Public Health White Paper and consultation documents (110324/CAB004)

To: Cabinet

24 March 2011

Main Portfolio Area: Health, Wellbeing and Rural Communities

Author of report: Helen Wolstenholme, Communities and Health Manager

Classification: Non exempt

Ward: All wards

Executive Summary

The report summarises the key changes in the Public Health White Paper ‘Healthy Lives, Healthy People’ and the consultation documents ‘Transparency in Outcomes’ and ‘Funding and Commissioning Routes’. The documents also raises issues Cabinet may need to consider in relation to the impact on the Council and residents with regards to the health improvement activity currently commissioned by NHS West Kent. This briefing contains three recommendations:

a) That the contents of the briefing paper are noted;
b) That the Council seeks to strengthen relationships with both Kent County Council’s developing public health team and local GPs in readiness for the implementation of the changes;
c) That the Portfolio Holder for Health, Wellbeing and Rural Communities is given delegated responsibility to approve the responses to the consultation papers developed by the Joint Health Overview and Scrutiny Committee.

Corporate Priorities

The contents predominantly contribute to ‘Healthy’ but also indirectly to Green, Confident and Prosperous.

Report status

For decision.

Route to Implementation/Timetable:

If agreed, the Portfolio Holder for Health, Wellbeing and Rural Communities will be given delegated authority to approve the responses to the consultations with immediate effect, meaning responses can be submitted before the Department of Health deadline of the 31st March 2011.
Report of Paul Taylor, Director of Communities and Change, Continued

Background/Introduction

1. In July 2010 the NHS White Paper ‘Equity and Excellence’ was produced setting out the changes to the NHS structure. These are wide reaching and include the abolition of PCTs and SHAs, the development of GP consortia and the responsibility of said consortia for 80% of the NHS budgets. Hospitals are now required to become foundation trusts and HOSC will be abolished and replaced with HealthWatch. A joint response to these proposals was developed by the JHOSC with Maidstone Borough Council.

2. A significant PCT function is public health and health improvement. The White Paper stated that the public health function would transfer to Local Authorities and to a new Public Health Service (Public Health England) in April 2013.

3. The Public Health White Paper in December 2010 offers more information on this. The Outcomes Framework sets out how this will be delivered and the indicators the government intends to collect, subject to consultation.

4. In addition, a document outlining funding and commissioning arrangements was published in December 2010.

5. All the papers are subject to the Health Bill passing through parliament.

The Public Health White Paper ‘Healthy Lives, Healthy People’

6. The White Paper: Healthy Lives, Healthy People proposes a shift from centralised, top down approaches towards empowering communities, local government and professionals to use evidence to make changes in their own communities.

7. The vision of this paper and the subsequent outcomes framework is ‘improve and protect the nation’s health and wellbeing, and that of the poorest, fastest’.

8. The paper proposes to split the public health functions between Local Authorities (Tier 1) and Public Health England (PHE), with the latter taking on national level interventions.

9. The White Paper proposes to use behavioural science, or ‘Nudge’ theory, to encourage behaviour change and sets out a new Public Health Responsibility Deal in which the private and voluntary sectors are encouraged to work collaboratively to improve health. This will see the development of five networks: food, alcohol, physical activity, health at work and behaviour change. The Deal will also develop the Change4Life campaign for example through the ‘Great Swapathon’ offering vouchers to support healthy choices in conjunction with supermarkets.

Public Health Outcomes Framework

10. This document offers more detail on the priorities of the government with regards to public health.
11. Five domains are proposed: 1) health protection and resilience 2) tackling the wider determinants of health 3) health improvement 4) prevention of ill health 5) healthy life expectancy and preventable mortality. See Appendix One.

12. Each domain has a number of indicators, ranging from 9 to 21 per domain, which are open to consultation. These indicators are already collected and significantly fewer than previously. The intention stated in the framework is that the burden of data collection on local authorities will decrease, that they will be collected centrally where possible and published in one place by Public Health England. There will also be a time lag of no more than one year. See Appendix Two.

13. Several of the proposed indicators relate to other area of work within the council, e.g. pollution, community safety, unemployment, green spaces etc and several are currently collected and monitored by lower tier councils.

14. A ring fenced budget will be allocated to Tier One authorities. Over and above this, health premium is proposed which will pay local government retrospectively for progress against indicators and this will be weighted to the level of inequalities and the progress made.

Healthy Lives, Healthy People – the Funding and Commissioning Routes

15. The Department of Health (DH) will set the NHS budget and the Public Health budget which will go to PHE, who will then allocate a ring fenced budget to Local Authorities (T1). At the same time, PHE will manage commissioning for specific public health services via the NHS commissioning structure. See Appendix Three.

16. Local Authorities carry out a range of activities which have an impact on public health such as health protection, leisure, housing, education and social care. The DH is treating these as separate to the ring fenced PH budget.

17. Health and Wellbeing Boards are designed to offer a mechanism for bringing together discussion about investment in cross cutting services such as social care. They will include elected representatives, HealthWatch, commissioners for health and social care including GP consortia and DsPH, adult social care and children's services.

18. Subject to the Health Bill, LAs will have new statutory duties to take steps to improve the health of their populations. The Secretary of State may also agree with LAs that they lead on other responsibilities and funding will be available for this (New Burdens). DH expects that the majority of services will be commissioned and that local people will have access to information about commissioning decisions, expenditure and outcomes.

19. LAs and GP consortia will have an equal obligation to prepare JSNAs via the Health and Wellbeing Board. The Boards should develop a joint health and wellbeing strategy covering the NHS, social care, public health and potentially housing, education etc. This should provide a framework within the commissioning plans for the above services. As part of the Bill, commissioners will need to have regard to the JSNA and the strategy.
20. DH expects that LAs will want to contract with a wide range of providers on an any willing provider/competitive tender basis. Voluntary, Community and Social Enterprise (VCSE) organisations will be supported to play a full part if the provision of services. Areas may wish to use grant schemes to support preventative community focused activities such as volunteering peer support, befriending and social networks.

21. PHE will commission some services, such as immunisations and screening, from the NHS via the NHS Commissioning Board.

22. Some public health work is, and will continue to be, part of primary care for example GPs offering healthy living advice and information. This will be funded with the resources used by the NHS Commissioning Board.

23. The Public Health budget held by LAs will fund the weighing and measuring of children, dental public health, fluoridation and the medical inspection of school children (not open to consultation). All other activity in Appendix 4 in the document is open for consultation.

24. The ring fenced budget will come into effect from April 2013, weighted for inequalities and can be pooled with other authorities. There will be shadow allocations in 2012/13.

25. A Health Premium will be available based on progress made and inequalities faced. Therefore areas of inequality making good progress will receive more premium that those wealthier area achieving a similar progress. LAs are not required to seek health premium funding.

26. In the meantime, NHS will be instructed to maintain the emphasis on public health and lead on health improvement in 2011/2012.

Implications for Tunbridge Wells Borough Council

27. Health Improvement has been a part of the fabric of what the council offers for a number of years in a large part due to the continued and productive relationships with NHS West Kent and neighbouring councils.

28. We have very recently signed up to be a Heart Town with the British Heart Foundation, paving the way for lots of work raising awareness of healthy lifestyles in the borough in schools.

29. Health is now reflected in the council’s four corporate priorities, identified in the Strategic Plan, reflected in the Local Strategic Partnership structure (The Health and Older People subgroup), Overview and Scrutiny Reviews and action on recommendations and in our work with health providers such as the ambulance service and the hospital trust.

30. Our SLA with NHS West Kent has enabled us to deliver a wide range of activities in the past, offering thousands of people the opportunity to try new things such as food growing, cookery and sports. Over the last year the focus has been on working with smaller numbers of people in order to achieve a more substantial and long lasting impact, such as weight loss of 5-10% (known to have significant benefits for health), the reduction of drinking alcohol and smoking cessation. In 2010-2011 we received £137,000 to spend on improving the health of our residents, focusing on healthy living, healthy weight and mental health/community cohesion.
31. Although it is possible we will receive funding for continued activity from NHS West Kent in 2011-12, this may not happen in 2012-13 and in April 2013 the PCT will be abolished.

32. After PCT abolition, upper tier councils will take on the responsibility for health improvement. It is not yet known if, or to what extent, they will want to work with, or commission, borough councils for delivery.

33. There is therefore a risk that the work and outcomes achieved to date will be lost. Kent County Council will need to reduce inequalities but are unlikely to focus on Tunbridge Wells due to our comparatively healthy population. They may also lack the depth of local knowledge about the borough which risks any interventions being less effective. At TWBC we use tools such as Mosaic as well as experience to ensure interventions are targeted in the appropriate format.

34. We will also need to continue to strengthen relationships with local GPs with regards to the new NHS arrangement but also the potential for further public health commissioning, for example exercise referral schemes.

**Forthcoming**

35. The Health and Social Care Bill has been published and is being progressed through parliament.

36. We are currently co-ordinating a response on behalf of the LSP Health and Older People Thematic Group. The Joint Health Overview and Scrutiny Committee of Maidstone and Tunbridge Wells Borough Councils are also planning to submit a joint response.

37. Confirmation of 2011/2012 funding for health improvement: NHS West Kent has indicated that funding for 2011/12 is likely to be at the same level as 2010/11. An interim report on the work to date has been submitted and a meeting arranged with PCT representatives to look at possible public health outcomes for the next financial year.

38. A Health Inequalities event to be held with Kent County Council and LGA on the 4th February 2011. This will help us to understand Kent County Council’s approach to future public health work. Members and officers are invited to attend.

39. A Member briefing to be given on the changes to the health and public health structure on 17th Feb 2011 at 5pm. This will be given by Cllr. John Cunningham, Portfolio Holder, and Helen Wolstenholme, Communities and Health Manager and will be a brief update on key changes.

40. Continued liaison with Kent County Council regarding the possibility of continued commissioning of service in Tunbridge Wells via Kent County Council using the ring fenced public health budget post abolition of the PCT.

**Cross cutting issues**

*Legal*

41. None
**Finance and other resources, including ICT**

42. The Health Improvement funding from NHS West Kent is yet to be confirmed for 2011/12 and longer term is at risk due to the proposed abolition of the PCTs and the transfer of public health responsibility and funding to upper tier and unitary local authorities.

**Staffing**

43. Several staff posts within the council are funded using the funding from NHS West Kent.

**Value for money**

44. None.

**Risk Management**

45. Several areas of risk have been identified nationally with regards to the changes proposed in the White Paper. These will be considered as part of the consultation process.

**Equalities**

46. An Equalities Impact Assessment was completed by Government and is available at www.dh.gov.uk

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**Safer & Stronger Communities**

47. None

**Health and Wellbeing**

48. The White Paper has the potential for significant impact on the health and wellbeing of the population on Tunbridge Wells, Kent and nationally.

**Environment / Sustainability**

49. None
Human Rights Act
50. None

Communication and Consultation
51. None

Conclusion

52. The proposals contained in the White Paper are wide reaching and will change the nature of public health work nationally and locally.

Recommendation(s):

1. That the contents of the briefing paper are noted;

2. That the Council seeks to strengthen relationships with both Kent County Council’s developing public health team and local GPs in readiness for the implementation of the changes; and

3. That the Portfolio Holder for Health, Wellbeing and Rural Communities is given delegated responsibility to approve the responses to the consultation papers developed by the Joint Health Overview and Scrutiny Committee.

Reason(s) for recommendation(s):

53. To ensure the Council has a strong voice and role in the future health improvement work in the borough

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Appendices:

1) A Framework for Public Health Outcomes (Fig 2) in the Public Health Outcomes Framework
2) Domains 1-5 in the Public Health Outcomes Framework
3) Funding Flows diagram in Funding and Commissioning proposals
4) Proposed Public Health Indicators: Technical Detail in the Public Health Outcomes Framework

Background Papers:

1) NHS White Paper Equity and Excellence
2) Public Health White Paper Healthy Lives, Healthy People
3) Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health
4) Healthy Lives, Healthy People: Transparency in Outcomes