

Healthy Lives, Healthy People
Government's vision for an improved
public health system

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The challenge: what we are facing and the rationale for change

We face significant challenges to public health ...

- England has one of the highest rates of obesity in the developed world.
- Two thirds of adults are overweight or obese, a leading cause of type 2 diabetes and heart disease
- In 2008-10, the gap between areas with the highest and lowest life expectancy was around 12 years
- 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 in 2010
- Major health threats persist, ranging from risk of new pandemics to the potential impact of terrorist incidents.

... with significant costs to health and to the economy

- Drug related crime costs £10bn per year
- Smoking costs the NHS £2.7bn a year
- Obesity costs the NHS £4.2bn a year
- Dementia costs the UK £17bn a year
- Sexual health treatment costs NHS £1.2bn a year

The new Public Health System will build on existing success



Vision / Outcomes

How do we see the future?

- Focused on outcomes: **improve and protect health and wellbeing** for all the people of England and **reduce health inequalities**
- We will have succeeded if, as a nation, we are living longer, and in better health; and if the gap in health between rich and poor is reducing.
- Improving outcomes for all at all stages of the **life-course**

Mission

What does the PH system have to do?

We will improve and protect health and wellbeing – through:

- Empowering local leadership and encourage wide responsibility across society to improve health and wellbeing, and tackle the wider factors that influence it
- Strengthening self-esteem, confidence and personal responsibility
- Positively promoting healthier behaviours and lifestyles
- Adapting environments to make healthy choices easier
- Protecting the public from health threats – with a strong nationally integrated system that offers expert advice to the NHS, local government and the public

The New Public Health System



The new delivery structure: an integrated whole system approach

Government

- DH responsible to parliament, with clear line of sight through system
- Cabinet sub-committee and significant contribution from across departments to improve health outcomes
- CMO to continue to provide independent advice to Government

Public Health England

- New, integrated national body
- Strengthened health protection systems
- Supporting the whole system through expertise, evidence and intelligence

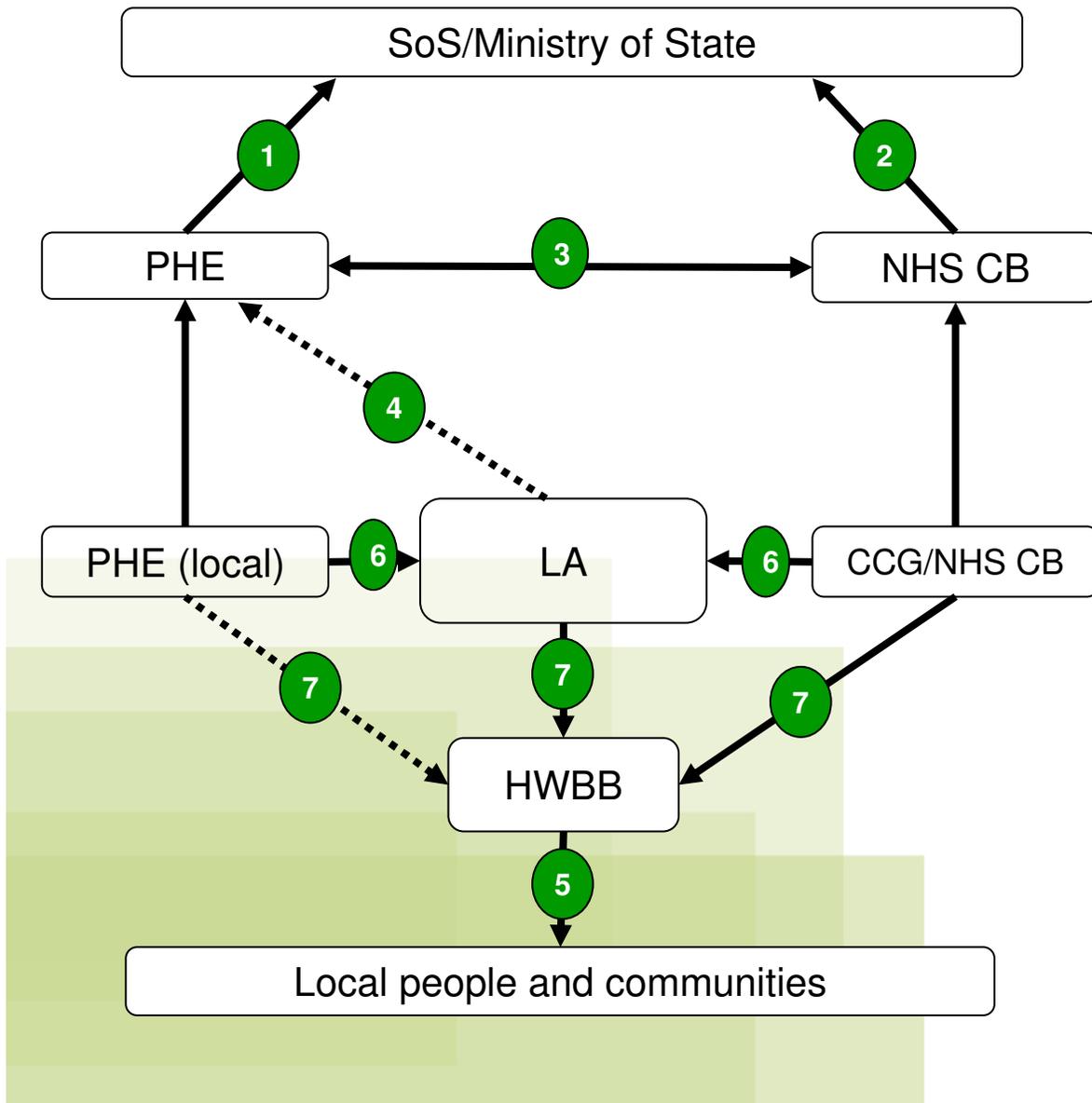
Local authorities

- New public health functions integrated into their wider role, helping to tackle the wider social and economic determinants of health.
- Leading for improving health and coordinating locally for protecting health
- Promoting population health and wellbeing

NHS

- Delivering health care and tackling inequalities
- Making every contact count
- Specific public health interventions, such as cancer screening

Accountable and transparent



Accountability to SoS

- 1 PHE accountable for:**
- protecting health
 - coordinating improvement against PH outcomes
 - assuring NHS CB meet 7A contract
 - assuring LA meet requirements of SoS (mandatory services incl core offer to NHS)
 - publish outcomes

2 NHS CB accountable for:

- Mandate
- Section 7A PH services

3 PHE and NHS CB

- PHE to assure section 7A and PH mandate delivery
- NHS CB to assure delivery PH advice and core offer

4 PHE and LA

- Delivery of mandatory services, grant conditions, reporting PH outcomes for HP

Local Accountability

5 LA and HWBB accountable to local people

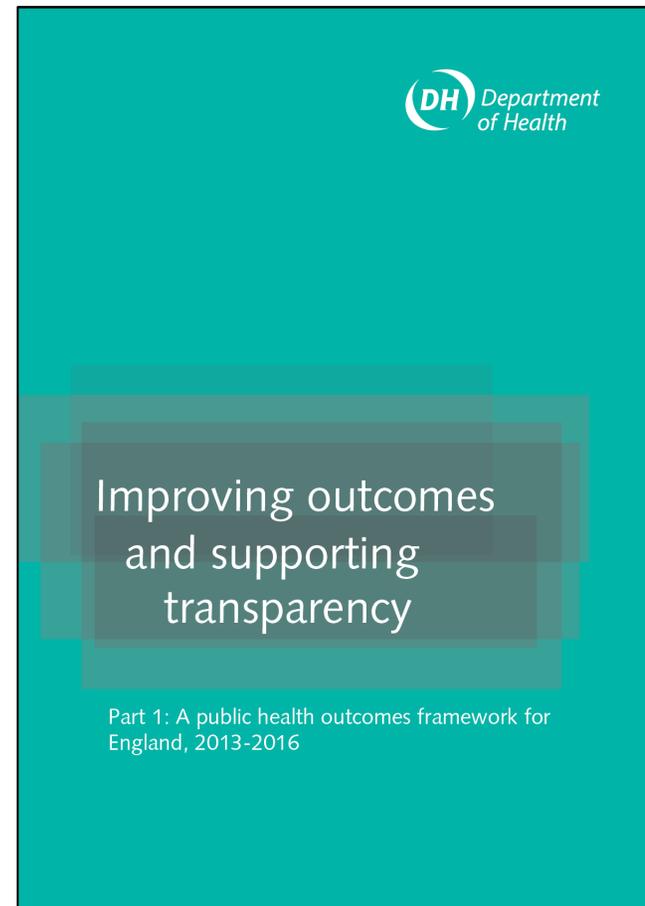
6 PHE/CCG+NHS CB health protection plans to be assured by DPH

7 HWBB oversight of need and strategy

Focused on outcomes

A new Public Health Outcomes Framework that;

- Sets out shared priorities for public health
- Focuses on outcomes not targets
- There is alignment & integration across public health, the NHS and social care
- Takes a life-course approach
- Designed to address the causes of the causes of ill health
- The intention is to incentivise local progress on *some* indicators



At a glance - Public Health Outcomes Framework

Overview of outcomes and indicators

VISION

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

Outcome

measures Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicator

- Children in poverty
- School readiness (Placeholder)
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness and or disability in settled accommodation
- People in prison who have a mental illness or significant mental illness (Placeholder)
- Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness
- Sickness absence rate
- Killed and seriously injured casualties on England's roads
- Domestic abuse (Placeholder)
- Violent crime (including sexual violence) (Placeholder)
- Re-offending
- The percentage of the population affected by noise (Placeholder)
- Statutory homelessness
- Utilisation of green space for exercise / health reasons
- Fuel poverty
- Social connectedness (Placeholder)
- Older people's perception of community safety (Placeholder)

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicator

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- Child development at 2 – 2.5 years (Placeholder)
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- Emotional well-being of looked after children (Placeholder)
- Smoking prevalence – 15 year olds (Placeholder)
- Hospital admissions as a result of self-harm
- Diet (Placeholder)
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adults (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- Cancer diagnosed at stage 1 and 2 (Placeholder)
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check programme – by those eligible
- Self-reported well-being
- Falls and fall injuries in the over 65s

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for TB
- Public sector organisations with board approved sustainable development management plans
- Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)

4 Healthcare public health and preventing premature mortality

Objective

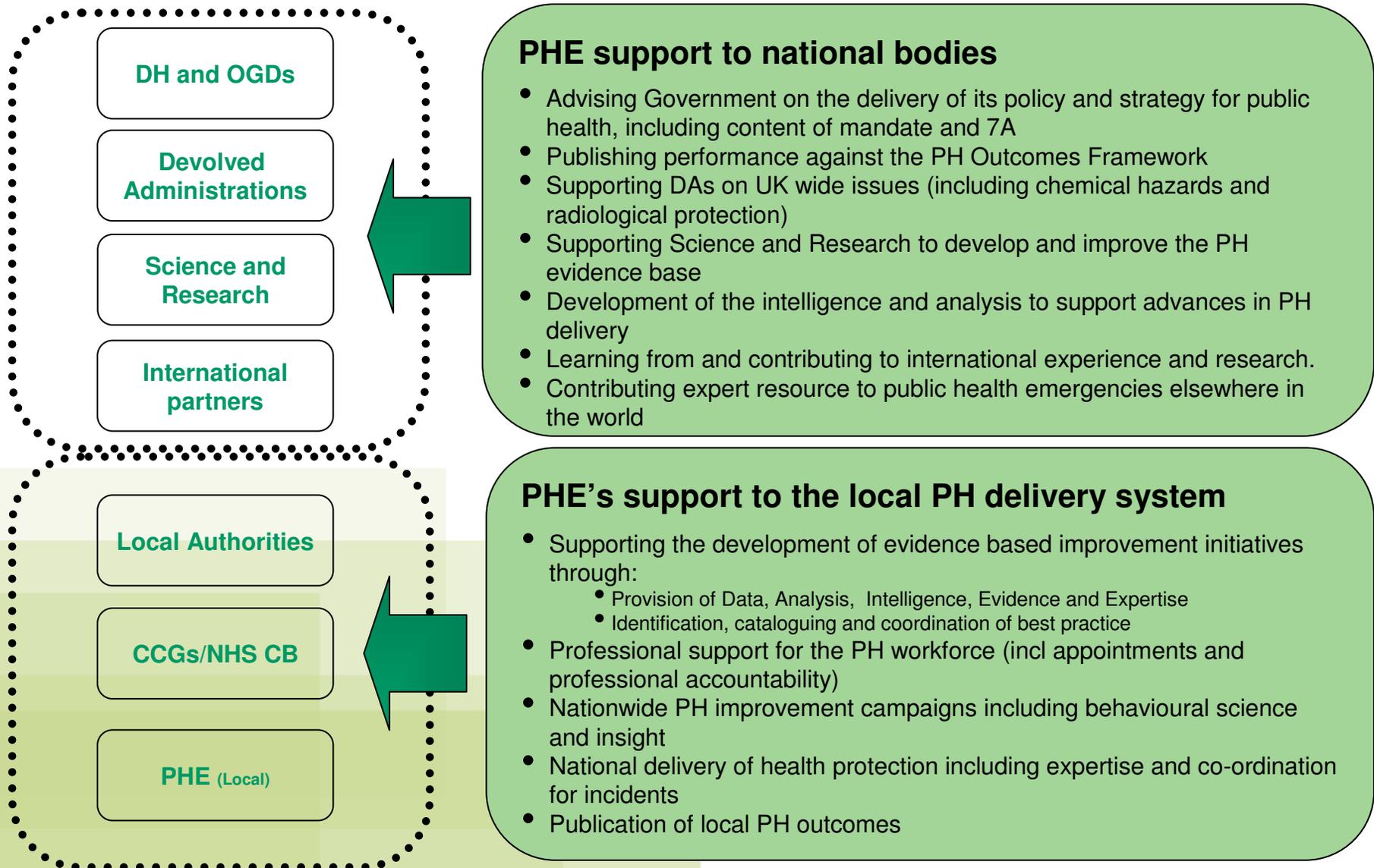
Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

- Infant mortality
- Tooth decay in children aged 5
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- Mortality from communicable diseases (Placeholder)
- Excess under 75 mortality in adults with serious mental illness (Placeholder)
- Suicide
- Emergency readmissions within 30 days of discharge from hospital (placeholder)
- Preventable sight loss
- Health-related quality of life for older people (Placeholder)
- Hip fractures in over 65s
- Excess winter deaths
- Dementia and its impacts (Placeholder)

With a ring-fenced resource

- A ring-fenced budget for public health at national and local levels
- Estimated baseline spend for public health = £5.2 billion
- Of this we estimate approximately £2 billion will go to Local Authorities
- Incentives for improvements
 - To reward local areas that make progress against key outcomes
 - That do not create additional burden or perverse incentives
 - Policy to be developed in partnership with local government
- Actual grants announced for 2013/14 in late 2012

With national expertise – The role of Public Health England



An effective local delivery system in improving and protecting health and wellbeing

LOCAL ROLE

Local Authorities will:

- Have a duty to improve health
- Bring together holistic approach to health and wellbeing across full range of their responsibilities
- Receive ring-fenced PH budget
- Lead commissioning of public health services (health improvement, drugs, sexual health)

DPH has specific functions to:

- Bring together the local PH system
- Deliver LA functions
- Assure health protection plans
- Assure vac and imms and screening
- Provide “core offer” to NHS
- Produce DPH report
- Advise HWBB

CCGs and NHS CB will

- Commission healthcare
- Commission specific PH services (eg QoF, Immunisations, Military and Prison health)

PHE local units will be part of local delivery system:

- Providing health protection service and expert advice
- Specialist EPRR function

Local Authorities

CCGs/NHS CB

PHE (Local)

Health & Wellbeing Board

RATIONALE

LAs will take the lead role in PH, commissioning majority of services and assuring and coordinating through DPH and HWBB

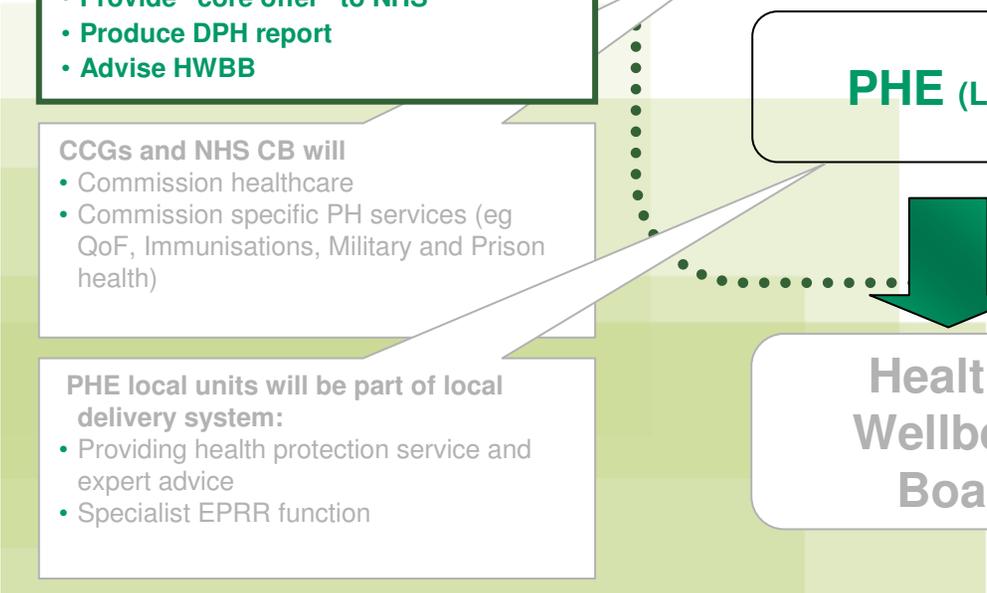
NHS will continue to commission PH services where:

- within PC contract
- integral part of pathway
- 0-5 services and Health Visitors

PHE will provide the local health protection service, linking to resilient national service that links to scarce expertise, nationwide intelligence and national leadership for serious incidents

Coordinates local strategy through:

- JSNAs
- Joint health and wellbeing strategy
- Review of commissioning plans
- Receives and reviews PHE’s programme for its locality



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We have completed the broad policy design for the new system



1

Policy Updates issued in December set out the broad design of the new PH system and roles and responsibilities for the Bodies

Updates issued as a short, CE focused narrative, with linked factsheets for details. Well received for both content and ease of communication. Covered role and function of PHE and Local Authorities, established commissioning responsibilities

2

PH Outcomes Framework published in January setting out key outcomes for the public health system

3

Overall financial position agreed for the national public health budget and baseline spending published for each Local Authority

Key issue for LAs. Publication critical first step. But significant concern over variation and future allocation policy

Next step is to publish and engage on ACRA formula and implications

4

The overarching HR framework for the transition programme is in place

HR Concordat and LGA Guidance

Awaiting future policy on pensions

Building a People transition Policy for PHE

Direction for PHE terms and conditions established – negotiations due to conclude in June

Implementation activity is underway

1

PCTs required to complete plans for the transfer of PH to LAs by 31 March 2012 as part of the NHS planning round

Initial plans received from PCTs. Robust processes in place with Cluster SHAs to assure progress.

Final plans required by 31 March to cover the transfer of responsibilities and staff to Local Authorities

Almost every local area has set up their shadow Health and Wellbeing Board, of which public health is part.

2

Appointment of PHE CE completed

PHE Transition Team progressing design and transition process for PHE.

3

Enhanced delivery capability of the Transition Team

MPA Gate 0 review rated the programme Amber/Red. While positives reported on coherence and policy design, significant concerns raised on programme management capability and capacity, communications and defining the benefits we expect to realise. We have secured an experienced Programme Director and two specialised planners to address this.

Public health system updates

The new public health system factsheets are available at

<http://healthandcare.dh.gov.uk/publichealth>

Sign-up to our regular *Transforming Public Health* bulletin

<http://phbulletin.dh.gov.uk/>

Contact the DH Public Health England transition team

PublicHealthEngagement@dh.gsi.gov.uk

Contact the DH Public Health Development Unit

PublicHealthDevelopmentUnit@dh.gsi.gov.uk

Health & Social Care Act 2012



- Gives local authorities new *duties* to take steps to *improve* health and to appoint a DPH
- Gives the Secretary of State – in practice Public Health England – a new *duty* to protect health (and a *power* for health improvement)
- Lets the SofS issue guidance and regulations, e.g. services that local authorities must provide
- Requires NHS commissioners to get public health advice