Summary Report

Public Health Workshop on the Department of Health White Paper: Healthy Lives, Healthy People

March 2011

wellcome trust

MRC Medical Research Council

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

PUBLIC HEALTH WORKSHOP REPORT

Department of Health White Paper: Healthy Lives, Healthy People

March 28 2011

Workshop hosted by the Wellcome Trust in partnership with the Medical Research Council and the Economic and Social Research Council

1. Aims

The aims of this workshop were:

- To bring together key stakeholders to discuss the implications of the White Paper: *Healthy Lives, Healthy People*.
- To develop a plan for how the key stakeholders will work together to ensure that research and evaluation are fully integrated into the new structures so that research evidence is effectively translated into policy and practice.

2. Introduction

The Government published its White Paper on Public Health, '*Healthy Lives, Healthy People: Our Strategy for Public Health in England'* on 30 November 2010. The White Paper describes key areas for Public Health improvements and a new system to deliver these improvements and other Public Health functions, including health protection and emergency planning and response. The legislative changes required to implement these proposals are currently before Parliament in the Health and Social Care Bill.

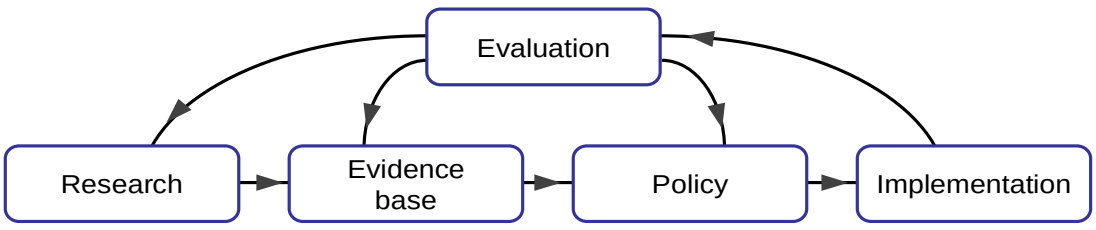
The White Paper emphasises the importance of evidence and research in informing Public Health interventions and calls for the development of a "culture of using evidence to prioritise what we do." This is not the first White Paper on Public Health published by the Government, but it aims to go further in addressing health inequalities in the UK through high-level structural changes, ring-fencing of the Public Health budget, and moving back to Local Authority control. Proposals for research include the formation of an NIHR School for Public Health. The Government is consulting on specific questions set out in the White Paper, the Public Health outcomes framework, and the funding and commissioning of Public Health, up to 31 March 2011.

The meeting involved 42 participants, including Public Health practitioners, researchers, funders, and policy-makers. Sir Mark Walport gave an opening address, followed by Tim Baxter from the Department of Health who described the key elements of the White Paper and the Government's strategy for Public Health in England (see Annex 1*)*. There were then a series of short presentations outlining the perspectives of other stakeholders. During the afternoon session, panel and general discussions were held on issues raised in the White Paper. Please see Annex 2 for the programme and speakers.

3. The Challenge

The White Paper states that the mission of the new public health service - Public Health England - is "to protect and improve the public's health, improving the health of the poorest, fastest". Central to this is evidence-based policy, and this implies that research and evaluation must be fully integrated into the new structures:

Fig. 1: The relationships between research and evidence in public health



Sir Mark challenged the participants to develop a vision for UK Public Health in the 21st century, using the opportunity of the consultation on the White Paper to input into the development of the new structure.

4. Summary of Discussion

Research Evidence and Evaluation are an integral part of Public Health Strategy

Issues:

- The White Paper stresses the need to use evidence to inform policy but currently the different communities – researchers, practitioners and policy-makers – are relatively separate and do not communicate effectively.
- Public Health research is about more than Randomised Controlled Trials and the field must make greater use of natural experiments and other evaluation techniques, addressing the 'second gap in translation' and demonstrating with appropriate evaluation what works in practice.

Recommendations:

- Appropriate incentives and requirements should be put in place to ensure that researchers, practitioners, and policy-makers work together and use a 'collaborative problem-solving approach' from the beginning of any research project or implementation of new policies.
- The gap between research and service must be bridged, and as part of this, the utility of surveillance data as a research tool should be harnessed.
- Transdisciplinary Action Research *(Stokols, 2006) e*ngages policy, practice and public partners through a cycle of problem identification, development, research, and implementation. It should be employed as a process to engage researchers, policy-makers, and practitioners in Public Health research.
- The value of Social Science research, Health Systems research, and research into methodological issues should be recognised as integral parts of furthering the Public Health research agenda.

Independence and accountability

Issues:

- If the proposed changes are implemented, Public Health England will be part of the Department of Health and therefore not independent of Government, leading to a potential loss of public confidence in its advice and accountability.
- Bringing the functions of the Health Protection Agency into Public Health England (PHE) within the Department of Health is likely to jeopardise the conduct of research currently carried out by the HPA because potential sources of funding will be severely limited; this may result in the loss of valued expertise.

Recommendations:

- PHE should be separated from Government Departments in order to be able to offer independent advice to national and local government, the NHS and the public. It could be constituted as a Special Health Authority or, if that is not acceptable, as an executive agency of the Department of Health.
- It is essential that researchers employed by PHE are at arm's-length from government, in order that they can access funding from a wide variety of sources.

Balance between localism versus centralism

Issues:

- There are some potential benefits of localism and in particular this might allow for better coordination of the delivery of Public Health services with other services that have an impact on health, for example, education, housing and transport.
- There are potential risks posed by delivering Public Health services through Local Authorities and in particular this fragmentation may make it even more difficult than at present to connect research and practice.
- The regional tier of Public Health functions, which currently includes the Public Health Observatories (PHOs), supports many local activities where specialist expertise is required which cannot be provided efficiently at a local level. Loss of this tier could be detrimental: PHOs, have an important knowledge-sharing function, for example, in producing local inequalities profiles for all Local Authorities in England.
- Local Authorities and GP Consortia are not experienced or sufficiently aware of issues involved in commissioning and managing health services and related public health research, and will need support in order to contribute to this.

Recommendations:

- Roles, responsibilities and accountability in the new system should be clearly defined.
- There should be an appropriate balance between localism and centralism.

Delivery of Effective Services

Issues:

- The White Paper is focused on health promotion and protection and overlooks key issues in health services provision and research. While health services are the main focus of the current Health and Social Care Bill, it is important to remember that assessing the effectiveness and efficiency of health service delivery is a key Public Health function.
- The proposed restructuring of the health service will create a system that is driven by market forces and there are risks associated with the fragmentation of health service commissioning and delivery. Local Authorities do not have expertise in the commissioning of Public Health services and therefore there is a danger that these may be commissioned on the basis of market choice rather than need.

Recommendations:

- A plan for implementation of the delivery of health services is required, with clarity on a number of issues relating to Health Service Provision, for example, on what is meant by “any willing provider.”

The relationship between data, surveillance, and evidence

Issues

- There will be benefit from providing a single repository in PHE for data on the population’s health. Robust data from surveillance and health intelligence will be vital to inform the evidence base and future practice.
- There is a tension between the needs for generalisable data and data that contains enough granularity to be of use for the Local Authorities when implementing interventions in the local context.
- There is a danger that national data collection and surveillance networks could be undermined/disrupted by fragmentation of the PH function at Local Authority level.

Recommendations:

- The collection timeliness and quality of data produced by Local Authorities to inform Public Health outcomes and policy should be overseen by PHE.
- Data sharing should be encouraged in order to make maximum use of data from population cohorts and demographic studies, and relevant databases should be linked where possible.
- New technological advances, for example, in the fields of infection, genomics and the information management should be embraced and applied in the Public Health field.

Training and workforce capacity

Issues:

- It is essential that a critical mass of Public Health skills, and expertise in monitoring and evaluation is maintained. This will be particularly important in the proposed environment where Public Health functions will be fragmented.
- Masters programs could be a key bridge between academic and service practice in Public Health, but the current cuts to education will threaten access to these programs.

Recommendations:

- Avenues for facilitating Public Health training and research which could be explored include allowing greater specialisation within the accreditation process, allowing greater flexibility to actively encourage academic careers, considering non-research doctorates, and joint appointments spanning research and practice. Continuing Professional Education is key to ensuring relevant training among non-academics.
- Clarity is needed on the contractual framework for staff whose functions are transferring from the NHS or arm's-length bodies to Local Authorities or the civil service. In particular, there is concern about Public Health specialists losing NHS terms and conditions of service which will discourage future entry into the specialty.

5. Summary

To fulfil the mission of PHE, the following elements are essential:

- People

The workforce (spanning researchers, practitioners and policy makers) must be equipped with the right training and skills to be able to take advantage of technological innovation.

- Research Environment

The new structure must be set up so as to promote Transdisciplinary Action Research and ensure the integration of research, evaluation, policy and practice.

- Partnerships, roles and responsibilities

To ensure Public Health policy is evidence-based, there must be mechanisms and incentives to enable researchers, practitioners, and policy-makers to work together in partnership. To this end, roles, responsibilities, and accountabilities of all parties in the new structure must be clarified. In Table 1, we have suggested roles for key stakeholders. It is the responsibility of all stakeholders to communicate effectively with each other and with the public, commentators, think tanks, media, and other relevant stakeholders.

- Independence and Accountability

To ensure independence, accountability, and public confidence in Public Health England, it must be clearly separated from the government; this could be achieved if it is set up either as a Special Health Authority or, if it must be part of the Department of Health, an Executive Agency.

Table 1: Proposed Role and Responsibilities of key stakeholders in the new system

Stakeholder	Role
Department of Health	• Ensure the new public health system enables and encourages close working relationships between public health researchers, practitioners and policy makers • Ensure that the new system does not disrupt existing access to information and data needed for public health research and practice • Ensure that public health training is organised alongside training for other medical specialties, with similar routes of access, standard setting and quality assurance.
Public Health England	• Offer independent advice to national and local government, the NHS, and the public, throughout the UK; • Provide effective, expert, and adequately-resourced local teams, supporting and working closely with local services, including the DPH. • Employ, on NHS terms and conditions, public health specialists and consultants to support all three domains of public sector public health activity, seconding them to other agencies (including local authorities) as necessary and deploying scarce expertise effectively.
Faculty of Public Health	• Set standards for all Public Health practice in the UK. • Enable and encourage practitioners to access the evidence to inform their decisions and advice. • Ensure public health specialists have the skills needed to access, use and provide evidence on health needs and public health interventions
Directors of Public Health of Local Authorities	• Provide strategic leadership. • Produce an independent, public annual report on the health and needs of the population. • Have direct access to the Local Authorities cabinet and councillors. • Be directly accountable to the Local Authority CEO. • Have responsibility for managing the ring-fenced Public Health budget and public health staff.
GP Commissioners	• Work with and through the Directors of Public Health to ensure that commissioners' decision-making is underpinned by expert, professional Public Health advice.

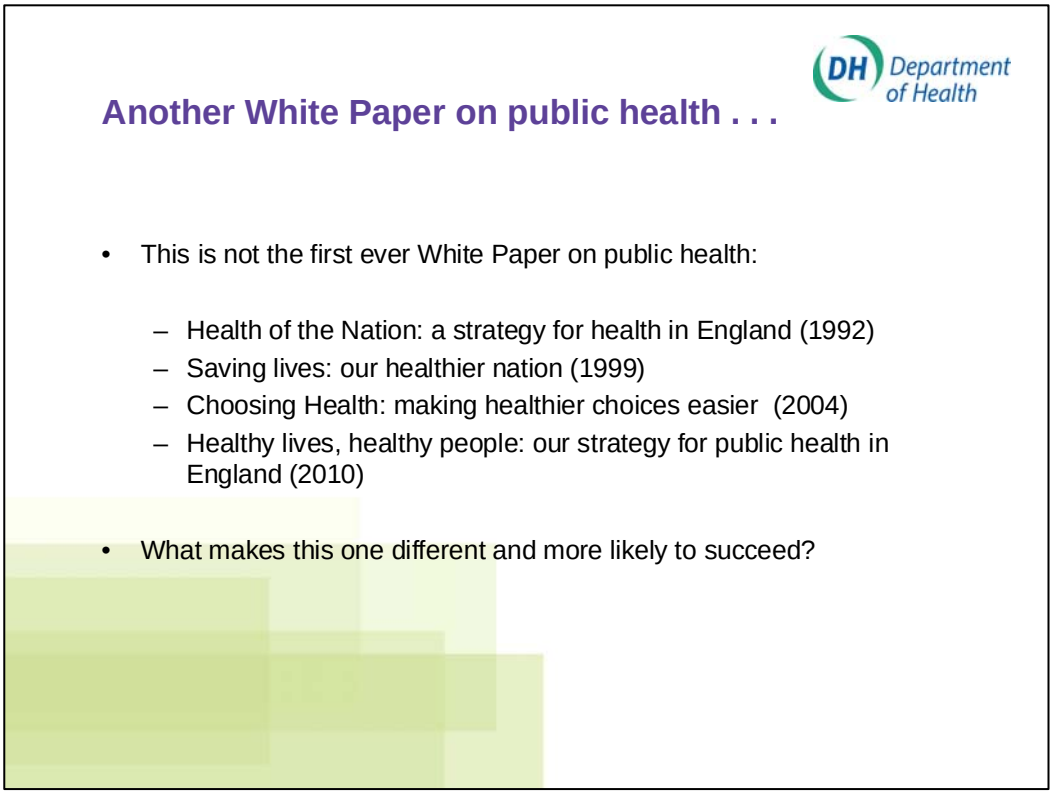
Research Funders	• Ensure researchers are engaging and communicating effectively with practitioners and policy-makers from the beginning of a project. • Provide leadership and be involved in agenda-setting and funding of priority areas in the research of methodologies, the application of new technologies, health systems research, evaluation, cohort studies, quality of data, data-sharing, etc.
Researchers / Academics	• Engage in high quality Public Health teaching and research at all the undergraduate, postgraduate, and continuing professional education levels. • Be closely engaged with policy-makers as well as all levels of Public Health service.
Policy-makers	• Work with researchers and practitioners from the onset of a project to ensure that evidence is gathered from evaluations and other sources to feed into policy-making.

6. Next Steps

This report will be fed back to the participants of the Public Health Workshop and will inform the funders' consultation responses to the White Paper.

ANNEX 1


DH Department of Health
Healthy Lives, Healthy People
Our strategy for public health in England


DH Department of Health
Another White Paper on public health . . .
• This is not the first ever White Paper on public health:
– Health of the Nation: a strategy for health in England (1992)
– Saving lives: our healthier nation (1999)
– Choosing Health: making healthier choices easier (2004)
– Healthy lives, healthy people: our strategy for public health in England (2010)
• What makes this one different and more likely to succeed?

Healthy lives, healthy people

- Healthy lives, healthy people sets out a framework for tackling some of the most intractable social issues
- The White Paper:
  - starts from the evidence base (Chapter 1)
  - Articulates a radical new approach to public health, including the concept of a "ladder of interventions" (Chapter 2)
  - Takes a life course approach, rather than focusing on specific policy areas such as smoking or obesity (Chapter3)
  - Sets out a new organisation for public health, including a critical role for local government and a new clarity to central government's role
- I expand on these points below

Our Health and Wellbeing Today

- We are living longer than ever before with dramatic changes in the nature of health over the last 150 years
  - infectious diseases now account for only 2% of deaths
  - 4 in every 5 deaths occur after the age of 65
  - clean air, water, and environmental protection
- BUT: success brings new challenges
  - circulatory diseases account for 34% of deaths
  - cancers 27% and respiratory diseases 14%
  - rising prevalence of mental ill-health
  - persistence of long-term conditions
- Lifestyles and behaviours influence our outcomes and inequalities
  - 21% of the adult population still smoke
  - 61% of adults are overweight or obese
  - Fewer than 40% of adults meet physical activity guidelines
  - 2.4 million adults regularly drink more than recommended

A radical new approach

The mission is to protect and improve the public's health, improving the health of the poorest, fastest

- **Reach out and reach across** – addressing the route causes of poor health and wellbeing, reaching out to those who need the most support
- **Representative** – 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

Health and wellbeing throughout life

- Starting well: enabling good health in mothers before, during and after pregnancy and good parenting
- Developing well: encouraging healthy habits and avoiding harmful behaviours
- Growing up well: identifying, treating and preventing mental health problems and creating resilience and self-esteem
- Living and working well: choosing lifestyles and behaviours that influence health and productivity
- Ageing well: supporting resilience through social networks and activity and providing protection from preventable ill-health

A new public health system

- Public Health England – a national public health service
- A return of public health leadership to Local Government
- Professional leadership nationally and locally
- Dedicated resources for public health at national and local levels
- Focus on outcomes and evidence based practice supported by a strong information & intelligence system
- Maintaining a strong relationship with the NHS, social care and civil society
- Set out in the Health and Social Care Bill

A new public health service - Public Health England

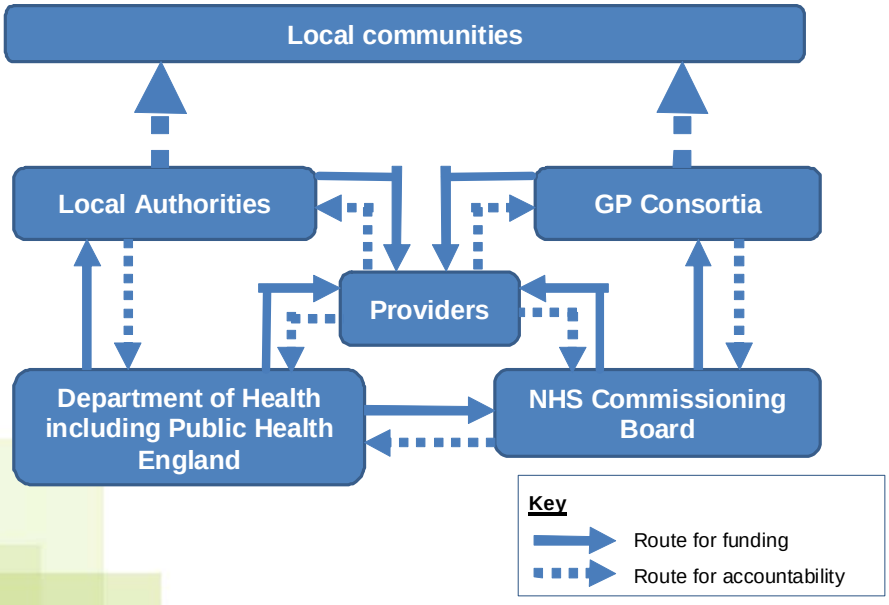
- New public health service directly accountable to the Secretary of State for Health with a clear mission to;
  1. Achieve measurable improvements in public health outcomes; and
  2. Provide effective protection from public health threats

- It will do this by;
  1. Protecting people from infectious disease and biological, chemical and radiological threats;
  2. Helping people and families to be able to take care of their own health and wellbeing; and
  3. Inspiring challenging and commissioning partners from all sectors.

The Director of Public Health, a proposed role

- Will be jointly appointed by the relevant local authority and Public Health England and employed the local authority with accountability to locally elected members and through them to the public
- 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
- Jointly lead the development of the local Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategy (with Directors of Adult Social Services and Directors of Children's Services)
- Will continue to be an advocate for the public's health within the community
- Will produce an authoritative independent annual report on the health of their local population

Public health funding and commissioning



Public health funding and commissioning - examples

	Proposed activity to be funded from the new public health budget (provided across all sectors)	Proposed commissioning route/s for activity (including any direct provision)	Examples of proposed associated activity to be funded by the NHS budget (including from all providers)
Infectious disease	Current functions of the Health Protection Activity in this area, and public health oversight of prevention and control, including co-ordination of outbreak management	PHE with supported role by local authorities	Treatment of infectious disease; co-operation with PHE on outbreak control and related activity
All screening	PHE will design, and provide the quality assurance and monitoring for all screening programmes	NHS Commissioning Board (cervical screening is included in GP contract)	-
Obesity programmes	Local programmes to prevent and address obesity, e.g. delivering the National Child Measurement Programme and commissioning of weight management services	Local authority	NHS treatment of overweight and obese patients, e.g. provision of brief advice during a primary care consultation, dietary advice in a healthcare setting, or bariatric surgery

Public health funding and commissioning - public health and the NHS

- The NHS will commission some public health services, with funding passed from Public Health England.
- In addition, the NHS will have an ongoing role in certain services with public health aspects - the Department expects that public health continues to be an integral part of primary care services.
- Public health expertise will inform the commissioning of NHS funded services, facilitating integrated pathways of care for patients. This will be underpinned:
  - locally by ensuring DsPH are able to advise the GP consortia; and
  - nationally via the relationship between the Secretary of State/ Public Health England and the NHS Commissioning Board.

We are consulting on public health commissioning in the funding and commissioning consultation document

Public health funding and commissioning - allocations and the health premium

Allocations

- From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued to LAs in 2012/13, providing an opportunity for planning.
- We propose to move to actual allocations from current spend towards the target allocations over a period of time.
- We will take independent advice on how the allocations are made.

Health premium

- Building on the baseline allocation, LAs will receive an incentive payment, or 'health premium', that will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework.
- The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

We are consulting on public health allocations and the health premium in the funding and commissioning consultation document

Public health funding and commissioning - accountability

- Secretary of State is accountable for:
  - resources allocated to the health and social care system as a whole
  - strategy and for the legislative and policy framework
  - progress against national outcomes
- PHE (within DH) accountable to the Secretary of State
- Local government
  - accountable to local populations in improving outcomes in health and wellbeing
  - accountable to PHE for spending public health grant according to conditions
- Health and Wellbeing Boards charged with assessing and agreeing local priorities
- Data published in one place by Public Health England enabling national and local democratic accountability for performance against outcomes, enabling:
  - easy comparison by local areas with others/peers across the country
  - Incentivising of improvements
  - tracking progress at a national level towards health improvements across the country

Public Health Outcomes Framework - the vision

The mission: to improve and protect the nation's health and to improve the health of the poorest, fastest

- **Domain 1 - Health Protection and Resilience:** Protecting the population's health from major emergencies and remain resilient to harm
- **Domain 2 - Tackling the wider determinants of health:** Tackling factors which affect health and wellbeing and health inequalities
- **Domain 3 - Health Improvement:** Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities
- **Domain 4 - Prevention of ill health:** Reducing the number of people living with preventable ill health and reduce health inequalities
- **Domain 5 - Healthy life expectancy and preventable mortality:** Preventing people from dying prematurely and reduce health inequalities

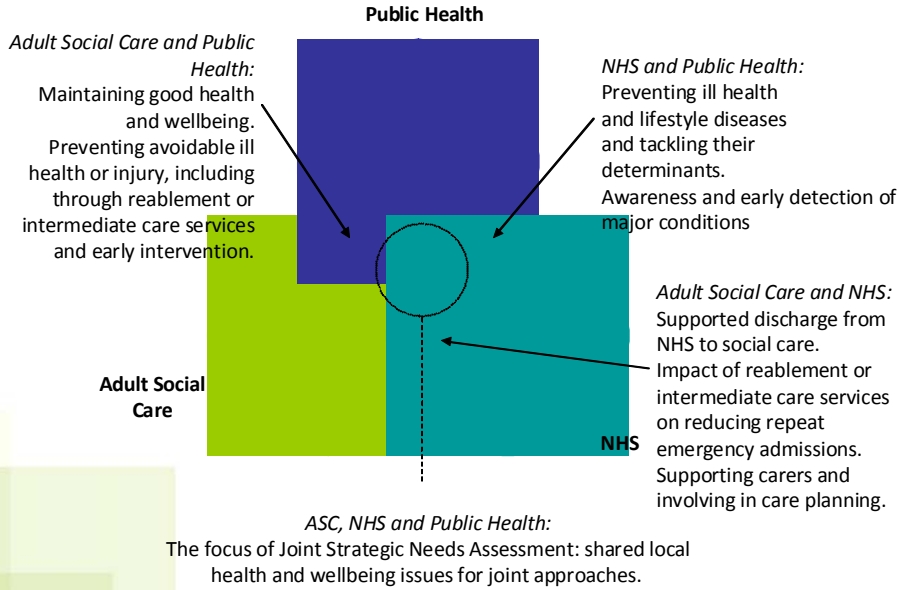
We are consulting on public health outcomes in the outcomes framework consultation document

Public Health Outcomes Framework - the indicators

Criteria for how we developed proposed indicators

- Are there evidence-based interventions to support this indicator?
- Does this indicator reflect a major cause of premature mortality or avoidable ill health?
- By improving on this indicator, can you help to reduce inequalities in health?
- Will this indicator be meaningful to the broader public health workforce and to the wider public?
- Is this indicator likely to have a negative / adverse impact on defined groups (groups sharing a characteristic protected by equalities legislation)? (If yes, can this be mitigated against?)
- Is it possible to set measures, SMART objectives against the indicator to monitor progress in both the short and medium term?
- Are there existing systems to collect the data required to monitor this indicator; and
- Is it available at the appropriate spatial level (e.g. Local Authority)?
- Is the time lag for data short, preferably less than one year
- Can data be reported quarterly in order to report progress?

Public Health Outcomes Framework – alignment with the NHS AND Adult Social Care



Transition - a timetable

Summary timetable (subject to Parliamentary approval of legislation)	Date
Consultation on: • specific questions set out in the White Paper; • the public health outcomes framework; and • the funding and commissioning of public health.	Dec 2010–March 2011
Set up a shadow-form Public Health England within the Department of Health Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA. Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013

Transition
- leadership

- Accountability for delivery in 2011/12 will continue to rest with SHAs and PCTs
- In addition, SHAs will be responsible for the overall transition process in their regions during 2011/12 with co-ordination and leadership for public health from DH
- As part of this, Regional Directors of Public Health (RDsPH) will lead the transition for the public health system at the regional and local level

Healthy Lives, Healthy People
– consultation

- Public Health White Paper
  - Role of GPs and GP practices in public health
  - Public health evidence
  - Professional regulation (independent review)
- Outcomes Framework for Public Health
- Funding and Commissioning for Public Health

Find consultation documents at:
www.consultations.dh.gov.uk/healthy-people

Respond to consultations at:
publichealthengland@dh.gsi.gov.uk

ANNEX 2 - PROGRAMME

Public Health Workshop to discuss:
Department of Health White Paper – 'Healthy Lives, Healthy People'

1 March 2011

Programme

9.30: Registration and coffee

Chair: Anne Johnson

10.00 Welcome and opening remarks
Anne Johnson (UCL)

10.10 Public Health going forwards…..what is the vision?
Mark Walport (Wellcome Trust)

10.40 Introduction to the White Paper
Tim Baxter (Department of Health)

Stakeholder perspectives:

11.00 **HPA:** Anthony Kessel

Researchers:
11.15 **The Big Picture -** John Frank (Scottish Collaboration for Public Health Research and Policy)
11.30 **The Academic-NHS interface** - Rosalind Raine (UCL)

11.45 **Faculty of Public Health:** Lindsey Davies

12.00 **Public Health Observatories:** Bobbie Jacobson (London Health Observatory)

12.15 General discussion

1.00 Lunch

1:45 Panel and general discussion on issues raised in the White Paper:

- **Research evidence and evaluation as an integral part of Public Health strategy** (Laurence Moore - Cardiff Institute of Society and Health)
- **Interactions between researchers, practitioners and policy makers** (Dave Buck – King's Fund)
- **Training and workforce** (Mala Rao - Indian Institute of Public Health)
- **Delivery of effective services** (John Nicholl - ScHARR, University of Sheffield)

- **Role of the Faculty of Public Health** (Lindsey Davies)

3.00 Tea

3.20 Panel and general discussion.
A plan for the future: what can the funders do to make the Public Health reforms work? Perspectives and priorities.

Dawn Woodgate (ESRC)
Wendy Ewart (MRC)
Mark Walport (Wellcome Trust)

3.55 Conclusions and recommendations (Anne Johnson)

4.00 Close

Wellcome Trust

We are a global charitable foundation dedicated to achieving extraordinary improvements in human and animal health. We support the brightest minds in biomedical research and the medical humanities. Our breadth of support includes public engagement, education and the application of research to improve health. We are independent of both political and commercial interests.

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