## Liberating the NHS – Public Health

## Derbyshire Partnership Forum September 2010

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#### Introduction

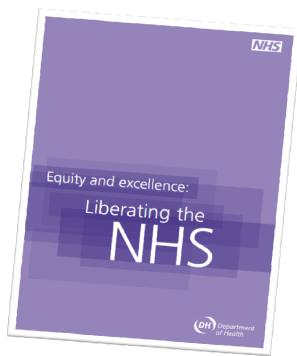
#### **Objectives:**

- Summarise the White Paper
- Describe the responsibilities of new and existing organisations
- Outline progress to date
- Highlight what we don't yet know
- Inform discussion

## **NHS White Paper**

### **Equity and excellence:**

Liberating the NHS



#### The main elements

#### **Creation of:**

- GP Commissioning Consortia
- NHS Commissioning Board
- National Public Health Service (joint DPH with Local Authority)
- New roles for Local Authorities
- Ring Fenced Public Health Budgets with 'health premium'
- Healthwatch England
- PCTs and SHAs abolished

## Where do responsibilities lie?

- Responsibilities change significantly
- Not everything is clear
- Powers and resources are not very clearly laid out yet
- Patient 'power' through Healthwatch, information and choice
- Personal health budgets?

## **Local Authority**

#### **Crucial new responsibilities:**

- Overall population health / health improvement outcomes (set by SoS) and 'public health'
- Healthwatch England (both to influence strategy and plans and to help individuals access care)
- May commission services from the NHS
- A joint Director of Public Health (with the National Public Health Service)
- Health improvement (preventing ill health and tackling the causes)

## **Local Authority**

#### **Health and Wellbeing board:**

- JSNA and needs assessment
- Coordinating, integrating, joint commissioning
- Probably agreeing NHS commissioning plans
- A ring fenced budget with Health 'premium'
- Membership includes Leader, other LA tiers, NHS Commissioning Board, GP Consortia
- May devolve to smaller geographies.

## **GP Commissioning Consortia**

- Commission most NHS services
- Be held to account by NHS Commissioning Board for:
  - the money
  - outcomes of health care (including inequalities in outcomes)
- Duty to cooperate and consult
- Performance manage primary care delivery (i.e. themselves)

## **NHS Commissioning Board**

- Hold GP consortia to account
- Commission:
  - Dental
  - Pharmacy
  - Maternity
  - Prisons?
  - Specialised services (EMSCG?)
- Champion patient and carer involvement
- Ensure equity

#### **Providers**

- All providers to become FTs
- Greater independence
- May set local pay, borrow etc

#### **National Public health Service**

Will bring together range of existing 'health protection' functions including HPA. Will be responsible for:

- SoS via PH service, agree with LAs health improvement outcomes
- Allocate ring fenced budget to DPHs and jointly hold to account with LA
- Screening
- Vaccination and Immunisation
- Emergency planning and response

#### **Public Health now - overview**

## Improve health and reduce inequalities

- Protect health of the population
- Prevent illness through healthier lifestyles and tackling the underlying causes of ill health
- Ensure services are based on need, are high quality and equitable

#### **Protect Health**

- Screening programmes
- Vaccination and Immunisation
- Strong health protection arrangements

# Health Improvement - Healthier lifestyles

#### Wide ranging work:

- Stop smoking, child and adult obesity, sexual health, workplaces etc
- Health trainers etc
- Commissioned from local councils
- Health promoting front line staff
- Many successes and many challenges

## Health Improvement - Underlying determinants

#### Much work done in partnership

- Locality work
- Teenage pregnancy
- Outcomes for children
- Poverty reduction
- Employment and health
- Affordable warmth
- Homeless people
- Rural deprivation and access

# High quality, cost-effective & equitable services

- PCT commissioning strategy
- Sexual health services
- Continuing care and IFR
- Prescribing policy
- Specialised commissioning
- Children's breast feeding, child death, safeguarding, health visitor
- Stroke, dementia, end of life, alcohol, diabetes, Health check, falls, obesity, LD and mental health ...

### **Population Health Outcomes**

#### Not yet known but might include:

- Life expectancy and inequalities
- Obesity and physical activity
- Harmful drinking and smoking prevalence
- Healthy life expectancy
- Independent living
- Teenage Pregnancy
- Others

## **Challenges and priorities**

#### Much still to do

- Inequalities remain
- Ageing population
- Economic situation
- NHS funding, efficiency, QIPP and ethical, evidence based rationing
- Diverse needs

#### What about the detail?

- Comments on White Paper early October 2010
- Public Health White Paper end 2010
- A major health bill
- Adult care paper
- Further guidance and consultation

#### We don't know a lot

- Legislation and powers
- How 2 tier authority structures will be expected to work
- What the ring fenced budget will be for and who will control it
- What the National Public Health service will do and how

## **Consultation process**

### **Key consultation areas:**

- Commissioning for patients
- Transparency in outcomes
- Increasing democratic legitimacy in health
- Regulating healthcare providers

#### Timescale:

Consultation responses to DH by 11<sup>th</sup>
October

## **Key Issues**

- Where will power, authority and accountability lie for health services?
- What will the ring fence be for?
- How will the system ensure coordination and integration?
- How will 2 tiers work?

## Questions