

HEALTHY LIVES, HEALTHY PEOPLE: STRATEGY FOR PUBLIC HEALTH IN ENGLAND

SUMMARY OF THE KEY PROPOSALS

On 30th November 2010, the Government launched a White Paper on Public Health, [Healthy Lives, Healthy People](#). This promises a 'radical shift' in the way public health is tackled in England.

The paper includes a number of structural changes to delivering public health services, including a new service, Public Health England (PHE), which will be set up as part of the Department of Health with a protected budget. There are also a number of new initiatives proposed which aim to prevent key public health concerns such as alcohol, nutrition, exercise and infectious diseases.

As good public health is strongly linked to wider determinants of health such as housing, this is an important strategy for our sector to engage with. The following briefing provides a brief overview and some issues you may wish to consider if making a response to the consultation. The deadline is 8th March 2011.

What areas are covered by public health?

Public health refers to those services that contribute to health and wellbeing primarily through prevention rather than treatment aimed at cure. Responsibility as outlined in the paper includes the following services:

- Health protection
- Emergency preparedness
- Recovery from drug dependency
- Sexual health
- Immunisation
- Health checks and screening
- Alcohol prevention
- Obesity
- Smoking cessation
- Nutrition
- Child health promotion (eg health visitors and school nursing)

The five sections outlined in the strategy are:

1. Seizing Opportunities for Better Health:

The government wants to tackle premature death and illness. This section outlines some key statistics about the benefits of tackling public health to lowering mortality rates, reducing illness and the costs to society. It also references the substantial inequalities in health across the country (eg in smoking and alcohol related deaths) and the impact that lifestyle choice and environment impact on health and life chances. It outlines some of the areas the strategy will tackle such as smoking, obesity, illicit drug use and alcohol related ill health (detail on *how* these will be implemented are in the chapters which follow).

2. A radical new approach:

The government wants to give local areas more responsibility for tackling public health and devolve greater powers, resources and rights to achieve this. The paper recognises that 'there has not been enough focus on the root causes of ill health' and talks about the interaction between mental, physical health and the wide range of influences in an individual's life. This is an opportunity to highlight somebody's housing need as often been the root cause behind somebody's health needs.

This section talks about the wide number of stakeholders who have a role to play in improving public health and the 'shared responsibility' across society. There is a commitment 'encourage partnership working and opportunities' with the voluntary and community sector to offer relevant services. This section also discusses the need for health interventions to be a balance between individual freedom and regulation. The idea of a ladder of interventions is proposed which offers a range of approaches along this spectrum (ie from information provision through to legislation) which can be used to promote positive lifestyle changes.

3. Health and well being throughout life:

The strategy aims to give local communities means to 'reduce inequalities and improve health' at key stages in somebody's life. This section outlines plans for early-year's health programmes, improving health through work, services for 'active ageing', and a new Public Health Responsibility Deal which will work with voluntary and the business sector through five networks on food, alcohol, physical activity, health and work and behavioural change.

4. A new public health system with strong local and national leadership:

The public health system will undergo widescale reform. This will involve putting localism 'at the heart of the system' with devolved funding and responsibility for local authorities. Directors of Public Health will lead this at a local level working with the NHS and other local partners. A new service, Public Health England (PHE), will be set up as part of the Department of Health. Ring fenced budgets for local authorities and a premium to reward progress against the new outcomes framework have also been proposed. Measures to improve the evidence base and intelligence on public health are also proposed.

5. Making it happen:

Subject to the Health and Social Care bill, the government hope to make these changes as early as possible. Public Health England will take on full responsibilities from 2012, which include taking on responsibilities formerly held by the Health Protection Agency and the National Treatment Agency. Ring fenced funding for local authorities will be allocated by 2013.

NEW STRUCTURES AND FUNDING FOR PUBLIC HEALTH

- Public Health England will not take a central role in delivering services, rather PHE aims to 'support local action' and bring together the other structures (eg NHS) to improve the public's health. It is expected that local government will take the lead through new duties as conferred in the Health and Social Care Bill. PHE will include elements of activity currently held with Strategic Health Authorities (SHAs) and Public Health Observatories.
- Directors of Public Health (DPH) will be employed by upper tier councils and unitary authorities to lead public health efforts. They will be jointly appointed by the local authority and Public Health England. It is likely DPH will draw on the expertise of others in the community with specific expertise on the populations' health and well being.
- Relationship to the JSNA: Directors of Public Health will have an explicit obligation in preparing the JSNA, in collaboration with the new Health and Wellbeing boards. The JSNA will provide the 'overarching strategy' within which more specific commissioning plans for public health, alongside other health and social care services, are developed. It encourages joint approaches to public health across local authority areas where this makes sense – eg London is given as an example.
- Health Protection Units will be part of Public Health England. These will provide specialist advice and access to the resources of the national resources to the public health service.
- GP consortia will be encouraged to play a greater role in public health. It is proposed that 15% of the value of QOF (Quality Outcomes Framework against which GPs are monitored) should be devoted to public health and primary prevention indicators from 2013.

Funding Public Health

- The overall national public health budget will be ringfenced within the overall NHS budget.
- Local public health budgets will be allocated by PHE as ring fenced budgets, weighted for inequalities, to upper tier and unitary authorities. These will fund services which improve health and well being and some discretionary services such as open access sexual health services and certain immunisations.
- A health premium will be available for health improvement activity which makes progress against the proposed outcomes framework. However this will come from within the overall public health budget. This will be weighted towards areas with the worst health outcomes and most need. The premium will be developed by a formula 'developed with key partners' including the Advisory Committee on Resource Allocation. The paper states that disadvantaged areas will see a greater premium for progress to recognise the greater challenges they face. Shadow allocations will be made 2012/12 before they are formally introduced in 2013/14.

WHERE DOES HOMELESSNESS FIT INTO THIS?

There a number of particularly relevant aspects of the paper which impact on homeless people. This provides a snapshot of some of these:

Health Inequalities

Section one of the paper discusses health inequalities and some of the indicators which are currently used to illustrate these – eg smoking rates, prevalence of certain health conditions across different demographic and geographic groups. This section also outlines background to some of these inequalities and draws on previous reports such as the Marmot Review as context. Some of the areas the paper highlights for action include:

- Reducing smoking, increasing rates of physical activity, improving diets
- Reducing illicit drug use and rates of heavy drinking
- Preventing mental ill health – a new mental health strategy is forthcoming
- Reducing rates of sexually transmitted infections (STIs)

Some of the measures outlined in the paper include:

- A new Tobacco Control plan to reduce smoking
- NHS health checks for all aged 40-74
- Aligning funding streams on drug and alcohol treatment services in community and criminal justice based settings. Funding will incentivise recovery outcomes although it says other measures will be maintained such as harm minimisation.
- Improving screening and reducing infectious diseases

Research shows homeless people experience many of these health and well being needs disproportionately, so there is a strong case for new programmes under these areas to be available and responsive to homeless people. For example the Homeless Health Needs Audit¹ showed that:

	General Population	Homeless People
% people who smoke	21%	77%
% who eat 5+ pieces of fruit and veg per day	29%	7%
Number who experience problems with mental health	30% (defined as 'mental distress' by ONS survey)	72%

¹ See www.homeless.org.uk/health-needs-audit for more information and statistics

The wider determinants of ill health

The paper recognises that more needs to be done to focus on the 'root causes of ill health' such as employment and education. To achieve better public health it calls on greater partnership across local government, the NHS, voluntary sector and communities. A forthcoming Public Health Outcomes framework proposes 5 domains of public health of which 'tackling the wider determinants of ill health is one'. An important message will be how housing related support is crucial to achieving this (see page 26 of the White Paper).

Local drivers

The paper follows the thrust of other reforms from the coalition government to give control back to communities to decide what action best fits their local needs. A 'health premium' will be used to incentivise local government to improve health and reduce inequalities 'in line with local needs'. It will be vital that the needs of homeless people are flagged up as part of this process which will be linked to the Health and Well Being Boards as outlined in the NHS White Paper – see [our response](#) for more information on these proposals.

The 'ladder of Interventions'

There is a strong focus on avoiding a 'one size fits all' approach to public health and encouraging individual 'freedom' where possible. The proposed 'ladder of interventions' supports the notion of greater personal responsibility, coupled with greater choice, which the government hope will encourage people to adopt more positive lifestyles rather than this be enforced by regulation. They do recognise some people face barriers to exercising this choice. However it is important that the sector raises the message that some public health interventions and choices can be harder to access and exercise for excluded groups and there need to be resources and expertise to help broker access for homeless people, which our sector is well placed to provide.

Achieving Health through Work

There is a strong message that being in work improves health and the public health paper is aligned to some of the other initiatives being developed such as Welfare to Work and the Work Programme. This is an opportunity to highlight the role of the homelessness sector in supporting clients to become ready for work, but also the wider concerns with some of the welfare proposals which could impact on homeless people's transition to work.

Ageing population

There is a commitment to improve 'active ageing' and support older people to live in their own homes independently, reduce isolation and address end of life care. This is an opportunity to raise some of the inequalities faced [by older homeless people](#) and ensure their needs are included in these changes.

The public health premium

It is welcome that the premium will reflect levels of poor health and deprivation. We would encourage the formula takes into account levels of homelessness so that areas are not dis-incentivised from providing good quality services to these clients whose higher and more complex health needs can be costlier to treat.

CONSULTATION ON THE PAPER

There are five questions on which the government is inviting responses. They are quite narrow in focus so you may wish to raise some of the points raised above or other concerns about the paper. Further consultation is expected on the proposed public health outcomes framework and the funding and commissioning of public health. For a full list please refer to the [DH website](#). Closing date is **8th March 2011**. If you'd like to share your views to Homeless Link's response please email helen.mathie@homelesslink.org.uk or via 020 7840 4428.