



The White paper on Public Health Liberating the NHS?

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Key legislation



- Equity and excellence - liberating the NHS
- Healthy lives and healthy people - our strategy for public health in England
- The operating framework for the NHS in England 2011/12
- Vision for Adult Social Care - capable communities and active citizens
- Think Local. Act Personal

Equity and Excellence - Liberating the NHS



- The Government will devolve power and responsibility for commissioning services to healthcare professionals closest to patients i.e. GP consortiums
- To strengthen local legitimacy at local level, local authorities will promote the joining up of local NHS services, social care and health improvement
- The public health budget will be ringfenced and allocated to reflect relative population health outcomes, with a new health premium to promote action to reduce health inequalities

Equity and Excellence - Liberating the NHS



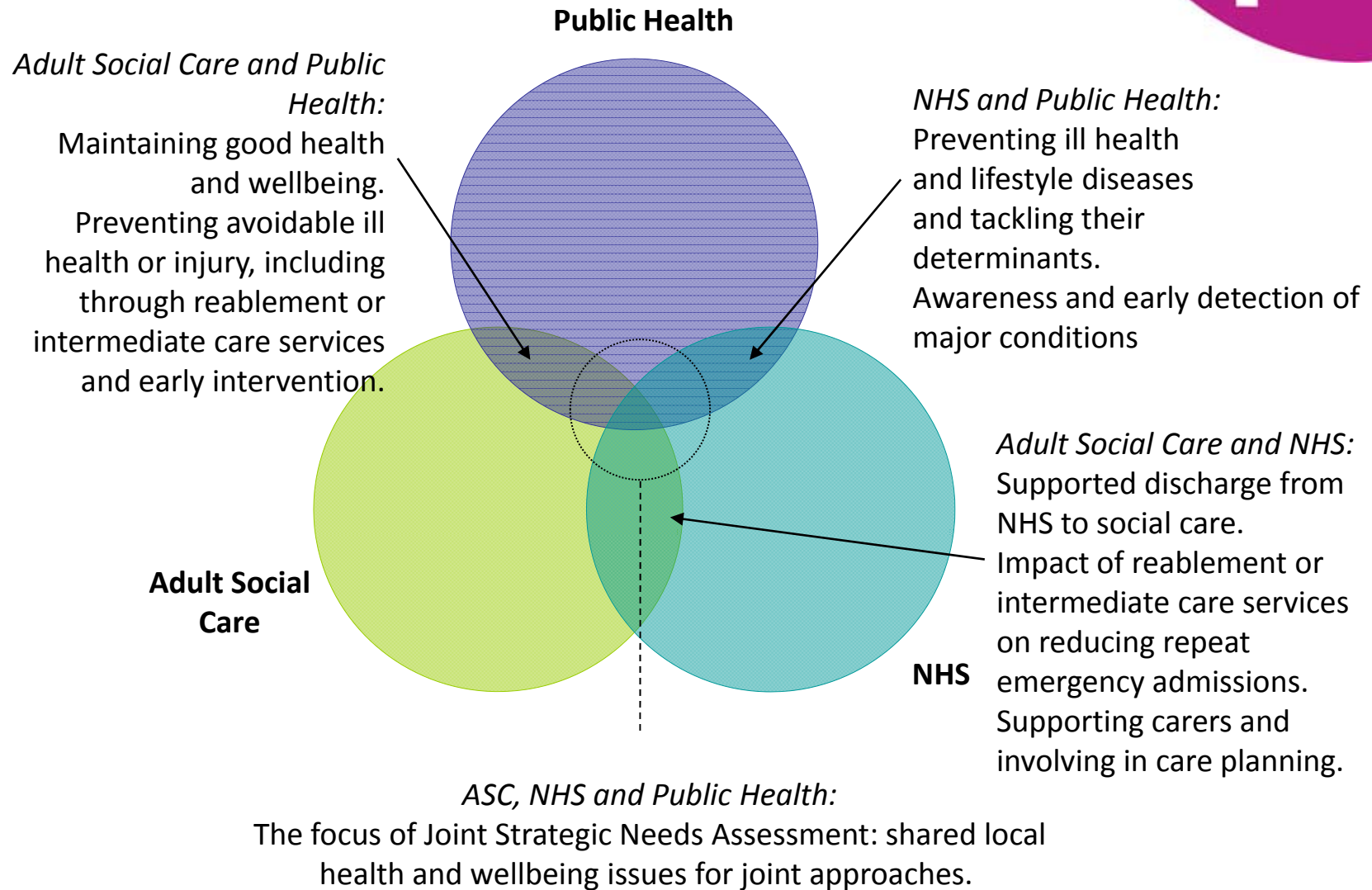
- Patients will be put at the heart of the NHS
- Collective voice of patients and the public will be strengthened through arrangements led by upper tier local authorities - Health and Well Being Boards
- System will focus on Personalised care that reflects individual's health and social care needs, supports carers and encourages strong joint arrangements and local partnerships

Healthy Lives, Healthy People

The logo for APSE (Association of Public Health Experts) is a magenta oval containing the lowercase letters 'apse' in white.

- Establishment of a new dedicated Public Health service
– Public Health England
- Transfer of local health improvement functions to local government with ringfenced funding allocated to Local Government from April 2013
- Health and Well Being Boards: Local Government new functions to increase local accountability and support integration and partnership working across social care, the NHS and Public Health

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



Healthy Lives, Healthy People



Public Health Outcomes framework covers 5 broad domains:

Domain 1 - Health protection and resilience:

protecting people from major health emergencies and serious harm to health

Domain 2 - Tackling wider determinants of ill health:

addressing factors that affect health and well being

Domain 3 - Health improvement:

positively promoting the adoption of healthy lifestyles

Healthy Lives, Healthy People



Domain 4 - Prevention of ill health:
reducing the number of people living with
preventable ill health

Domain 5 - Healthy life expectancy and
preventable mortality:
preventing people from dying prematurely

Healthy Lives, Healthy People



Role of Directors of Public Health (DsPH)

- ✓ DsPH will be strategic leaders for Public Health and Health inequalities in local communities, working in partnership with the NHS and across the public, private and voluntary sectors
- ✓ DsPH will be jointly employed by upper tier local authorities and the national public health board of England

Healthy Lives, Healthy People



Role of Directors of Public Health (DsPH):

- ✓ DsPH are responsible for health improvement functions and required to provide annual reports on the local population's health
- ✓ There will be a ring fenced budget for Public Health from the NHS overall budget
- ✓ Health premiums will be made to reward progress made against elements of the new proposed public health outcomes framework

Healthy Lives, Healthy People



- The creation of the Health and Well Being Boards will bring together key NHS, Public Health and Social care Leaders in each upper tier local authority area to work in partnership
- The minimum membership will be elected representatives, GP consortia, PSPH, Director of Adult Social Services, Director of Children's services, local Health Watch and where appropriate the NHS Commissioning Board
- Membership can be expanded to voluntary organisations, clinicians and local providers

Healthy Lives, Healthy People

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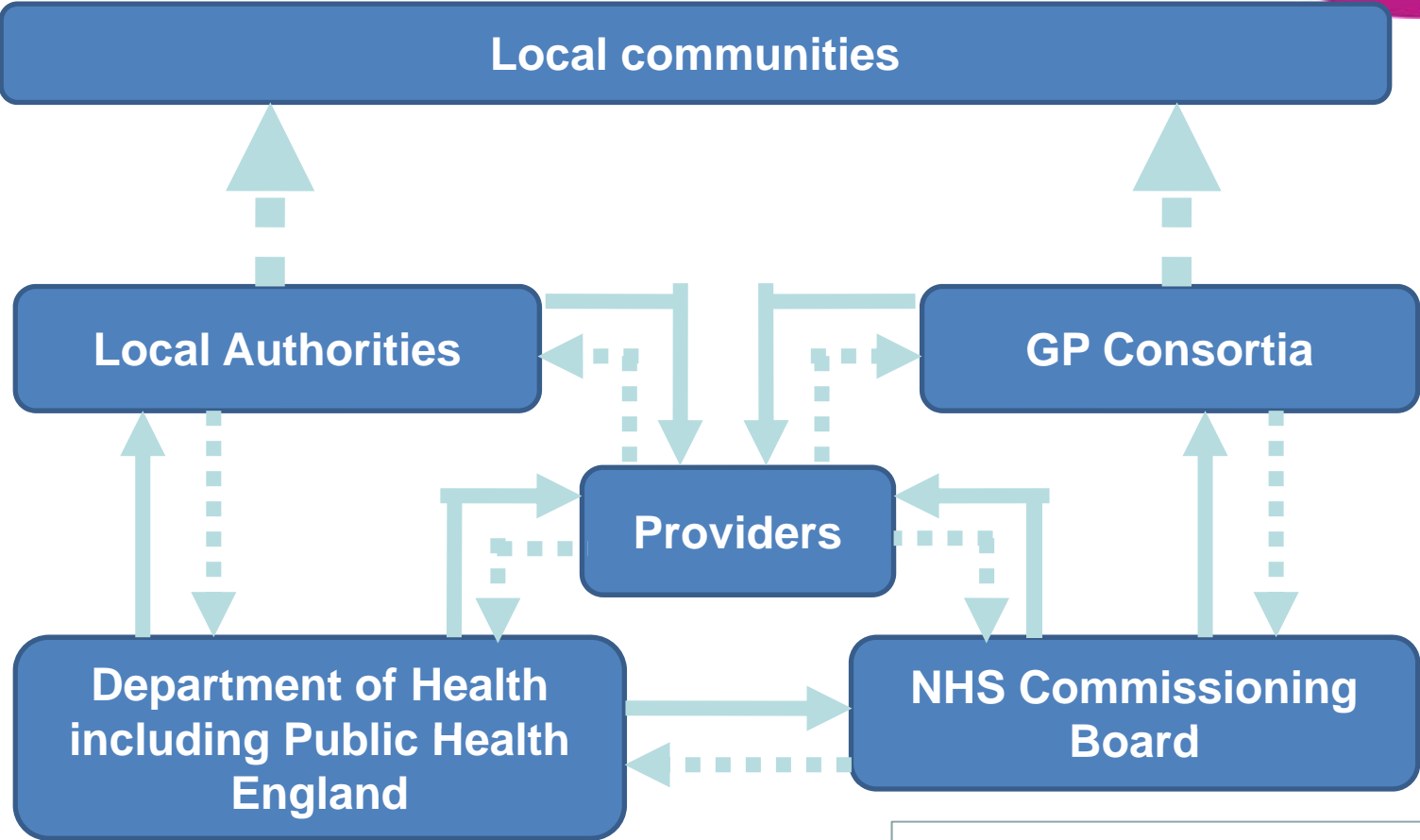
- The Joint Strategic Needs Assessment (JSNA) will be undertaken through the governance of the Health and Well Being Board ensuring that GP consortia, Local Authorities including DsPH each have an equal and explicit obligation in preparing the JSNA
- The new role for Local Government is to encourage coherent community strategies, promoting joined up and integrated commissioning plans across the NHS, social care, public health and other partners

The operating framework for the NHS in England 2011/12



- Transition will take place over a 4 year period
- PCTs have the capacity to discharge their statutory functions up to April 2013 in the meantime GP consortia are being developed to take on new responsibilities
- Alongside changes to the NHS infrastructure, local councils will be developing new Health and well Being Boards to integrate local commissioning across NHS, Social Care and Public Health
- 2011/12 supporting the development of a network of early adopters to test Health and well Being Boards at a local level
- 2011/12 Public Health England will be established in shadow form to prepare for new national role

Public health funding and commissioning



Key

- Route for funding
- Route for accountability

The operating framework for the NHS in England 2011/12



- April 2013 Health and Well Being Board to assume statutory powers and duties in full. Local authorities will receive ring fenced public health budgets and GP consortia will receive NHS commissioning budgets

Changes to Local Authority scrutiny powers for health will come into effect from this date

The operating framework for the NHS in England 2011/12



Development of Health and Well Being Boards

- NHS commissioners are required to work closely with upper tier local authorities to establish shadow HWB boards
- This will be the key vehicle for councils to carry out their statutory responsibilities to lead on integrated working and commissioning across NHS, public health and social care in collaboration with other agencies

The operating framework for the NHS in England 2011/12



Development of Health and Well Being Boards

- The HWB Boards, NHS commissioners and councils with representatives of the public through local Health watch will:
 - Do a JSNA to understand HWB needs of local populations and agree shared priorities
 - Using the JSNA, agree a joint HWB strategy across NHS, Public health, social care and children's services
 - Support individual organisations, including GP consortia in linking their commissioning strategies to the joint HWB strategy

The operating framework for the NHS in England 2011/12



Development of a Health and Well Being Board

- These arrangements will need to be in place from April 2012, when GP consortia have shadow allocations and upper tier local authorities have shadow public health budgets
- There will be a network of early adopters for HWB boards, linking pathfinders for GP consortia

Vision for Adult Social Care



Empowered people and strong Communities which work together to maintain independence. Where the state is needed it supports communities and helps people retain or regain their independence

Vision for Adult Social Care



- Break down barriers between HSC funding to incentivise preventative action
- Extend greater roll out of personal budgets to give people and their carers more control and purchasing power
- Use Direct Payments to carers and better community based provision
- Further expand reablement to cover a range of short term interventions including telecare, to help people recover their skills and confidence after an episode of poor health or admission into hospital.
Helps people live independent in their home.

Vision for Adult Social Care



➤ Personalisation:

- Individuals not institutions take control of their care
- Personal Budgets, preferably as Direct Payments are provided to all eligible people
- Information about care and support is available for all local people, regardless of whether or not they fund their own care

Think Local. Act Personal



- Reinforces Personalisation as the core direction of travel for social care development, building on learning from the past few years
- Prevention strategies to decrease demand for acute health and care support and improvement of people's overall well being
- Culture and practice change to enable people to have real and demonstrable control over resources used to secure care and support, with commissioning strongly guided by their decisions

Think Local. Act Personal



- All eligible people for ongoing Council social care funding will have a personal budget, with Direct Payments being the preferred delivery model for most
- People, carers, families and communities can play a bigger role in supporting themselves with the care and support they need helping them retain or regain their independence, dignity and involvement

Think Local. Act Personal



- Solutions must come from beyond Adult Social Care with resources drawn from across all public services
- Councils and partners need to integrate Health and Social Care processes, systems and resources and workforce where appropriate

LOCAL SERVICES

LOCAL SOLUTIONS



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