

ITEM: 11/008
Doc: 05

Meeting: TRUST BOARD
Date: 26th January 2011

Title: **Healthy Lives, Healthy People: Strategy for Public Health in England**

Executive Summary: The Government Published the Public Health White Paper on 30th November 2010. A summary is provided for the board's information.

Action: For information

Report from: **Caroline Allum. Deputy Medical Director**

Sponsor: Celia Ingham Clark. Medical Director

Financial Validation Lead: Director of Finance	Name of finance officer
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Compliance with statute, directions, policy, guidance Lead: All directors	Reference:
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Compliance with Care Quality Commission Standards Lead: Director of Nursing & Clinical Development	Reference:
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Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference:
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Evidence for self-certification under the Monitor compliance regime Lead: All directors	Compliance framework reference:
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**HEALTHY LIVES, HEALTHY PEOPLE: STRATEGY FOR PUBLIC HEALTH IN ENGLAND
(NOVEMBER 2010): SUMMARY FOR TRUST BOARD 26/01/11.
Caroline Allum. Deputy Medical Director.**

BASIS: Public Health has made a major contribution to disease free survival, having tackled issues such as air pollution, clean water, immunisation and eradication of infectious diseases. Ongoing public health issues such as smoking, alcohol, obesity and lack of exercise make a significant contribution to long term illness. Healthcare services are estimated to contribute to only one third of the improvements we could make in life expectancy: Changing people's lifestyles and removing health inequalities are estimated to contribute to the remaining two thirds.

Addressing these issues prior to onset of illness could reduce the upwards trajectory of patients needing to use secondary care. Obesity related conditions alone cost the NHS £4.2 billion per year. Social determinants of disease also need to be addressed, for example in London in the poorest neighbourhoods men die 7 years earlier and have 17 years less disease free life than those in the wealthiest boroughs.

Devolving public health issues to a local level aims to champion local partnerships and allow local government and individuals to take ownership of decision making, tailored to the needs of the local community. A top down approach is felt to be inappropriate and deemed not to have worked thus far. Specific, important and transitional phases of life will be targeted, where interventions can make a difference. The following stages will be targeted:- pre-conception and pregnancy, babies, childhood, teenagers, working age, retirement and end of life. There will also be a focus on specific issues such as mental health, tobacco control, obesity, sexual health, pandemic flu preparedness, health protection and emergency preparedness, as well as other wider determinants of disease.

STRUCTURE:

The new "Public Health England" (PHE) will be a part of the Department of Health. It will have a central role, for example for health protection, where a national response is vital and also a co-ordinating local role to support local government, local people and partnership working and to disseminate good practice with evidenced based and innovative schemes nationally.

There will be a new National Institute for Health Research, School for Public Health Research and a Policy Research Unit on Behavioural Health to support this work.

FUNDING:

There will be ring fenced public health funding from within the overall NHS budget. The PHE budget is likely to be just over £4 billion.

Ring fenced budgets will be allocated for local authorities, together with a new health premium to reward them for progress made against elements of a new Public Health Outcomes Framework. This will also take into account health inequalities- more money will be allocated where it is needed- the poorest health needs the fastest improvement.

HOW?

Reach across and reach out: The root causes of poor health and wellbeing need to be addressed, reaching out to those who need the most support

Protect population from health threats-central PHE function.

Empower local leadership and partnerships.

Focus on key outcomes. There will be a transparency of outcomes to ensure local accountability through a proposed new Public Health Outcomes Framework

Freedom, fairness and responsibility: To strengthen self esteem, confidence and personal responsibility and promote healthy lifestyles and choices

Ladder of intervention: Voluntary approaches to be tried before regulation is imposed

TIMELINE:

PHE: transfer of function from Health Protection Agency and National Treatment Agency for Substance Misuse in 2012. This will be in alignment with the PCT and SHA changes and the creation of the NHS Commissioning Board.

EXAMPLES:

London vs. New York schools walking competition, Gloucester Village Agents, Run Dem Crew and the Nike "Grid".