Healthy Lives, Healthy People:

Our strategy for public health in England
Background

- Sustaining economic growth and wellbeing depend on good health

- Too many people die too young, spending too long suffering from preventable ill-health, and the gap between rich and poor isn’t improving

- In the past, too little focus, too much central prescription, lack of clarity over our aims, and uncertain funding have all got in the way of making progress
Healthy Lives, Healthy People

• The public’s health is our priority, and we need a new approach: one that directly addresses the many influences on our health choices

• Actions in the NHS, social care, education, transport and environment can all have a major impact on our health, both nationally and locally

• Healthy Lives, Healthy People sets out radical reforms to make wellness central to all we do – including getting the balance right of action nationally and locally, by individuals, families, communities, business and local government, with central government only doing what it is best able to do
Working together nationally

• At a national level, we are working with all sections of society – through our Public Health Responsibility Deal – to drive improvements in healthy living

• We will build Public Health England within the Department of Health to integrate expertise, action, advice and influence, to ensure world-leading health protection, and to set challenging national objectives

• A dedicated Cabinet Sub-Committee will bring together all areas of government which can influence public health
Working together locally

- Local authorities will lead local action on public health, playing an important new role in promoting people’s health and wellbeing, with new freedoms to make a major impact on health improvement and health inequalities

- Local authorities will also play a leading role in driving collaboration through Health and Wellbeing Boards

- Directors of Public Health 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
A new approach

• We are ring-fencing the public health budget to ensure it is used as it should be: to tackle the preventable causes of ill-health

• We will tackle health inequalities in local communities, addressing the wider determinants of health and rewarding progress on public health outcomes through a new health premium

• The Government will use interventions only to the level they are required, using an ‘intervention ladder’ to help take a more strategic approach to when and how Government intervenes
Consultation questions

• 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 will take responsibility?

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

• Public health evidence: 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?
Consultation questions

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

• 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 specialists?
Next steps

• To help us get the details right, we are consulting on a number of issues both within the white paper and in separate, forthcoming documents, including:
  – How to make evidence on public health more accessible
  – Professional regulation
  – Public health outcomes framework
  – Funding and commissioning routes for public health

• These consultations will be followed by a plan to expand and transform health visiting

• Visit [www.dh.gov.uk/healthypeople](http://www.dh.gov.uk/healthypeople) to find out more information and to respond to the consultations
## Summary timetable
(subject to Parliamentary approval of legislation)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation on:</td>
<td></td>
</tr>
<tr>
<td>• specific questions set out in this White Paper;</td>
<td>Dec 2010–March 2011</td>
</tr>
<tr>
<td>• the public health outcomes framework; and</td>
<td></td>
</tr>
<tr>
<td>• the funding and commissioning of public health.</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>During 2011</td>
</tr>
<tr>
<td>Develop the public health professional workforce strategy</td>
<td>Autumn 2011</td>
</tr>
<tr>
<td>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</td>
<td>April 2012</td>
</tr>
<tr>
<td>Grant ring-fenced allocations to local authorities</td>
<td>April 2013</td>
</tr>
</tbody>
</table>