

Public Health Consultation  
Department of Health  
Room G13, Wellington House  
133–155 Waterloo Road  
London SE1 8UG

Dear Sir/Madam

**East Midlands Councils response to:  
Healthy Lives, Healthy People: Our Strategy for Public Health in England  
Healthy Lives, Healthy People: consultation on the funding and  
commissioning routes for public health**

East Midlands Councils is the consultative forum for all 46 authorities in the region. This response draws upon comments made at the February 2011 meeting of East Midlands Councils. It was endorsed at the 18<sup>th</sup> March EMC Executive Board Meeting.

- We endorse the Local Government Group's call for urgent clarification on funding arrangements for public health, a safely managed transition which avoids the loss of vital expertise, a clearer picture of what functions go where, minimal dictation from the centre and early resolution of very complex resource issues.
- The White Paper is wide ranging in its proposals. Further details on a number of issues are set out in a range of separate publications including: the outcomes framework for public health; details of public health funding; and a further 10 consultation documents on specific aspects of health improvement and health protection. It is difficult to have a completely clear picture of the proposed new landscape for public health and the role of councils within it given this complexity.
- We welcome the White Paper's recognition of the breadth of local government activity that can have a direct influence on public health outcomes. We therefore strongly welcome the intention of Healthy Lives, Healthy People to give back councils a leading role in improving, promoting and protecting the health of their local communities.
- **It is vitally important that councils have sufficient financial and human resources, and the freedom to deploy them, to support this enhanced role. A £4 billion figure for the overall Public Health ring-fence is being**


**floated. Clarification is needed about how much of that will filter down to local authorities for delivery of this important agenda for which they are going to be held responsible.** There are real concerns that it will be difficult to meet the government's expectations in the context of huge organisational change, budget constraints resulting from the local government financial settlement, and the likely detrimental effects of the recession on health inequalities.

- The transfer of public health responsibilities and staff to local authorities will create a number of complex employment issues which will need to be managed effectively. **Urgent clarification of the proposals around staff transfer is needed as the employment implications for councils are of major concern.**
- Public Health England will retain responsibility for funding and commissioning a range of activity including emergency preparedness, sexual health, alcohol prevention, obesity and smoking cessation. It is difficult to see how this will help to increase take up by the most vulnerable groups in society. We note that the Local Government Group has recorded its opposition to this aspect of the proposals. We endorse the Local Government Group's call for a genuinely localist approach which devolves such responsibilities to the local level unless there is a clear case to do otherwise. We seek clarification on the scope of the role and responsibilities of Public Health England (PHE), with a view to keeping to a minimum centrally directed functions and resources.
- It is important that local government is fully accountable to its local population for its record on health improvement and health inequalities. To this end it is important all staff working in its public health function, including the Director of Public Health (DsPH), is properly accountable to the council. We endorse the Local Government Group's view that primary decision-making about roles must lie with the councils taking on functional responsibilities.
- We endorse the view that responsibility for health scrutiny should remain with upper-tier and unitary authorities and extended to include scrutiny of the Health and Well-Being Boards. We further recommend that the scrutiny role should be extended to involve district representatives.
- We welcome the additional money which will be provided for social care. However, it is essential that no action should be taken that threatens or undermines the good work that already takes place on integrated health and social care delivery.
- The outcomes framework proposals are inherently complex, setting out separate but overlapping proposals for public health, the NHS and adult social care. It would be preferable to rationalise these and produce one outcomes framework instead of the three which are proposed.

- We welcome government's intention for the funding formula to recognise that disadvantaged areas face the greatest challenges, and will therefore receive a greater premium for progress made. However, the outcomes framework needs to recognize process measures and not just outcomes. Non-local influences such as the state of the economy may undermine very effective local processes. The desired outcomes will be easier to deliver in areas with better social-economic circumstances than elsewhere. Poorer areas should not be penalized for this, and a failure to address it could widen inequalities rather than reduce them. It is essential that the outcomes framework provides sufficient flexibility to reflect greater needs in communities with the fewest assets and greatest challenges in terms of health needs, balancing payment by results with additional resources where they are most needed.
- Housing, wealth and the economy play a key role as some of the wider determinants of health yet the White Paper makes no reference to "A Fairer Future for Social Housing" which sets out major reforms in social housing, nor to recent proposals for welfare reform. There is an apparent disconnect between some of the proposed social housing reforms which may adversely affect the overall health of communities, welfare reform which could increase homelessness and levels of personal debt, and the proposed public health outcomes framework.
- Furthermore, whilst the proposals refer to "an onus on local delivery across the NHS, social care services, public health and other local partners" they tend to under-play the considerable contribution which district and borough councils make to public health through their housing, environmental health, and leisure and recreation responsibilities. It will be important that Health and Well-being Board have adequate mechanisms in place to harness this.

Please do not hesitate to contact me if you require clarification of any of these points.

Yours sincerely



Cathy Jones  
Head of Housing and Health