

The Public Health White Paper – *Healthy Lives, Healthy People*

Summary and initial response

The Coalition Government published its Public Health White Paper, *Healthy Lives, Healthy People*, on 30th November 2010. This is a headline summary and initial response to the White Paper produced by Mike Cooper and Diana Coman for Tamarind Chambers, December 2010.

The Secretary of State's Foreword says that the Public Health White Paper '*outlines a radical shift in the way we tackle public health challenges*', and that it will lead to '*a much more innovative, integrated and dynamic approach to improving public health*' where '*local innovation will replace central control*'.

The White Paper's focus on promoting 'wellness' and the prevention of ill-health, and its desire to raise the profile of public health, is welcome. Prevention of ill-health and ensuring a healthier population is better for the wellbeing of the individual and wider society, and is also more cost-effective, than relying on treating disease.

As it rightly points out, more effective action is required. A large part of this lengthy White Paper is taken up with descriptions of the current state of public health in England – the lack of progress that has been made, the remaining inequalities and the potential for improvement – with many examples of how these issues could be tackled. But it is short on practical commitments, with little detail and little that is really new, promising that future strategies and action plans will fill the gaps.

The White Paper tries to avoid charges of 'nannying' and what the Health Secretary has described as 'a lecturing tone', by 'enabling and guiding' people to make the right choices, and then 'nudging' them in the right direction. However, it is not clear how 'nudge' will be effective against entrenched behaviour and the power of advertising, or when an effective 'nudge' would become 'nannying'.

The aim of greater transparency with a focus on outcome measures, rather than relying on centrally imposed targets is welcome and consistent with wider direction of Government policy. However, the evidence is that clear progress on public health has resulted from firm action, such as with the legislation on seat belts, drink-driving and the smoking ban.

The Government's clear preference is for a voluntary approach on issues such as food labeling. But regulation has not been abandoned – where it is deemed necessary, the Government will still be prepared to 'get tough'. There are no suggestions that existing measures such as the smoking ban will be undermined, and one of the few specific proposals is that plain packaging and banning point of sale advertising for tobacco will be considered.

The significant specific proposal is a structural one – to transfer responsibility for public health from the NHS to local government, with ring-fenced funding, from April 2013. This is actually a 'transfer back', as it was a local government role until 1974. Local public health directors will sit in upper tier and unitary local authorities, working in partnership with the local NHS and across the voluntary and private sectors.

This in itself has the potential to achieve improvements, as local authorities are well placed to achieve the necessary contribution from and coordination across the wider determinants of health, such as housing,

education, transport and leisure. And local leadership in place of central NHS control should lead to more appropriate, flexible and effective local responses.

Nationally, the Government aims to 'simplify' things, with a new public health service, Public Health England, operating within the Department of Health from 2012. Public Health England will 'support local action' and coordinate action that is required nationally, by: granting the ring-fenced budget to local authorities; requiring the NHS Commissioning Board to commission public health services, including from GPs; and commissioning or providing services directly. It will also take over the functions of the Health Protection Agency and the Agency for Substance Misuse.

The ring-fencing of public health budgets for local authorities and for Public Health England is a welcome protection for public health when overall public spending is being squeezed, but goes against the Government commitment to greater local accountability and flexibility that has seen ring-fencing removed from most local government funding.

The Department of Health will pull back from operational management, and take a more strategic role in relation to the wider determinants of health. But the retained central control of Public Health England and the suggestion in the White Paper that local authorities will be accountable for public health activity to the Department of Health, could undermine the proposed local responsiveness and accountability through local government to local communities.

The White Paper advocates close partnership working between Public Health England and the NHS at a national level, and between local government and GP consortia at the local level, and suggests that the proposed Health and Wellbeing Boards will play a key role; but as yet the Government has not explained how issues raised in response to the Health White Paper* of clarity of accountability and effective joint working will be resolved.

Specific legislative proposals will be subject to the passage of the Health and Social Care Bill, detailed implementation will be set out in Ministerial directions and letters throughout 2011, and there will be further consultation documents on the outcomes framework, funding and commissioning arrangements.

The Public Health White Paper itself is open to consultation responses until 8 March 2011.

* For further commentary on the proposed health and wellbeing boards and the role of the local authority, and on issues of service integration and accountability, see our response to the Health White Paper (www.tamarindchambers.wordpress.com).

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