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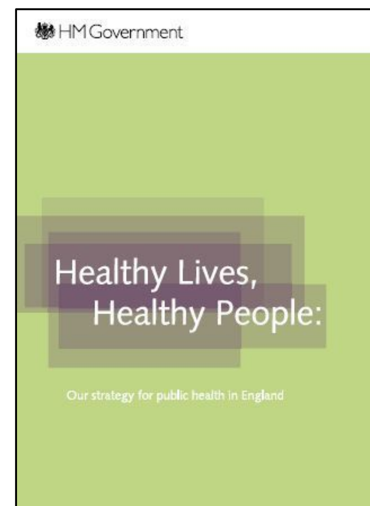
Healthy Lives, Healthy People
-a strategy for public health in England[i]



Introduction

The coalition Government published the White Paper '*Healthy Lives, Healthy People: Our strategy for public health in England*' at the end of November 2010. It is a radical plan to go further and faster in tackling today's causes of premature death and illness and reduce health inequalities, with a public health service to make it happen. The document sets out the Government's long-term vision for the future of public health in England with its raised priority and dedicated resources.

A new public health service - Public Health England - will be created to strengthen both national and local leadership by giving more power to local people over their health, whilst keeping a firm national grip on crucial population-wide issues such as flu pandemics. The White Paper also sets out how funding from the overall NHS budget will be ring-fenced for spending on public health – recognition that prevention is better than cure.

The White Paper recognises pharmacy's role in improving public health and the vital part they play in preventing ill health, screening for disease, supporting people with long term conditions, improving access to care and tackling health emergencies. It states that *'community pharmacies are a valuable and trusted public health resource'* and identifies the potential to use pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.

The proposed transition to the new *Public Health Service* is set out up to April 2013, with a number of public consultations and subsidiary documents to be published over the next 12 months. The White Paper itself contains a number of consultation questions and separate consultations will shortly be issued on the Public Health Outcomes Framework and the funding and commissioning of public health.

Background

Public Health has three domains:

1. Health improvement - lifestyles; inequalities in health and the wider social influences on health
2. Health protection - infectious disease, environmental hazards, emergency preparedness
3. Health services - treatment

Healthcare only contributes one-third of potential improvements in life expectancy; changing lifestyles and removing health inequalities contribute the other two-thirds. However, currently we spend far more on treatment than on tackling the causes of poor health (e.g. £2.7bn on treating smoking-related illness but only £150m on smoking cessation per annum). At the population level, prevention is likely to deliver greater overall increases in health life expectancy than treatment.

Seizing opportunities for better health

There are huge opportunities to go further and faster in tackling today's causes of premature death and illness. On average, people living in the poorest areas die seven years before those in richer areas and live with poor health for up to 17 years longer.[ii] They have higher rates of mental illness; harm from drugs, alcohol and smoking; and childhood problems. TB and sexually transmitted infections are rising.

Areas where health and wellbeing could be improved include:

- Maternal health (reducing infant mortality and low birth-weight)
- Child health and development (improving educational attainment; reducing mental illness, unhealthy lifestyles, road deaths and tooth decay)
- The health of working-age people (saving up to £100bn a year)
- Changing adults' behaviour (avoiding many cancers, vascular dementias and circulatory diseases; saving the NHS the £2.7bn cost of alcohol abuse; and the £13.9bn societal cost of drug-fuelled crime)
- Excess winter deaths (warmer housing could prevent many of the 35,000 excess deaths p.a.[iii] and full up-take of seasonal flu vaccination could prevent further deaths).

A radical new approach

Improving health and reducing health inequalities requires a new approach that will:

- Empower local communities
- Enable professional freedoms
- Unleash new ideas based on evidence about what works
- Strengthen protection against current and future threats to health.

Ring-fenced funding for public health will be allocated to local authorities. A 'health premium' will incentivise improvements in health and reductions in inequalities.

Responsibility for public health will be shared by individuals, families, communities, local government, business, employers, the NHS, voluntary and community organisations, the wider public sector, and central government.

Government will set up voluntary agreements with business and other partners through the Public Health Responsibility Deal, only moving up the 'intervention' ladder to regulate if partnership approaches fail.[iv]

Government's role will focus on:

- Protecting people against serious health threats
- Preparing for emergencies
- Promoting healthy behaviours and lifestyles
- Adapting the environment to make healthy choices easier – nudging people in the right direction and helping them take responsibility for their health.

A public health outcomes framework (PHOF) will replace top-down targets and will sit alongside outcomes frameworks for the NHS and social care. The framework has 5 domains:

1. Health protection and resilience (protection from major health emergencies and serious harm)
2. Tackling the wider determinants of ill health

3. Health improvement (promoting health lifestyles)
4. Prevention of ill health (reducing the number of people living with preventable ill-health)
5. Healthy life expectancy and preventable mortality (preventing premature deaths)

A new public health service - Public Health England – will be set up (subject to legislation) as part of the DH. It will bring together public health professionals and give public health parity with treatment.

Further work is needed to build and apply the public health evidence base, and ensure that new approaches are rigorously evaluated and learning is applied in practice.

Health and well being throughout life

A cross-government framework will enable local communities to reduce inequalities and improve health through:

- New resources, rights and powers for local authorities and communities
- An integrated approach to tackling risk factors at different life stages and key transitions
- Giving every child the best start in life (by increasing health visitor numbers, refocusing Sure Start Centres, and offering an Olympic/Paralympic-style sports competition to all schools from 2012)
- Making it pay to work
- Designing communities for active ageing and sustainability
- Working collaboratively with business and the voluntary sector through the Public Health Responsibility Deal (e.g. to reduce salt in food, improve information for consumers about food, and promote more socially responsible alcohol retailing and consumption)

A Tobacco Control Plan is being prepared. Government is considering whether to restrict point-of-sale tobacco promotion by requiring plain packaging for tobacco products and restricting the display of tobacco in shops. The current smoke free laws in England will be retained.

Planned reforms to the Licensing Act will strengthen local authority and policy powers to remove or refuse licenses to sell alcohol. The Home Office is seeking a ban on selling alcohol below cost.

Portsmouth's 10 Health Living Pharmacies have achieved a 140% increase in smoking quits, and 75% of 200 smokers with asthma or COPD having a targeted MUR accepted help to stop smoking.

NHS Health Checks for people aged 40-74 will continue and will include individually tailored advice and support to help people manage their risk of heart disease, stroke and diabetes. They will be available in a variety of settings including pharmacies and workplaces.

The DH will strengthen its partnership working with the pharmaceutical industry and community pharmacies to secure their support and investment in campaigns to promote effective routes to quit smoking.

A new public health system with strong local and national leadership

Local authorities will have a duty to improve the health of their population. Embedding public health in local authorities will make it easier to tailor local solutions and integrate public health with other local authority functions (e.g. housing, transport, social care and leisure) and local partners (e.g. the NHS, police and schools).

Directors of Public Health will be employed in local authorities. They will be the strategic leaders for public health and health inequalities in local communities, working in partnership with the local NHS and across the public, private and voluntary sectors.

Statutory health and wellbeing boards will bring together NHS, public health and social care leaders in each local authority area to work in partnership and support joint commissioning to meet local needs effectively. GP Consortia will be included in the statutory minimum membership and will have an obligation to prepare the Joint Strategic Needs Assessment with the local authority.

Public Health England will have a budget currently estimated at over £4bn. It will be able to fund services principally through:

- a ring-fenced public health budget to local authorities
- asking the NHS Commissioning Board (NHSCB) to commission services (e.g. screening)
- commissioning/providing services directly (e.g. national purchasing of vaccines).

The NHSCB's mandate will include public health.

A new School for Public Health Research and Policy Research Unit on Behaviour and Health will support the use of best evidence, evaluation, and innovative approaches to behaviour change.

GPs will have stronger incentives to play an active role in public health.

Making it happen

The Government plans to:

- enable the creation of Public Health England, allowing it to take on full responsibilities from 2012
- transfer local health improvement functions to local government, with ring fenced funding allocated from April 2013
- give local government new functions to increase local accountability and support integration and partnership working across social care, the NHS and public health
- create the NHS Commissioning Board
- set up a new NIHR School for Public Health Research and Policy Research Unit on Behaviour and Health which will support the use of best evidence, evaluation, and innovative approaches to behaviour change
- issue further consultation documents on the proposed public health outcomes, and funding and commissioning arrangements for public health responsibilities; and
- issue further documents linked to this White Paper during 2011, focussing on obesity, sexual health and teenage pregnancy, mental health, tobacco control and emergency preparedness.

What could this mean for pharmacy?

Recognition of the role of community pharmacy

- Pharmacists are explicitly recognised in the white paper as part of a wider public health professional network (along with GPs, nurses, AHPs and environmental health officers)
- Community pharmacies are acknowledged in the white paper as a valuable and trusted public health resource: “With millions of contacts with the public each day, community pharmacy teams could be used more effectively to improve health and reduce health inequalities”
- The achievements of Portsmouth’s Healthy Living Pharmacies are highlighted in a case study

Impacts on community pharmacy

- A new public health service, Public Health England, will influence development of the community pharmacy contractual framework through the NHSCB.
- Health and Wellbeing Boards will maintain pharmaceutical needs assessments (PNAs), which will inform:
    - commissioning of community pharmacy services by the NHSCB
    - local public health commissioning decisions
    - market entry

Opportunities for community pharmacy

- Stronger partnership working with the Department of Health and the pharmaceutical industry to improve pharmacy delivered smoking cessation campaigns and services
- The need to work with the new commissioning structures – GP-led Commissioning Consortia, the NHS Commissioning Board, and Health and Wellbeing Boards in local authorities
- Working with Directors of Public Health who will be based in local authorities
- NHS Health Checks for people aged 40-74 will continue and can be available in pharmacies
- Additional opportunities for long-term conditions management
- Higher uptake of seasonal flu vaccination, which could be provided in community pharmacies
- Alcohol brief advice and intervention services
- Contributing to the public health evidence base, which will influence future commissioning
- Increased sales of medicines and devices for prevention of long-term illness (e.g. smoking cessation and obesity)
- Increased sales linked to preventing tooth decay

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i Department of Health, 30 November 2010

ii The Marmot Review – Fair Society, Healthy Lives (2010)

iii 2008/09 figures

iv There will be 5 networks – food, alcohol, physical activity, health at work, and behaviour change