All Party Parliamentary Group

Primary Care & Public Health

Inquiry Report

Does the Public Health White Paper Truly Seize Opportunities to Improve Health?

April 2011

Contents

i. About the APPG

The All Party Parliamentary Group on Primary Care & Public Health

The Group was established in 1998 by Stephen Hesford MP, Dr Howard Stoate MP, members of parliament until the May 2010 elections, and Lord Hunt of King's Heath who is the current chairman alongside Kevin Barron MP and Julie Elliott MP. The function of the Group is to raise the profile of primary care and public health within Parliament; to speak within Parliament on behalf of both users and those working in the NHS; to place primary care and public health high on the Government's agenda and to inform debate by parliamentarians with outside bodies.

Current membership

Officers:

Lord Hunt (Co-chair)
Baroness Masham (Secretary)
Kevin Barron MP (Co-chair)
Julie Elliott MP (Co-Chair)
Baroness Gardner (Executive Officer)

Members of the Group:

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Lord Naseby
Dr Sarah Wollaston MP
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Powers:

Although APPGs are registered in Parliament, they are unofficial interest groups of cross party MPs and peers with the objective of raising awareness about issues in parliament, important because they represent parliamentarian opinion and keep Government informed of this. As far as powers are concerned, unlike Select Committees where Government is required to respond to inquiry reports and attend meetings if requested, there is no such obligation in the case of All Party Parliamentary Group inquiries and meetings. Attendance and responses from Government are completely at the discretion of Ministers.

Secretariat:

Secretarial services are provided by PAGB, the body representing the consumer healthcare industry. We would like to make it clear that the views expressed in this report however are solely those of the All Party Parliamentary Group on Primary Care & Public Health.

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ii. Structure of the Inquiry Report and Acknowledgements

This is the report of a Special Inquiry into the public health white paper which asks “does the public health white paper truly seize opportunities for better health?” Following a short introduction, the report begins with the conclusions and recommendations and continues with a synopsis made up of highlights from the written and oral evidence.

We would like to take this opportunity to thank those individuals that took the time to give evidence at the oral hearings, those who attended them and to the organisations, and individuals that submitted written evidence to the inquiry (please see Annex i for details).

If you would like to receive any of the written evidence, please contact the secretariat.

This report has been submitted to the public health white paper consultation and the national curriculum consultation as well as directly to Government’s Health & Education Ministers for consideration.

1. Introduction

Proposals made in the Public Health White Paper, “Healthy Lives, Healthy People” are ambitious and will see major changes to public health services in England. The aspiration behind the document; “to create a framework which empowers people to make the changes that will make a difference to the nation’s lives”, is admirable but challenging.

There are many positive proposals contained within the white paper, indeed some even mirror recommendations made by us in previous inquiry reposts. Recommendations such as instigating ring-fenced public health budgets; encouraging local health agencies to work together for the community’s health; putting individuals in the driving seat when it comes to their health and their family’s health; providing targeted information at important intervals in people’s lives and ensuring schools support education aspiring towards healthier generations in the future and so ensure precious health resources are used responsibly, now and in the future.

In keeping with policies in the NHS White Paper, *Healthy Lives, Healthy People* shifts public health to a more localism structure taking the view local agencies are ideally placed to meet the needs of their population. The vision behind the document is one of individual responsibility with a particular emphasis on strong leadership and the use of evidence. The All Party Parliamentary Group on Primary Care and Public Health sought evidence for this special inquiry into the Public Health White Paper in order to examine its policies and question the arrangements for their implementation. The inquiry report will be submitted as part of the public health white paper consultation and the national curriculum consultation.

1.1 Terms of Reference

Our terms of reference for this inquiry were as follows:

What are your views on the extent to which proposals will achieve positive changes to people's health leading them to be empowered citizens?

GP consortia are expected to help improve individual's health behaviour, what specific and practical initiatives do you see needing to be implemented in order to achieve this?

There have been many opportunities for schools to incorporate health education and yet this has been patchy because it is not part of the national curriculum, do you believe it should be a curriculum obligation and what should be covered if it were?

The public health white paper wants to ensure recommendations from the Marmot Review are implemented, such as enabling children, young people and adults to maximise their capabilities and have control over their lives, how would you tackle this problem?

a. How can you see public health information being provided in order to effect behavioural change to reach targeted populations at the optimum time?
b. Would this have more impact if there was a national campaign at the same time?

2. Conclusions & Recommendations

Summary

We are encouraged by Government's commitment to improve the health and wellbeing of the population and the general vision of proposals in *Healthy Lives, Healthy People* to support greater responsibility and educate people towards healthy behaviours. We also welcome the decision to have local authorities responsible for their local population and hope this will provide a more integrated, comprehensive and effective approach to health and wellbeing. Indeed, we believe that if all the public health policies being proposed are implemented fully, then the aspirations behind the public health white paper, "to create a framework which empowers people to make the changes that will make a difference to the nation's lives" could be met.

However, just like *Liberating the NHS*, we don't believe there is a strong enough structure to proposals in order to support implementation. One of our respondents highlighted a sentence in the foreword that reads "communities will be given the tools to address their own particular needs" and yet the paper fails to spell out how this is realistically going to happen.

If the document is fundamentally a strategic one, then it is crucial we are given more details around how these challenging proposals will be achieved and how, exactly, they will work in practise.

Another grave concern became evident during the course of the inquiry which is, that the NHS appears to be moving away from its public health responsibilities, and we fear public health will be left entirely in the hands of local agencies to implement. It is vital that addressing the great

challenges to public health is a joint responsibility involving everyone, including individuals, employers, schools, public health bodies, manufacturers, local and central Government departments and agencies, GP consortia and the wider NHS.

It is difficult for us to answer the question of the inquiry, "does the public health white paper truly seize opportunities for better health?" mainly due to the lack of detail surrounding implementation. However, we feel the general direction of proposals are moving in the right direction to suggest they will create opportunities to improve health. We hope Government will take into consideration the thirteen recommendations we have made, which, if accepted and implemented we are confident will take us closer to ensuring a healthier nation.

Recommendations

2.1 What are your views on the extent to which proposals will achieve positive changes to people's health leading them to be empowered citizens?

Recommendation i:

We have learnt of innovative examples of interventions that have impacted positively on people's health and believe that largely this is dependent on integrated working locally. Therefore we would recommend members of Health & Wellbeing Boards have both the skills and understanding of how to facilitate effective interventions in a local authority setting and that they are completely inclusive of local health experts in the population such as pharmacists, GP consortia and public health strategists.

Recommendation ii:

We understand there are risks involved in transferring public health responsibilities from one organisation to another, not least of which is the possibility of losing highly trained experts. We therefore recommend the transition period is handled with great care and not rushed, enabling Government, PCTs, Local Authorities, SHAs and GP consortia to work together.

2.2 GP consortia are expected to help improve individual's health behaviour, what specific and practical initiatives do you see needing to be implemented in order to achieve this?

Recommendation iii:

We recognise the health promoting potential of consultations and appointments with health and social care professionals. We recommend that every contact in the NHS is engaging, supportive and educates patients into taking responsibility for their own health to empower them in order to encourage better future health outcomes. To achieve this, health professionals must undertake CPD training on conducting health promoting consultations.

Recommendation iv:

We understand that for GP consortia to carry out their public health role then it is essential they are in possession of all the data to enable this we therefore recommend GP consortia have full access to public health expertise, public health information and intelligence as well as Public Health England.

Recommendation v:

The Group understands the huge scale of the public health reforms in addition to those proposals made in *Liberating the NHS* and recommends there is correlation and integration of all policies and that they are not implemented separately.

Recommendation vi:

We realise the importance of the patient voice in the NHS and recommend it is made a statutory requirement for all GP practices to have a patient participation group in the new arrangements.

2.3 There have been many opportunities for schools to incorporate health education and yet this has been patchy because it is not part of the national curriculum, do you believe it should be a curriculum obligation and what should be covered if it were?

Recommendation vii:

The proposed public health reforms need to target the education service as well as health care and we recommend it is no longer the choice of individual schools to deliver comprehensive health education but that it is made a statutory requirement with inspectors auditing its effectiveness. We further recommend Government mainstream the evaluated resource "making sense of health" in all schools in England to form part of the curriculum.

Recommendation viii:

The Group welcomes the white paper policy of a new vision for school nurses since this assumes their importance is fully recognised by Government. We recommend school nurses are given a key role in implementing school education as part of the health education team.

Recommendation ix:

We acknowledge the often sensitive nature of themes and topics around health education and therefore recommend comprehensive CPD training is available to help teachers in the delivery of health education. We further recommend training of head teachers as leaders of the curriculum for them to understand and appreciate the value of effective comprehensive health education and its impact on adults of the future.

2.4 The public health white paper wants to ensure recommendations from the Marmot Review are implemented, such as enabling children, young people and adults to maximise their capabilities and have control over their lives, how would you tackle this problem?

Recommendation x:

We are encouraged by the degree of commitment shown in tackling health inequalities but recognise the dangers of venturing down the same path made by previous Governments. We recommend therefore that Government listen to experts in this matter such as the Public Accounts Committee who made sound recommendations recently (see page 18).

Recommendation xi:

The Group fully appreciates the importance of mental health wellbeing and its relevance to tackling health inequalities; we recommend a multi-faceted approach with more integrated working between a range of local agencies such as voluntary, housing, environmental etc in addition to health and social care to reduce the impact of deprivation on mental well-being.

Recommendation xii:

It has been made very clear that early-years interventions are of paramount importance in tackling health inequalities and we recommend the continued funding of excellent interventions such as Sure Start centres.

2.5 How can you see public health information being provided in order to effect behavioural change to reach targeted populations at the optimum time?

2.6 Would this have more impact if there was a national campaign at the same time?

Recommendation xiii:

The Group fully appreciates the effectiveness of public health information and its impact on health behaviours. We recommend public health information campaigns are carried out locally and nationally to maximise their impact and further recommend health information is made available in alternative localities in order to reach wider audiences such as libraries, GP surgeries, job centres, schools, colleges, gyms, religious settings etc.

3. Summary of Evidence

Q1 What are your views on the extent to which proposals will achieve positive changes to people's health leading them to be empowered citizens?

> The move of public health into local authorities offers opportunities to achieve positive changes and to empower citizens. The proposals recognize the strategic role of the local authorities in addressing the broader determinants of health and well being and tackling inequalities. It also supports further integration of working and builds on the understanding that local authorities have about their citizens and neighbourhoods can be harnessed to support positive changes in both physical and mental well being. Linking the public health proposals more closely with the localism bill would also have been supportive. **The Greater Manchester Directors of Public Health Group**

Our witnesses have mixed views as to whether proposals are sufficient to achieve the positive outcomes expected from the white paper. Whilst the NW SHA tells us there are huge opportunities, Barnsley County Council feels there are missed opportunities. While, the University of Cambridge believe the supporting arrangements for the new reforms have not been well enough thought through.

Many respondents, including public health strategist, Tim Madelin and the UK Public Health Association are encouraged that responsibility for public health has been transferred to local authorities. At the same time, Barnsley County Council is concerned that merely transferring functions locally will not bring about the necessary changes expected, especially in

the context of ring fenced budgets. Sunderland County Council is also worried about how the delivery of proposals will be funded.

The NHS Confederation and Concordia Health Ltd expressed their concerns over the loss of public health expertise during the transition to the new NHS system and would like Government to clarify as soon as possible the future home of all remaining public health functions currently performed by PTCs.

The Essex LPC has concerns over implementation of proposals and how they will achieve positive health behaviours; they are hopeful that the Health and Wellbeing Boards will address this by ensuring as many local health experts as possible, including pharmacists are around the table in order to facilitate the best possible integration of health interventions.

The inquiry has learnt of excellent examples from NW SHA, Concordia Health, Essex LPC, NHS Direct and NAPP of how behavioural change can be supported through integrated working locally. These organisations believe for these exemplar projects to continue it is essential that Boards include the expertise and skills and understanding of to facilitate interventions and make them happen in a local authority setting.

GP consortia are expected to help improve individual's health behaviour, what specific and practical initiatives do you see needing to be implemented in order to achieve this?

The role of NHS and local authority staff as 'ambassadors' for health should be harnessed more effectively to help raise awareness of health issues and promote the importance of prevention and self-care. Public services must develop a very different relationship with individuals and communities to rise to current health challenges and the newer challenges on the horizon, which have the potential to

undermine existing gains. The workforce could act as 'ambassadors' for this new relationship between care professionals and the public. Workforce development will be needed to ensure that staff have the knowledge and confidence to take up this role. **NHS North West**

Many respondents, including the Bow Group believes GPs and clinicians can play a huge role in improving public health outcomes across the country, whilst Concordia Health Ltd, who have 5 GP practices in deprived areas of London go so far as to say general practice has a duty to recognise and deliver on public health for its population. They add that healthcare professionals working in general practice have an important role in supporting self care, by providing consistent information, education, encouragement and support to change dependency behaviour.

The NHS Confederation highlights the importance of GP consortia working closely with local authorities to join up commissioning for health improvement and see health and well-being boards playing an important role in making this happen. The RSPH and ADPH agree and want consortia to have access to public health expertise, public health information and intelligence as well as Public Health England.

According to NAPP, in practices Patient Participation Groups (PPGs) are already delivering strengthened self esteem, increased confidence and personal responsibility by promoting positive healthier behaviours and lifestyles through targeted awareness campaigns across the whole population spectrum and all stages of life. There is not consistent cover currently of PPGs in all GP practices so this would need to be addressed and adequately resourced.

The RSPH and ADPH point out the combined cost to the NHS of smoking, alcohol and obesity has been put at £11bn, roughly 10% of the NHS budget, with half of that cost attributed to smoking alone. Failing to engage primary care effectively

in preventative medicine will impose burdens to the public in terms of ill-health, consortia in terms of a heavier work load and the NHS as a whole in terms of unaffordable costs. Ensuring that the two new services (public health and health care) work together effectively must be of the highest priority.

There have been many opportunities for schools to incorporate health education and yet this has been patchy because it is not part of the national curriculum, do you believe it should be a curriculum obligation and what should be covered if it were?

Health education is closely linked to public health, equipping people with the knowledge and education to live healthy lives; reducing reliance on the NHS and ensuring economic productivity is not undermined by unhealthy lifestyles and illness. It is an issue that should be of amplified interest and importance to a wide range of different stakeholders – not just Government or the public sector, but also the private and voluntary sectors and, of course, individuals and families. Health education is therefore inescapably a societal issue – an issue that affects public health. **The Bow Group**

Unsurprisingly, all respondents understood the importance of health education, and agreed it should be an obligatory and statutory part of the national curriculum. The Greater Manchester Directors of Public Health Group make the point that children's positive contribution to society should be informed by effective life and health education and is essential to building healthier, safer and happier communities.

The Bow Group believes health education should form a central part of the curriculum as educating future generations about public and individual health is the only way the concept of *Healthy Lives, Healthy People* can be made a reality. Health education empowers people to take responsibility for their health and their future from a young age. The Bow Group sees

health education as a public health issue and something the wider society should be concerned with because of its impact on future economies and health system usage.

The Independent Association of Prep Schools (IAPS) also wants health education to be a curriculum requirement in schools suggesting a cross-curricular approach using science, sports and English and not necessarily a dedicate subject such as PSHE. They want to see schools demonstrate to inspectors that they deliver effective health education and suggest this work in the same way as measurements for social, moral and cultural aspects in schools now.

The Queen's Nursing Institute and the School and Public Health Nurse Association (SPHA) agree strongly that health education should be a core part of the national curriculum and feel school nurses can help in developing and delivering key aspects of health education. The SPHA conclude that consultations between young people and nurses have proved to heighten interest for them to go on to attend further health initiatives they may not have otherwise attended.

Ms Sue Dewhirst, a school governor and Public Health Researcher at the University of Southampton is concerned about the removal of the Healthy Schools guidance and support as intended. Ms Dewhirst adds that if schools are not obliged to maintain their healthy schools status and their staff are not supported with training and advice it will take a very strongly motivated head-teacher to keep the health of their school community high on the agenda alongside the enormous number of other priorities, changes and initiatives, including the reduction in their budgets due to falling rolls etc.

Concordia Health Ltd makes the point that by educating children in healthy behaviours can have a positive influence on their parents and families and goes on to state taking responsibility for and a more active

role in maintaining health, promoting good health, preventing ill health and dealing with common ailments is sensible behaviour for individuals.

Concordia Health Ltd informed the APPG of a health education resource that fits perfectly with the white paper, the objectives of the Healthy Schools Programme and Government's education strategies for improving the health and wellbeing of children. If mainstreamed it could have enormous beneficial influence on children that will impact on their future health and their behaviour as patients and future parents. The implementation resource, Making Sense of Health cannot practically be marketed to each and every school and would have to be recommended centrally by Government.

The Greater Manchester Directors of Public Health Group make the point that CPD is necessary to ensure teachers and deliverers of health education in schools are given the confidence, knowledge and skills required to deal with often sensitive and difficult themes and topics. A teacher, and former school governor from the University of Southampton agrees and believes that in addition health training should be given to head teachers as without the knowledge, awareness, drive and enthusiasm of the school leadership, schools struggle to develop a school ethos which encourages healthy lifestyles.

The public health white paper wants to ensure recommendations from the Marmot Review are implemented, such as enabling children, young people and adults to maximise their capabilities and have control over their lives, how would you tackle this problem?

The evidence from Sir Michael Marmot's review is unequivocal; Governments have to act on the proximal causes of disease and ill-health if they are to be

effective in improving health and reducing health inequalities. This will require genuine cross-government action on a range of issues and sectors. The recent establishment of a Cabinet sub-committee on public health is to be welcomed as a possible way to promote this cross-government working.

Health inequalities will only be reduced with action on the wider determinants of health. Many of these are affected through Local Authority based services and commissioning (eg Planning, Housing etc).Tackling the main social and behavioural drivers of health inequalities is something that can only be done in collaboration with Directors of Public Health within Local Authorities.
Association of Directors of Public Health & Royal Society of Public Health

The Bow Group believes health inequalities have remained a stubborn problem for consecutive Governments and fears there is a possibility the coalition Government will stick to a discredited status quo rather than pressing on with a new approach to solving this complex problem. They concur with recent recommendations made by the Public Accounts Committee:

1) Direct financial incentives to encourage GPs to focus on areas of greatest health need.

2) That the DH and the NHS Commissioning Board should use the GP contract to link payments explicitly to GP success in improving the health of high need patients and to encourage uptake of good practice preventative treatments for those with the greatest health needs.

3) In developing the funding model for GP consortia and public health, the DH and the Commissioning Board should consider how funding shortfalls in the most deprived areas could be corrected.

Areas of particular concern to respondents are mental health and early-years intervention and the NHS Confederation want to see a more multi-

faceted approach to reduce the impact of deprivation on mental health well-being. Whilst the Faculty of Public Health insists Sure Start centres for deprived populations continue to be funded.

The ADPH and RSPH have concerns over the added complexity in two-tier authorities as District Councils lead on many of the major determinants of health (such as Environment, Housing, Planning etc) and want to see an obligation on District Councils to work towards a reduction in Health Inequalities. These organisations are also keen to see effective collaboration with Public Health England and point out that success is most likely to result from the application of a wide range of complementary approaches, such as behaviour change strategies as well as the use of policy instruments available to Government, including regulation and fiscal incentives.

a. How can you see public health information being provided in order to effect behavioural change to reach targeted populations at the optimum time?

Evidence[1] suggests that being involved in decisions about our own health leads to increased confidence, greater understanding of our personal needs, improved concordance with treatment solutions and generally makes individuals more proactive rather than passive recipients of care. The same research highlighted the importance of having access to and effectively sharing good quality appropriate information as a way to empower people in making positive changes about their health. **NAPP**

[1] Patient and Public Involvement in Health: The Evidence for Policy Implementation: Farrell 2004 on behalf of the Department of Health

The critical consideration, according to the Bow Group is how information is communicated. Equity of access is important for example, whilst web based information and e-knowledge have a role to play, this will not hit the hard to reach cohorts of the population who may not have internet access. Age UK agree with this citing research carried out for Age Concern England into older people's attitudes to healthy lifestyle found that while some older people were open to making healthy lifestyles changes, many still perceived real barriers to accessing services and getting the right information.

Health information must be delivered through a range of mediums say Essex LPC, including letter, email, texting, social networking, posters etc. And, since information is often inconsistent, the LPC offered the idea of a brand name such as "healthy living" for people to identify its credibility and reliability. The Essex LPC also made the point that pharmacies can also play a role in the provision of public health information. Increasing the numbers of Healthy Living Pharmacies in the country means information is easily accessible for the local population.

Concordia Health Ltd is convinced that general practice is well placed to disseminate health information. Consultations in the practice provide opportunities to highlight certain public health messages, particularly to those high risk patients. Incentives for public health provision should be enhanced through the QOF as well as public health training for health professions.

b. Would this have more impact if there was a national campaign at the same time?

National campaigns are important and need to be specific, appropriately timed and able to appeal to a wide audience. On their own, they are not enough and need local support to have the biggest impact. Using soap operas to get across important public health messages is likely to have the biggest impact! Messages and timing need to be consistent.
Funding for campaigns is always an issue –use of the media is generally expensive and the White Paper does not allow for additional funding. **UK Public Health Association**

Sunderland County Council agrees a simultaneous local and national campaign would be stronger, with a national campaign offering help with message recall and local information being more targeted. They made the point that this would rely on everyone knowing the campaign schedules in advance and aligning strategies and plans.

ADPH and RSPH see evidence base as crucial for the effectiveness of information provision. The organisations agree the messages must be timely, accurate and accessibly integrated at all levels and suggest the current DH information standard is retained to ensure accuracy and quality of information and health education materials are made available to the public.

ALL PARTY PARLIAMENTARY GROUP

Primary Care and Public Health

Annex i – Organisations & Individuals that submitted written evidence and gave oral evidence

Age UK
The Association of Directors of Public Health
Barnsley County Council
The Bow Group
Concordia Health
Essex Local Pharmaceutical Committee
The Greater Manchester Directors of Public Health Group
The Independent Association of Prep Schools (IAPS)
Institute of Public Health (University of Cambridge)
The Local Government Association
Tim Madelin (NHS Tower Hamlets)
National Association for Patient Participation (NAPP)

NHS Confederation

NHS Direct

NHS North West SHA

The People in Public Health Research Team (Leeds Metropolitan Uni)

The Queen's Nursing Institute

The Royal Society for Public Health

Schools and Public Health Nurse Association (SAPNA)

Sunderland City Council

The UK Faculty of Public Health

The UK Public Health Association

The University of Southampton