

**All Party Parliamentary Group
Primary Care & Public Health**



Inquiry Report – Executive Summary

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

April 2011

	Contents	Page
i	About the APPG	2
1	Introduction	3
2	Conclusions and Recommendations	5



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:

Baroness Hooper	Baroness Wall
Baroness Fookes	Baroness Thornton
Lord Naseby	Virendra Shamra MP
Dr Sarah Wollaston MP	Grahame Morris MP
Dr Philip Lee MP	Gavin Saker MP
Caroline Nokes MP	Yasmin Qureshi MP
Bob Blackman MP	Jim Dobbin MP
Nick De Bois MP	Baroness Pitkeathley
Mark Garnier MP	Andrew Love MP
David Amess MP	Rosie Cooper MP
Oliver Colvile MP	Lord Harris
Lord Colwyn	Adrian Bailey MP
Theresa Villiers MP	Lord Rea
	Lord Rix

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 parliamentary 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.

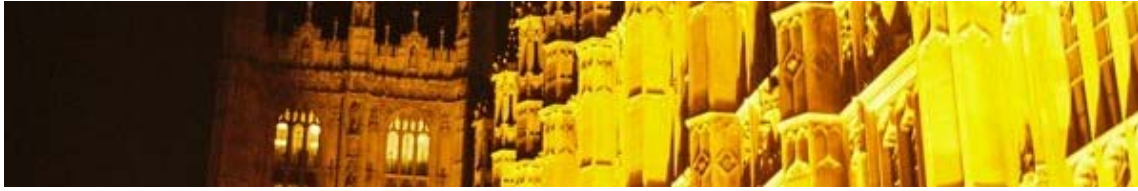
Secretariat:

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.

Correspondence should be addressed to the secretariat: Libby Whittaker, libby.whittaker@pagb.co.uk, tel: 020 7421 9318

Address: PAGB, Vernon House, Sicilian Ave; London, WC1A 2QS.





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 reports. Recommendations such as instigating ring-fenced public health budgets; encouraging local health agencies to work together for the community’s health and putting individuals in the driving seat when it comes to their health and their family’s health.

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.



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 effectively 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 wellbeing.

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.





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

