CAB2120
FOR DECISION
WARD(S): ALL

CABINET

9 February 2011

PUBLIC HEALTH WHITE PAPER: HEALTHY LIVES, HEALTHY PEOPLE – IMPLICATIONS FOR WCC

REPORT OF CHIEF EXECUTIVE

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RECENT REFERENCES:

CAB2080 'NHS White Paper Equity & Excellence: Liberating the NHS – WCC Response, 10th November 2010

EXECUTIVE SUMMARY:

The purpose of this report is to inform Cabinet about the Government's proposed reforms to public health as set out in the White Paper 'Healthy Lives, Healthy People: Our strategy for public health in England', to discuss the implications for the City Council, to invite comments on the proposals and to seek Cabinet endorsement for the suggested responses to the consultation questions as set out in the report.

RECOMMENDATIONS:

1 That Cabinet considers the details set out in this report and endorses the City Council's formal response to the Public Health White paper consultation questions as set out in paragraph 3.4 a) – d).

2 That authority is given to the Chief Executive in consultation with the Leader and Portfolio Holder for Communities to agree the text of the final response to the Public Health White Paper consultation along the lines set out in this report.

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DETAIL:

1 Introduction

1.1 Following consideration by Cabinet of report CAB2080 'NHS White Paper Equity & Excellence: Liberating the NHS – WCC Response, 10th November 2010, it was agreed that a further report would be brought to Members in the New Year on the implications of the Public Health White Paper which was due to be published in December. This report provides an overview of the main proposals set out in the White Paper with a specific focus on the implications of the plans to transfer public health responsibilities back to local government.

1.2 In the White Paper 'Healthy Lives, Healthy People' the Government sets out its ambition for the future of public health. It outlines the Government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest. Proposals include the establishment of a 'wellness' service, Public Health England, as part of the Department of Health and, most significantly, the return of local public health leadership and responsibility to local government by April 2013.

1.3 Responses to a set of specific consultation questions set out in the paper were originally requested to be submitted to the Department of Health by 8th March 2011. Since drafting this report the Government has extended this deadline to 31st March to bring the White paper consultation in line with the two other consultations on the public health system mentioned in paragraph 1.5 below. Ideally the Government would appreciate comments on the White paper as soon as possible, but will accept any responses until the end of March. As this report had been substantially written at the time the deadline was extended it seemed appropriate to bring it to this meeting of Cabinet.

1.4 The document builds on the principles set out in the NHS White Paper, the City Council's response to which was reported to Cabinet in November. The paper also responds to the final report of the Marmot review 'Fair Society, Healthy Lives' which was commissioned by the previous Government and finally published in January 2010 by adopting the 'life course framework' proposed by Marmot.

1.5 A further two very detailed consultation documents which may well have implications for the Council's approach to public health and its partnership

arrangements were published in late December – 'Healthy lives, healthy people: consultation on the funding and commissioning routes for public health, published 21st December 2010 and 'Healthy lives, healthy people: transparency in outcomes – proposals for a public health outcomes framework' published 20th December 2010. As mentioned in paragraph 1.3 above consultation responses to these documents are due by 31st March 2011. This timescale will give officers an opportunity to take soundings from elected members, the district Health and Wellbeing Board and other key partners prior to submitting a formal response.

1.6 The Health and Social Care Bill which was published on 19th January takes forward the areas of 'Equity and Excellence: Liberating the NHS' (July 2010) and the subsequent Government response 'Liberating the NHS: legislative framework and next steps' (December 2010) which require primary legislation. It also includes provision to strengthen public health services. The Local Government Group has circulated an 'on the day briefing' note summarising the main issues covered by the bill – this is shown at Appendix A.

1.7 Members are asked to consider the details set out in this report and endorse the suggested answers to the consultation questions provided in paragraph 3.4 a) – d). This will form the basis of an initial response to the White paper from the City Council to meet the original consultation deadline.

1.8 A more detailed response to all three consultation papers will be drawn up for submission to the Department of Health by 31st March following endorsement by Cabinet in March.

2 What is Public Health?

2.1 It is important to understand what is meant by public health. The Government has adopted the following definition - Public Health is:-

'The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society'.

The purpose of public health is to:

- Improve health and wellbeing in the population
- Prevent disease and minimise its consequences
- Prolong valued life
- Reduce inequalities in health

There are three domains of public health, health improvement (including people's lifestyles as well an inequalities in health and the wider social influences of health), health protection (including infectious diseases,

environmental hazards and emergency preparedness) and health services (including service planning, efficiency and audit and evaluation.

2.2 The City Council, along with the other district and borough councils in Hampshire, already makes a significant contribution to public health through many of its functions and services such as housing, planning, health protection, environmental health, leisure and recreation, open spaces, community wellbeing and community safety.

3 Main Proposals and Timescale

3.1 In brief the main proposals in the Public Health White Paper are as follows:-

- The creation of a new integrated public health service Public Health England (PHE) that will take over functions from the Health Protection Agency and the National Treatment Agency for Substance Misuse from 2012. PHE will sit alongside the NHS to ensure that public health has equal weight and stature and is not the 'junior partner' of the NHS.

- The transfer of public health improvement from the NHS to local authorities (upper tier) by 2013.

- Giving upper tier local authorities statutory responsibility for public health, through the creation of a statutory Director of Public Health, which will be a joint appointment between PHE and the local authority, with ring-fenced funding and a new health premium to reward progress made against a new public health outcomes framework.

- Creating a ring-fenced public health budget likely to be in the region of £4bn. Part of this will be used by PHE for population-wide issues, while another part will provide a ring-fenced budget to local authorities.

- Giving upper tier and unitary authorities responsibility for the development of new Health and Wellbeing Boards which will be placed on a statutory footing.

- Giving local government and communities new resources, rights and powers to shape their environments and tackle local problems.

- The paper makes it clear that in taking the lead on public health, local authorities will enjoy significant influence over GP consortia's decisions. Local authorities will make the bulk of public health commissioning decisions, and Directors of Public Health will oversee consortia decisions to ensure they reflect the best interests of public health.

- GP Consortia will be legally required to have a set number of GPs on the new statutory Health & Wellbeing Boards.

- The White Paper acknowledges that health & wellbeing is influenced by a range of factors – social, cultural, economic, psychological & environmental, across our lives. These change as we pass through key transition points of life; from infancy & childhood; through our teenage years to adulthood; working life; retirement & the end of life. The paper outlines some of the Government initiatives planned for these key points in people's lives. The paper refers to these key points as 'Starting Well', 'Developing Well', 'Living Well', 'Working Well' & 'Ageing Well'. This is in line with the 'life course framework' approach proposed in the Marmot Report.

- Tackling health inequalities by improving the health of the poorest fastest is a constant theme throughout the paper.

3.2 The proposals represent a radical shake up to the current structural arrangements for delivery of the public health function. The view of central Government is that by integrating public health into local government the many factors that influence public health over the course of a lifetime can be much better understood and acted upon. These broader social determinants of public health, for example poverty, crime and pollution to name but a few, can be tacked by organisations and agencies working together in partnership with communities at the local level in line with the new localism agenda. Government is very clear in its view that public health is everyone's business and that health issues cannot be tackled in isolation. It talks about people's health and wellbeing being at the heart of everything local councils do.

3.3 A summary timetable (subject to Parliamentary approval of legislation) is:

Dec 2010 – March 2011 Consultation on:-

- Specific questions set out in the Public Health White Paper

- The public health outcomes framework

- The funding and commissioning of public health

During 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

Autumn 2011:

- Develop the public health professional workforce strategy

April 2012:

- 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 2013:

- Grant ring-fenced allocations to local authorities

3.4 The major structural changes set out in the White Paper will be taken forward through the Health and Social Care Bill and are not subject to consultation. However, some specific questions are raised around the role of GPs, public health evidence and the regulation of public health professionals – the last issue is of less direct significance to the City Council at this stage. The consultation questions and suggested responses are as follows:-

a) **Role of GPs and GP practices in public health**: Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England (PHE) will take responsibility?

Suggested response: The Council is aware that many previous reforms have failed to engage the support of GPs. The provision of strong incentives for GPs so that they can play an active role in public health is absolutely crucial. The proposal by the Department of Health that a sum at least equivalent to 15% of the current value of the Quality and Outcomes Framework (QOF) should be devoted to evidence-based public health and primary prevention indicators from 2013 is strongly supported by the City Council. If this does not happen it is difficult to see how the new GP Consortia will be motivated to engage in public health.

Training and education of GPs in public health issues should be mandatory.

Furthermore, from a district council perspective it will be important to ensure that the involvement of GPs is not restricted solely to the upper-tier level. In line with the new localism agenda, the delivery of most public health programmes will take place at the local level. The paper states that localism, through government and local communities, will be at the heart of improving health and wellbeing in England, and tackling inequalities. GPs must be prepared, and be given incentives, to engage with Health and Wellbeing partnership arrangements at the local level too, particularly in two-tier areas.

b) **Public health evidence**: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

Suggested response: Robust data and research is the bedrock of effective public health practice. The City Council is delighted to see the emphasis in

the White Paper on public health evaluation and research. It also supports the development of a National Institute for Health Research (NIHR) School for Public Health Research, and the creation of a new Policy Research Unit on Behaviour and Health. It will be important for PHE to be able to properly resource research into interventions happening **outside** the NHS to evaluate effectiveness.

It will be important for information and intelligence to be easily available, accessible and understandable, and presented in a way that maximises its usefulness. **However, of overriding importance is the need for data to be broken down to ward, and even super output area (SOA) wherever possible**. Along with other districts and boroughs in Hampshire, the Winchester District has small pockets of deprivation whose needs may be 'missed' if data is analysed solely at county level.

c) **Public health evidence**: How can PHE address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

Suggested response: PHE has a key role in the provision of timely and robust public health data and it is pleasing to hear that the Government recognises the need to develop and enhance the public health evidence base. The use of social marketing tools and campaigns has been proven to be effective in helping to change people's behaviours – indeed, it is an area that the City Council will be actively pursuing with its partners to help inform its own spending decisions in the future.

The Council welcomes the proposal in the White paper for the NIHR to take responsibility for commissioning of public health research to increase the evidence base for effective public health practice. The Council is also heartened to hear that data will be published in one place by PHE – this will make it easy for local areas to compare themselves with others **provided** the data is broken down to at least ward level.

d) **Public health evidence**: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

Suggested response: The White Paper acknowledges the importance of information and states that PHE 'will promote information-led, knowledge-driven public health interventions'. This implies extensive data-sharing between local authorities, health services and central government agencies, but the paper gives very few details how this will work in practice. The Council would welcome further clarity on this issue.

e) **Regulation of public health professionals**: We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health professionals? **Note: this question is of less relevance to the City Council but has been included for the sake of completeness**.

4 Comments and Questions

4.1 District and borough councils in two-tier areas are ideally placed to make a significant contribution to the achievement of key public health outcomes. However, as is the case with so many Government policy documents, the White Paper only touches on the unique challenges of implementing the proposals in two-tier areas very briefly - it has been written with upper tier and unitary authorities in mind. As with the NHS White Paper which preceded it, while the role of district councils in carrying out a wide range of functions relevant to public health is acknowledged, there is very little clarity about what specific role district councils and LSPs might expect and be expected to play, and how local knowledge of of public health issues and needs will feed into the new arrangements. The Government is leaving arrangements in two-tier areas to 'local determination' and agreement.

4.3 In line with the new localism agenda the paper talks about giving local government and communities new resources, rights and powers to shape their environments and tackle local problems. What it doesn't spell out is 'how?'

4.4 At this stage it is unclear how much of the £4bn ring-fenced budget will filter down to local authority level.

4.5 The accountability responsibilities are also unclear. Many responsibilities are given to the DPH who is an officer, rather than an elected member. The DPH has a reporting line into the DoH and the new NHS Commissioning Board. It is unclear how these arrangements support the need for greater democratic accountability.

4.6 The timescale is challenging to say the least. Ensuring that transition risks are identified and managed will be vital.

4.7 Securing the engagement of GPs at a local level will be challenging without some element of 'compulsion'.

5 Local Progress and Next Steps

5.1 Developments in Hampshire:-

- Dr Ruth Milton has been in post since June 2010 as the Director of Public Health for Hampshire. Her post is a joint appointment between NHS Hampshire and Hampshire County Council.

- PCTs across the country are being encouraged to form 'clusters' to support the creation of consortia and allow them to exploit economies of scale and save money as they disband. In Hampshire it is anticipated that formal cluster arrangements for the SHIP area i.e. Southampton, Hampshire, Isle of Wight and Portsmouth will be in place by June 2011.

- As far as GP consortia arrangements are concerned the current proposal is for a West Hants GPCC but this comes with a large health warning – practices are free to join any consortia. Any interim arrangements are almost bound to change over the next couple of years.

- A GP Commissioning Consortia Development Day was held on 25th January with the Director of Public Health, Director of Children's Services & the Director of Adult Services.

- The results of the 2010 Joint Strategic Needs Assessment (JSNA) are due to be published by the time Cabinet meets. The JSNA identifies and describes the current health and wellbeing needs of the local population over both the shorter term (3-5 years) and longer term (5-10 years) and will be used to help inform commissioning decisions.

- Preliminary discussions are taking place at County level to develop the new statutory Health and Wellbeing Board.

5.2 From a City Council perspective, officers are taking every opportunity to ensure that district council interests are clearly articulated in any discussions regarding the future delivery of public health functions across Hampshire. At the time of writing this report a number of actions are being pursued:-

- In order to open a dialogue at district level with GPs and other key partners an early evening 'Health Summit' will be organised to take place before the end of the current financial year.

- Member comments to this report will be used to inform a formal response to the Public Health White Paper.

- Members of the Council's Senior Management Team will be asked for their input on the implications of the White Paper at their meeting on February 1st.

- South Central Strategic Health Authority and the relevant local authorities will be jointly hosting two engagement events in the region to discuss the implications of the White Paper with a range of partners. Officers will be attending the Hampshire and Isle of Wight engagement event at the Discovery Centre on 9th February.

- A meeting between the City Council's Chief Executive and the Hampshire Director of Public Health is being organised for February/March.

- The Head of Community Wellbeing represents district and borough council interests on the Early Intervention and Prevention Board (a sub-group of the current Hampshire Health and Wellbeing Partnership Board) and has been invited to join an officer working group to bring forward

recommendations on local partnership arrangements following implementation of the White Paper proposals.

- Priority will be given to strengthening the membership and work of the District Health and Wellbeing Partnership. The action plan will be refreshed to reflect new evidence emerging from a range of data sources including the Joint Strategic Needs Assessment and the district Health and Inequality Profile – both due imminently.

OTHER CONSIDERATIONS:

6 SUSTAINABLE COMMUNITY STRATEGY AND CORPORATE BUSINESS PLAN (RELEVANCE TO):

6.1 These proposals will potentially support the continued provision of a range of health services to the residents of the Winchester District but within significantly different organisational structures. The plans to embed public health and health improvement functions within local authorities will support the 'Active Communities' ambition in the Sustainable Community Strategy for residents 'to lead active and healthy lifestyles by making good choices and decisions, for example by eating well, exercising regularly, not smoking or abusing drinks or drugs.'

7 RESOURCE IMPLICATIONS:

7.1 At this stage there are no immediate resource implications for the City Council over and above the work of the Head of Community Wellbeing. This post is a joint appointment between WCC and NHS Hampshire and is one of four similar posts in the west of the county. The posts are well placed to work with all district & borough councils, the PCT, GP Commissioning Consortia, and the County Council to ensure a stable and orderly transition to the new arrangements by 2013 for the delivery of the public health agenda in Hampshire.

7.2 The White Paper does not spell out the role district councils are expected to play in the new arrangements or indeed how that will be resourced. As further detail emerges in the coming months further analysis will be required to better understand any potential financial impact to the authority.

8 RISK MANAGEMENT ISSUES

8.1 The radical reforms proposed in both the NHS and Public Health White Papers, combined with the ambitious implementation timetable could potentially compromise the stability of the local health economy. This concern has been expressed in the Council's response to the NHS White paper consultation. In order to minimise any instability at local level officers will work to strengthen the work of its district Health and Wellbeing Partnership and develop a robust evidence based action plan. Officers will also open a dialogue with other developing partnership structures, particularly the new GP Commissioning Consortia, to ensure the needs of local people are met. The

risk of not taking action immediately could be ineffective partnership and integrated working with the new arrangements and therefore poor outcomes for residents.

BACKGROUND DOCUMENTS:

Copies of the following background documents are available on the web - the relevant links have been provided. Officers in the Community Wellbeing Team will be happy to assist any Member who requires a hard copy of one or more documents. Please bear in mind though that some of the documents are lengthy.

The Marmot Review 'Fair Society, Healthy Lives' – strategic review of Health Inequalities in England post-2010 – published February 2010

http://www.marmotreview.org

Department of Health White Paper 'Equity and Excellence: Liberating the NHS' – published 12th July 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

Department of Health 'A Vision for Adult Social Care: Capable Communities and Active Citizens' – published 16th November 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

Department of Health White Paper 'Healthy Lives, Healthy People: Our strategy for public health in England' – published 30th November 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

Department of Health 'Our Health and Wellbeing Today' – published 30th November 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122088

Department of Health 'Liberating the NHS: Legislative framework and next steps – published December 2010

http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624

Health and Social Care Bill – published 19th January 2011

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm

APPENDICES:

Appendix A – Health and Social Care Bill: LG Group on the Day Briefing 19 January 2011

Appendix A

Health and Social Care Bill: LG Group on the Day Briefing - 19 January 2011

Looking after the health and wellbeing of communities is one of the primary responsibilities of local government. The Health and Social Care Bill represents a major restructuring, not just of health care services, but also of councils' responsibilities in relation to health improvement and the coordination of health and social care.

What the Bill does:

Devolves power and responsibility for the commissioning of NHS Services

• The role of the Secretary of State will change to one of strategic direction setting and holding the NHS to account.
• GPs will get responsibility for commissioning a wide range of healthcare services, with some exceptions. The Bill allows GPs to join together in consortia, and to commission services in the ways that they judge will deliver the best outcomes for patients.
• A new National Commissioning Board will support GP consortia. The Commissioning Board will set health outcomes, allocate and account for NHS resources, authorise the establishment of consortia, and have powers of direction over consortia in specified areas and circumstances (such as risk of failure). It will also commission specific services (for example, primary medical services and national specialised services) and will oversee the work of consortia.
• Strategic Health Authorities (SHAs) are to be abolished from April 2012 and Primary Care Trusts (PCTs) from April 2013.
• The Foundation Trust model will be reformed with an aim to support all NHS Trusts to become foundation trusts by 2014.

Creates a new role for Local Authorities in Public Health

• Public Health England (PHE) will be the national public health service.
• Local authorities will be given responsibility for health improvement currently carried out by Primary Care Trusts (PCTs).
• Directors of Public Health (DsPH), jointly appointed by councils and PHE, will have a leading role in discharging local authorities' public health functions. See list of responsibilities attached as Annex 1.
• Health and Wellbeing Boards (HWBs) will be statutory in every upper tier local authority and will be required to bring together GP consortia, DsPH, children's services, adult social services and others. The HWBs will have a statutory responsibility to develop a 'joint health and wellbeing strategy' that both local authority and NHS commissioners will be required to have regard to.

Sets up new accountability and scrutiny arrangements

• Health Watch England will be established as the national voice of patients and the public. Local Involvement Networks (LINks) will be replaced by local Health Watch organisations.
• Monitor will be transformed into the economic regulator for health and adult social care services. Along with the Care Quality Commission, Monitor will license providers.
• The National Institute for Health and Clinical Excellence NICE and the Information Centre will be enshrined in primary legislation for the first time to maintain their independence.

LG Group Key Messages

The LG Group has consistently stressed that local leadership and accountability are key to the success of the Government's reform proposals. The original intention of the proposals was to move from a centrally-driven approach focusing on processes and systems, to locally-determined solutions focused on achieving improved health outcomes for communities. Thus far we have assessed the NHS White Paper Liberating the NHS (July 2010) and the Public Health White Paper Healthy Lives, Healthy People against five key local government tests. We will be working to ensure that proposals in the Health and Social Care Bill meet these tests:

1. Do the proposals build on existing good experience and practice?
2. Do they support a 'local budgeting'?
3. Do they promote a person-centred approach?
4. Do they ensure accountability and governance to local communities?
5. Do they ensure that public resources are directed at areas of greatest need?

Over the next few weeks the LG Group will be scrutinising the detail of this 353 page Bill and how it will impact on local authorities and communities they serve. We will seek to work with the cooperatively with the Government, Members of Parliament, Peers and stakeholders as this Bill progresses.

Public Health

• We strongly support the Bill's intention to give local authorities a leading role in improving, promoting and protecting the health of their communities. These proposals recognise the breadth of local government activity that can have a direct influence on public health outcomes (the social determinants of health). For example housing, planning, regulation, environmental health and leisure service.
• Further detail on the associated public health funding and outcomes framework will be crucial however and it is vitally important that local authorities are given sufficient financial and human resources, and the freedom to deploy them, to support this enhanced role.
• We also seek clarification on the scope of the role and responsibilities of Public Health England (PHE). The LG Group's view is that centrally directed functions and use of resources within PHE should be kept to a minimum to avoid the undermining of the localist vision originally set out by the Secretary of State.

• The LG Group starts from an assumption that public health responsibilities and resources to undertake them should be retained at the local level unless there is a compelling and evidence-based case against local determination.

Health and Wellbeing Boards

• We support the creation of Health and Wellbeing Boards (HWBs) and are pleased to see that the Government has acknowledged our calls to put them on a statutory footing in this Bill. These boards must have clear and sufficient legal powers to provide local leadership and a strategic framework for the coordination of health improvement and addressing health inequalities in an area. We will be scrutinising the legislation to ensure that these boards have teeth and are not in danger of becoming simply a talking shop. We will be working to ensure that these boards have sufficient teeth so that they can do the job effectively.
• We are also pleased to see the duty placed on GP consortia and HWBs to develop a joint health and wellbeing strategy that spans health, social care, public health, health inequality and health improvement.
• We are also pleased that the Bill acknowledges the LG Group's call for Joint Strategic Needs Assessments (JSNA) to be an integral part of this process.
• HWBs, through the production of both JSNAs and joint health and wellbeing strategies, will be an important driver of commissioning plans. However further clarification is needed on how they will work with other commissioners to ensure the most coordinated commissioning of health and social care for communities.
• We have called for Health and Wellbeing Boards to have equality in statute with the National Commissioning Board and for the relationship between Public Health England and Health and Wellbeing Boards to be equally defined.

Commissioning

• The LG Group strongly supports integrated commissioning of health and care services. There is potential to build on existing good practice where GPs, community health and social care commissioners are working together to plan support that is person-centred. We know that personalised social care commissioning, for example, is effective in helping individuals to maintain their independence and take more responsibility for their health and wellbeing.
• We have consistently stated that local authorities are best placed to take a lead role in commissioning a wide range of services which may be at risk of becoming 'Cinderella services' under the new system. Given our experience of commissioning and operating in a mixed market economy and of working in these service areas, councils should lead on, for example, mental health, long-term conditions, services for people with learning disabilities, HIV/AIDS services and the provision of free nursing care.
• GPs and local authorities need to work together to ensure that commissioning meets the needs of local people.

Overview and scrutiny

• The LG Group is pleased to see that the Government has acknowledged our concerns and not just retained health scrutiny powers separate from the Health and Wellbeing Boards (rather than combining them as they originally intended) but extended them to all providers of health and care services. HWB's are to be an executive body and therefore cannot scrutinise their own commissioning function.
• We welcome the extension of the ability to commission complaints and advocacy services from any provider, rather than just the local Health Watch or National Health Watch.
• It is vital that there are clear lines of accountability for all commissioners of health. This includes GP commissioning consortia, the National Commissioning Board, PHE and HWBs.

Further Information

For further information please contact Priya Nath, Senior Public Affairs Officer LG Group on 0207 664 3035 or priya.nath@local.gov.uk

Annex 1

Proposed Division of Responsibilities for the Commissioning of Public Health Functions:

Weighing and measuring of children	Local authority (LA)
Dental public health	LA
Fluoridation	LA
Medical inspection of school children	LA
Infectious disease	Public Health England (PHE) with support from LA
All sexual health services	LA (apart from contraceptive services and screening which will be commissioned by NHS Commissioning Board)
Immunisation	NHS Commissioning Board plus LA to commission school programmes such as HPV and teen boosters
Standardisation and bio-medicines	PHE
Seasonal mortality	LA
Environmental hazards	PHE with support from LA
Screening	NHS Commissioning Board
Accidental injury prevention	LA
Public mental health	LA
Nutrition	PHE and some LA activity
Physical activity	LA
Obesity programmes	LA
Drug, alcohol and tobacco misuse	LA
NHS health check programme	LA
Health at work	LA
Reduction and preventing birth defects	LA and PHE
Prevention and early presentation in relation to cancer	LA
Dental public health	LA with support from PHE
Emergency preparedness	PHE with support from LA
Health intelligence	PHE and LA
Children's public heath for under 5s	NHS Commissioning Board
Children's public health for 5-19	LA
Community safety and violence prevention	LA
Social exclusion	LA
Public health for prisoners	NHS Commissioning Board