



LINK event report

Healthy lives, healthy people



February 2011

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Introduction

What do we mean by public health?

Public health is described as the science and art of promoting and protecting health and well being, preventing ill health and prolonging life through the organised efforts of society. It includes:

- **Health improvement** – including lifestyle, inequalities and social influence
- **Health protection** – including infectious diseases, environmental hazards and emergency preparedness
- **Health services** – including planning, efficiency and evaluation

Healthy lives, healthy people - the government's long-term vision for the future of public health in England.

The government's white paper on public health, 'Healthy lives, healthy people' is a move towards addressing the causes of poor health and inequalities and a re-focusing of the balance of effort, which has previously rested mainly with treatment.

The white paper is in three parts:

- **A strategy for public health**

It is proposed that this will enable individuals to feel in control of their health and support services, promoting self esteem, confidence and personal responsibility. The approach is based on a ladder of intervention which will be used to encourage healthier behaviours and lifestyles and it will adapt our environment to make it easier to make healthy choices.

- **Outcomes framework**

Areas for health improvement will focus on 'causes of the causes' of ill health and the results of ill health with indicators to provide evidence and measures. This will work alongside the each local authority's Joint Strategic Needs Assessment.

- **Funding and commissioning routes**

A ring fenced budget will be locally overseen by local authorities' health and wellbeing boards and the newly established Public Health England. The proposals state that local authorities will commission:

- Sexual health services except contraceptive services
- Initiative to reduce deaths from seasonal mortality
- Accidental injury prevention
- Mental health promotion, self harm and suicide prevention
- Physical activity, obesity programmes, tobacco control
- Alcohol and drug misuse
- NHS health check programme
- Health at work
- Prevention and early presentation campaigns for cancer and long term conditions
- Dental public health advice to NHS and community oral health
- School-age children public health
- Community safety and violence prevention and response
- Access to health care for socially excluded groups

Public Health England will work nationally with a protected budget to support local action and the provision of evidence. It will work across the whole of public health protecting the public from health threats, improving healthy life expectancy and wellbeing of the population and improving the health of the poorest, fastest.

The NHS Commissioning Board and GP consortia will commission services. Directors of Public Health will be employed by local authorities and jointly appointed with health.

What about the role of GPs?

- GPs will be responsible for improving population health and reducing health inequalities with equitable access to services and outcomes.
- Information will be available on achievement by GP practices to the public
- Incentives and drivers – Quality and Outcomes Framework (QOF) will promote quality outcomes

- Public Health England will strengthen the focus on public health issues in the education and training of GPs

What we did

As part of the national public consultation for Healthy lives, healthy people, North Tyneside LINK held an information and consultation event with its members on 28 February 2011 to listen and record members' views on the white paper and proposed changes to public health.

22 individual and organisational LINK members attended alongside 7 members of the public.

LINK gave a presentation on the proposed changes and how these will sit locally with North Tyneside's Joint Strategic Needs Assessment (JSNA).

The audience was then divided into three groups to look at the following questions and discuss issues.

Healthy lives, healthy people questions

The strategy

Questions

1. Are there additional ways we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?
2. What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?
3. How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?

4. What can wider partners nationally and locally contribute to improving the use of evidence in public health?

Answers

Members felt that public representation was needed to support GPs with the public health agenda. However, public engagement was seen as problematic as representation was not always representative.

It was felt that GPs could become overwhelmed and would this be addressed through more staff or training? Commissioning out or using the voluntary sector could support GPs.

One group felt that changes within the health service was a 'risky business' and experimental and that if things went wrong government could devolve responsibility to the local authority.

They also feared that choice and control would lead to greater health inequalities due to funding through personal budgets and the subsequent knock on effect for carers.

Outcomes framework

Question

Do you agree with the overall frame work and domains?

Priorities for local indicators

1. Are any missing?
2. Which should not be included?
3. Which are the most important?

Answers

Members believe that education is the key in public health and that the Healthy Schools programme was a good example. However, it should not just be up to schools to deliver health messages as it should be seen as a community issue.

The proposed indicators were agreed but with the caveat that local issues should be addressed too, such as the high rate of A and E attendees in North Tyneside. Groups also suggested that mental health should have greater prominence.

There was also concern over public health becoming outcomes driven as an indicator for success. For example people with enduring mental health issues or learning disabilities being 'pushed' into employment/training.

Funding and commissioning routes

Questions

1. Should these be part of the local ring fenced budget or not?
2. What impact do the policies have on different equality groups to reduce inequalities in health?
3. Which services should be mandatory for local authorities to provide?

Answers

It was agreed that ring fencing of budget was a good idea but there was a question of how this would go to the GP and if those who spent less would be viewed as 'successful'.

Members expressed concern about the funding being removed from national initiative which supported health and well being, such as Sure Start and Healthy Schools.

Target driven policies were viewed as detrimental to health of patients and the public health agenda as a whole.

What happens now?

Those in attendance felt they had greater understanding of the government's plans for public health and appreciated the chance to discuss the issues with others.

The LINK team will present the report of the consultation to the LINK Board on 15 March 2011 for approval as North Tyneside LINK's response to the government's consultation on Healthy lives, healthy people.

After board approval the report will also be shared with the LINK lead at the North East Strategic Health Authority and VONNE as part of the North East of England's regional response.

The report will be shared with North Tyneside LINK members through LINK's newsletter, Stronger Voice and website and through direct mailing to LINK's partner organisations.

Members will be kept involved of further developments of the government's white paper Healthy lives, healthy people.

Evaluation

22 individual and organisational LINK members attended as well as 7 members of the public. The majority of attendees said that the meeting had been largely successful and that they had found the table top discussions very useful.

Attendees appreciated that it was an in-depth subject but the presentation was 'good in laymen's terms'.

The LINK team would like to thank all those LINK members and members of the public who attended and contributed to the discussions.

If you would like to find out more about Healthy lives, healthy people, have a comment or experience you would like to share with us regarding any of the issues raised in this report please contact North Tyneside LINK on 0191 200 1429 or email link@voda.org.uk



North Tyneside Local Involvement Network

The Shiremoor Centre, Earsdon Road

Shiremoor NE27 0HJ

Telephone: 0191 200 1429

Email: link@voda.org.uk

www.linknorthtyneside.org.uk