the vision for the DPH and think it covers the remit well
- The requirement to produce an independent annual report on the state of the local public health

- The continued requirement for the DPH to produce an independent report on the state of public health in the local area and the DPH's role as an advocate for the health of the population

Public Health England

We support:

- The broad responsibility for preventative health care commissioning that it is proposed to give to public health
- The drawing together of the current roles of the HPA, NTA, public health observatories and cancer registries and believe that this will create stronger national and sub-national systems
- Public Health England's role for strengthening of intelligence gathering and research

We feel the following need more development and consideration:

- That if Public Health England is formed as part of the Department of Health it will loose it ability to provide independent opinion and advice on the public health due the restrictions placed upon as part of the civil services. **We suggest that Public Health England is established as a special health authority to free it from these potential restrictions.**
- That there will be local fragmentation of the public health workforce between local government, Public Health England and the NHS which will lead to professional isolation and lack of critical mass.
- That local HPUs will be relatively isolated from the local government public health departments. **We suggest that local HPUs should be accountable to the local DPH to reduce fragmentation and improve coordination.**
- That the terms and conditions of employment for professional public health staff will be significantly and adversely affected if they are moved to being employed by local government as opposed to the NHS and that this will lead to a haemorrhage of highly skilled staff. **We look forward to the government providing very clear guidance on the employment status of staff having taking advice from the Faculty of Public Health and the British Medical Association. We suggest that the government ensures that proposed employment conditions are sufficient to preserve the skills and capacity in the professional public health workforce.**

Responses to Consultation Questions

Healthy Lives, Healthy People White Paper: Our vision for Public Health in England

Q1 Role of GPs and GP practices in public health: 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?

- Primary care plays a key role in preventative healthcare and early intervention. The current proposals appear robust enough to allow sufficient collaboration between GPs and public health.

Q2 Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

- Ensuring that NHS information remains available to Public Health England and local public health departments is essential to ensure that the right interventions can be made in the right places and to the right people. Bureaucratic barriers and isolationist attitudes to information sharing need to be broken down as earlier as possible. We suggest that the government makes it explicit, perhaps in legislation, that there is a strong expectation of data sharing between organisations.

Q3 Public health evidence: 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?

- There should be a coordinated national programme of research in these areas to avoid duplication and allow best deployment of resources
- There should be a central, national library to capture current and emerging research in these areas to allow easy access to information on a range of public health topics

Q4 Public health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

- The use of evidence should be encouraged through local government networks

Q5 Regulation of public health professionals: 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?

- We fully support the recommendations of Dr Scally's report and support his recommendation that the Health Professions Council should regulate public health specialists

Responses to Consultation Questions
Healthy lives, Healthy people: consultation on the funding and commissioning routes for public health

Q1 Is the health and wellbeing board the right place to bring together ringfenced public health and other budgets?

- Broadly we think so but would like to see the ability of the DPH safeguarded to deploy the ring fenced public health budget as s/he sees fit in collaboration with the board .

Q2 What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?

- Engagement with the sector through building on existing voluntary sector networks and ensuring these feed into the H&WB Board
- Better intelligence about the existing market
- Capacity building support, targeted at groups that can help deliver commissioning priorities.
- Transitional support for groups facing cuts or changes to their funding (to develop new business models)
- Procurement processes & contract terms which do not disadvantage small agencies
- Public agencies, through the commissioning cycle, adopting a shared approach to needs assessment and market facilitation
- Ensuring support is available for people to make informed decisions around the use of personal budgets

Q3 How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?

- This will be critical for ensuring needs based, evidence based NHS services in the future. All major commissioning decisions made by the NCB or GP consortia must be able to demonstrate that public health advice has been sought and should be a requirement made explicit by the Health and Wellbeing Board and scrutinsed by the overview and scrutiny committees.

Q4 Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved?

- Yes, there may be services that could be more appropriately or efficiently provided through alternative providers but this would have to be coordinated at a national level.

Q5 Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?

- No additional comments

Q6 Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A?

- Yes, as long as the existing budgets for these services is included within the public health budget
- Within the Drugs and Alcohol Team budgets we would encourage the government to keep the Drugs Intervention Programme (DIP) funding within the DAAT budget

Q7 Do you consider the proposed primary routes for commissioning of public health funded activity (the third column) to be the best way to:
a) ensure the best possible outcomes for the population as a whole, including the most vulnerable; and
b) reduce avoidable inequalities in health between population groups and communities?
If not, what would work better?

- Treatment of sexually transmitted disease may be best commissioned via the NHS National Commissioning Board or GP commissioning consortia.
- Health Visiting Services could equally well be commissioned by the local authority as the NHS but would allow local public health departments greater influence over the operation of these services.

Q8 Which services should be mandatory for local authorities to provide or commission?

- All those listed, as long as the existing budgets for these services is included within the public health budget

Q9 Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

- No additional comments

Q10 Which approaches to developing an allocation formula should we ask ACRA to consider?

- Based on transparent methods and using routinely collected and nationally validated data

Q11 Which approach should we take to pace-of-change?

- Incremental, over a five year period

Q12 Who should be represented in the group developing the formula?

- Association of DsPH, Faculty of Public Health, Local Government Association

Q13 Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

- That outcomes are directly attributable to public health interventions i.e. there is a cause and effect relationship between interventions and outcomes

Q14 How should we design the health premium to ensure that it incentivises reductions in inequalities?

- Ensure that it does not create a perverse incentive to not improve health overall but only focus on reducing health inequalities
- It should take into account local authorities addressing very localised pockets of health inequalities that may be hidden by surrounding areas of areas of relative affluence and good health in national statistics

Q15 Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?

- Yes, but it may discriminate against populations with high proportions of deprived communities or where the churn of communities is very large making the achievement of these targets more difficult.

Q16 What are the key issues the group developing the formula will need to consider?

- Transparency in methodology
- Protection for more deprived areas where achieving improvements in health and reducing health inequalities is more difficult

Responses to Consultation Questions

Healthy Lives, Healthy People*:* Transparency in Outcomes

Q1 How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

- Be explicit that outcomes are shared across agencies and that responsibility is joint
- Advocate pooled resources
- Ensure consistency between the three outcome strands of public health, the NHS and social care

Q2 Do you feel these are the right criteria to use in determining indicators for public health?

- Yes, but also need to consider whether there is evidence that public health interventions can reasonably be expected to affect the outcomes

Q3 How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

- Some outcomes measures should relate specifically to health inequalities rather than overall population health e.g. life expectancy gap between communities as opposed to overall life expectancy

Q4 Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

- Yes, it is broadly helpful

Q5 Do you agree with the overall framework and domains?

- Yes, it broadly covers the remit of public health, although it may be helpful to include issues of NHS and social care quality where appropriate

Q6 Have we missed out any indicators that you think we should include?

- The indicator list is very comprehensive although we should be looking to develop a good measure of mental health and wellbeing

Q7 We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

- It is important the local authorities are given autonomy to choose the majority of indicators in order to tackle local priorities and create local accountability

- Domain 1

    - Life years lost from air pollution as measured by fine particulate matter
    - Population vaccination coverage (for each of the national vaccination programmes across the life course)
    - Treatment completion rates for TB
- Domain 2
    - Housing overcrowding rates
    - Fuel poverty
    - Rates of adolescents not in education, employment or training at 16 and 18 years of age
    - Proportion of people with mental illness *and or disability* in employment
- Domain 3
    - Prevalence of healthy weight in 4-5 and 10-11 year olds
    - Smoking prevalence in adults (over 18)
    - Under 18 conception rate
    - Rate of hospital admissions per 100,000 for alcohol related harm
    - Number leaving drug treatment free of drug(s) of dependence
- Domain 4:
    - Incidence of low-birth weight of term babies
    - Screening uptake (of national screening programmes)
    - Take up of the NHS Health Check programme by those eligible
    - Breastfeeding initiation and prevalence at 6-8 weeks after birth
- Domain 5:
    - Mortality rate from all cardiovascular disease (including heart disease and stroke) in persons less than 75 years of age
    - Mortality rate from cancer in persons less than 75 years of age
    - Mortality rate from Chronic Liver Disease in persons less than 75 years of age
    - Mortality rate from chronic respiratory diseases in persons less than 75 years of age
    - Excess seasonal mortality

Q8 Are there indicators here that you think we should not include?

- Suicide rate – there is little evidence that specific interventions can affect this

Q9 How can we improve indicators we have proposed here?

- Ensure that there is consistency in indicators across the three strands of public health, the NHS and social care.
- The indicators are mostly sensible and measurable. It would be important that the indicators chosen are those that public health could reasonably be expected to have a decent influence upon. For example, whilst the proportion of people in long-term unemployment undoubtedly has an effect on health it may be considered to be at the boundary or beyond the reach of most public health teams.

Q10 Which indicators do you think we should incentivise? (consultation on this will be through the accompanying consultation on public health finance and systems)

- Indicators that make very large impacts on health and on a large number of people e.g. smoking, cardiovascular disease, cancer, obesity

Q11 What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

- This is an excellent idea and will underline the requirement for the NHS and public health to work together

Q12 How well do the indicators promote a life-course approach to public health?

- Fairly well; there are clear areas related to early years, skills development and prevention. The years of employment and work are perhaps less well defined but are probably well covered in some of the prevention agenda.