Leicester City Council

WARDS AFFECTED
ALL

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:

Health Scrutiny Committee **9 February 2011**

PUBLIC HEALTH WHITE PAPER AND CONSULTATIONS ON PUBLIC HEALTH OUTCOME FRAMEWORK AND FUNDING AND COMMISSIONING ROUTES FOR PUBLIC HEALTH

Report of the Director of Public Health and Health Improvement

1. Purpose Of Report

1.1 The purpose of this report is:

a) to inform the Health Scrutiny Committee of the publication of the Public Health White Paper Healthy Lives, Healthy People and of two further consultation documents published on the 20 and 21 December 2010

- Healthy Lives, Healthy People: Transparency in outcomes
- Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health.

b) to seek views on the proposals, and

c) outline the arrangements so far for local consultation.

2. Recommendations

2.1 The Health Scrutiny Committee is asked to:

- note the publication of the above documents and the summary provided in the appendices to this report;
- note the consultation arrangements developed so far; and
- advise on further steps to support the consideration of the White Paper and consultation documents within the City Council.

3. Report

3.1 The Public Health White Paper, *Healthy Lives, Healthy People: Our strategy for public health in England*, sets out the government's new approach to public health and some of the structures and processes that will support delivery – including the formation of Public Health England and a ring-fenced public health funding for upper tier and unitary local authorities from within the overall NHS budget. The vision is to protect the population from serious health threats, helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest fastest.

3.2 In terms of structures the government intends to:

- enable the creation of Public Health England from 2012;
- transfer local health improvement functions to local government with ring fenced funding allocated to local government from 2013; and
- give local government new functions to increase local accountability and support integration and partnership working across social care, the NHS and public health

3.3 Much of the detail behind the outlines sketched out in the white paper is provided in two separate consultation documents.

a) *Healthy Lives, Healthy People; Transparency in outcomes.* This consultation document sets out the government's goals in relation to health improvement and health inequalities and provides a mechanism for transparency and accountability across the public health system at the national and local level. It is part of a suite of three outcome frameworks covering the NHS, adult social care and public health, and is intended to provide equivalent arrangements for the delivery and monitoring of improvements in public health.

The outcomes framework proposes five domains: –

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

Each domain includes a proposed set of indicators to be supported by nationally collated and analysed data which will be published in a common format by Public Health England. This should include indicators that target different age groups, and target communities that experience differential outcomes in health.

The new framework for Public Health Outcomes will be in operation from April 2012.

b) *Healthy lives, healthy people; consultation on the funding and commissioning routes for public health* provides significant details to the proposals in the White Paper and is particularly concerned with funding and commissioning flows and

the responsibilities of different parts of the new public health system – Public Health England, local authorities and NHS commissioning board.

Key points are:

- that the public health services will be funded by a new public health budget separate from that managed through the NHS commissioning board for healthcare, to ensure that investment in public health is ring-fenced.

This new public health budget will be managed within the department of health by Public Health England which will fund public health activity through three principal routes;

- allocation to local authorities
- commissioning services via the NHSCB
- commissioning or providing services itself

The consultation document proposes detailed guidance on the commissioning route and responsibilities of Local Authorities, Public Health England and the NHS (see summary 3 page 3 onwards).

It should be noted that the DH is treating existing functions of local authorities as separate from the Public health ring-fence as they are already funded through the existing funding settlement.

Local authorities will be free to integrate management of these functions with their new public health responsibilities, should they wish. They will also be able to commission activity at a supra-local level, though there will be no government structure for this.

Health and Wellbeing Boards will provide a mechanism for bringing together discussions about investment and cross-cutting services including existing social care primary prevention.

Local Authorities will have a new statutory duty to take steps to improve the health of their population in addition to other related statutory functions and will receive a ring-fence grant in order to fund the activities carried out in the exercise of these functions.

The expectation is that the majority of services will be commissioned with an opportunity to support engagement of communities and to deliver best value and best results. It is also intended that local people have access to information about commissioning decisions and the outcomes that have been achieved.

From April 2013 Public Health England will allocate ring-fence budgets, weighted for inequalities, to upper-tier and unitary authorities and local government for improving the health and well being of local population.

There will be shadow allocations to LAs for this budget in 2012/13 and allocations will go live in 2013/14. During the transitional years 2011/12 and

2012/13 a need for the NHS to retain its emphasis on public health will be stressed.

The independent Advisory Committee on Resource Allocation (ACRA) will support the detailed development of the resource allocation to LAs and the creation of a formula that can be used to calculate each local authority's target allocation.

LAs will receive an incentive payment, or premium, depending on the progress made in improving the health of the local population and reducing health inequalities. The detailed model will be set out once the baseline and potential scale of the premium have been established, and there is an agreement about how the public health outcomes framework will be used. Partners will be consulted on the premium.

4. Consultation process

4.1 Consultation on the white paper itself closes on the 8th March 2011. Consultation on the Outcomes Framework and funding and commissioning routes closes on the 31st March 2011. As the two consultation documents fill in a substantial amount of the detail outlined in the white paper it is proposed that the consultation for all three documents be being taken together. The three attached summary documents (Appendix A) will form part of the consultation package.

4.2 A full programme of consultation will be circulated once arrangements are finalised.

5. Report Author

Rod Moore
Deputy Director of Public Health and Health Improvement
NHS Leicester City

On behalf of:

Deb Watson
Director of Public Health and health Improvement
NHS Leicester City and Leicester City Council