

Healthy Lives, Healthy People:

Our strategy for public health in England

The Health Background

- Britain has amongst the worst levels of obesity in the world.
- 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 last year, and one in ten people getting an infection will be re-infected within a year.
- Poor mental health is estimated to be responsible for nearly a quarter of the overall burden of long-standing poor health.
- People in the poorest areas expect to live up to 7 years less than people in richer areas.

Policy linkages

- The White Paper is also a formal response to the review by Sir Michael Marmot of inequalities in health.
- The Paper should be seen in the wider context of the NHS, and Social Care White Papers respectively, with which it has considerable resonance

The New Approach

- **Responsive** – owned by communities and shaped by their needs
- **Resourced** – with ring-fenced funding and incentives to improve
- **Rigorous** – professionally-led, focused on evidence, efficient and effective
- **Resilient** – strengthening protection against current and future threats to health.

Policy

- The White Paper lays out the challenges to health in England – **wellness in all we do**
- Early years and school opportunities, work and active ageing.
- The White Paper uses examples of good practice, including the use of social networks, walking competitions, and the work of Change4Life.
- Cross Government action
- Responsibility Deal

A New Public Health System

- Directors of Public Health will be the strategic leaders for public health and health inequalities in local communities
- A new, dedicated, professional public health service – **Public Health England** – will be set up as part of the Department of Health
- There will be ring-fenced public health funding from within the overall NHS budget to ensure that it is not squeezed by other pressures
- There will be ring-fenced budgets for upper-tier and unitary local authorities
- The core elements of the new system will be set out in the forthcoming Health and Social Care Bill
- The best evidence and evaluation will be used, supporting innovative approaches to behaviour change
- The Chief Medical Officer will have a central role in providing independent advice to the Secretary of State for Health and the Government
- Public health will be part of the NHS Commissioning Board's mandate

The Director of Public Health

- Will be the principal adviser on all health matters to the local authority, its elected members and officers, on the full range of local authority functions and their impact on the health of the local population
- Will play a key role in the proposed new functions of local authorities in promoting integrated working
- Contribute to the development of the local joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy
- Be an advocate for the public's health within the community
- Produce an authoritative independent annual report on the health of their local population

The Director of Public Health

- DsPH will be jointly appointed by the relevant local authority and Public Health England
- While councils will have the power to dismiss DsPHs for serious failings across the full spectrum of their responsibilities, the Secretary of State for Health will have the power to dismiss them for serious failings in the discharge of their health protection functions
- They will be accountable to the Secretary of State for Health and professionally accountable to the Chief Medical Officer

Still to Come

- Forthcoming consultation documents will set out questions on:
 - The proposed public health outcomes framework
 - The funding and commissioning of public health.