

Annex A: proposed commissioning responsibilities for public health

- A.1 *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health* set out proposals for what activity should be funded from the public health budget, and who the principal commissioner might be for that activity.
- A.2 Respondents largely supported our proposals, in particular, many local authorities welcomed their new responsibilities for public health. Respondents pointed to the strengths of local authorities commissioning public health services at the heart of communities, building on their knowledge, and tackling the wider determinants of health. We are minded for the most part to move forward on that basis.
- A.3 However, we have listened to concerns raised during consultation, particularly around the potential for fragmentation of responsibilities, and are amending our plans accordingly. We have amended our criteria for deciding commissioning routes for public health to take account of concerns raised around fragmentation. In reviewing our proposals, we followed four fundamental principles:
- Effectiveness - getting the biggest positive impact on health;
 - Localism - empowering local communities;
 - Efficiency - getting the best value for money; and
 - Equity and comprehensiveness - reducing health inequalities and increasing fairness in the provision of services.
- A.4 In terms of fragmentation of commissioning responsibility, in the areas where concerns were raised, we will:
- ask the NHS Commissioning Board to commission all immunisation programmes, to ensure a single commissioner, but ensure that Directors of Public Health have a defined role in supporting reviewing and challenging delivery of services;
 - consider what role Directors of Public Health should have with regard to national screening programmes, which will be commissioned by the NHS Commissioning Board on behalf of Public Health England.
- A.5 Our proposal for local authorities to commission comprehensive sexual health services was broadly very well received, but concerns were raised about fragmenting commissioning responsibility if the NHS Commissioning Board was to commission HIV treatment separately from the rest of sexual health services. We consider that it remains appropriate for the NHS to commission HIV treatment alongside its responsibilities for commissioning treatment for other infectious diseases, but will examine ways to ensure that prevention work does not become isolated from treatment services.
- A.6 Some consultees expressed concerns about splitting responsibility for commissioning children's public health services from pregnancy to 5 from those for 5-19. In light of these concerns we wish to reflect specifically on the detail of how our proposals should be implemented. In the medium term, we remain committed to transferring commissioning of children's public health services from pregnancy to 5 to local authorities and intend to

complete this in 2015. In the short-term, we believe that the commitment to raise numbers of health visitors by 2015 is best achieved through NHS commissioning and thus will retain our existing proposal that the NHS Commissioning Board should lead commissioning in this area in the short-term. However, we wish to engage further on the detail of the proposals, particularly in respect of transition arrangements and the best way to begin to involve local authorities in local commissioning of these services in partnership with the NHS.

- A.7 In addition, we are minded to revise our existing proposals as follows:
- we consider that specialist services for female genital mutilation should be commissioned by the NHS, rather than splitting them from core services;
 - we will consider further our proposals for how best to align commissioning responsibility for Sexual Assault Referral Centres with the best possible outcomes following lessons learnt as part of the early implementer programme to transfer police funding for healthcare in police custody to the NHS;
 - we think that specialist dental public health expertise should be part of Public Health England rather than local authorities, so as to manage resources more effectively.
- A.8 We are reflecting further on where the best place for commissioning responsibility should rest for campaigns around early diagnosis, such as a potential national bowel cancer symptom campaign.
- A.9 In consultation, many respondents asked for greater clarity around roles and responsibilities for dealing with health protection incidents and emergencies. Annex B provides more detail on our proposed arrangements.
- A.10 In light of the above, and subject to further engagement, the new responsibilities of local authorities would include local activity on:
- tobacco control;
 - alcohol and drug misuse services;
 - obesity and community nutrition initiatives
 - increasing levels of physical activity in the local population
 - assessment and lifestyle interventions as part of the NHS Health Check Programme;
 - public mental health services;
 - dental public health services;
 - accidental injury prevention;
 - population level interventions to reduce and prevent birth defects;
 - behavioural and lifestyle campaigns to prevent cancer and long term conditions;
 - local initiatives on workplace health;
 - supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes;
 - comprehensive sexual health services⁸;
 - local initiatives to reduce excess deaths as a result of seasonal mortality;

⁸ To note, this includes testing and treatment for sexually transmitted infections, contraception outside of the GP contract, termination of pregnancy, and sexual health promotion and prevention.

- role in dealing with health protection incidents and emergencies as described in Annex B;
- promotion of community safety, violence prevention and response; and
- local initiatives to tackle social exclusion.

A.11 In addition to their new public health responsibilities, local authorities are ideally placed to maximise the opportunities to develop holistic approaches to improve health and wellbeing, embracing the full range of local services for which they are responsible. For example, Directors of Public Health joining up with Directors of Adult Social Services to commission specific services for older people and those who care for them. Local authorities will also be able to work with other local agencies such as working with local employers or working with local criminal justice and community safety agencies to reduce drug and alcohol dependency and tackling the harmful use of alcohol⁹. They will also be able to tackle wider issues, such as air quality and noise. Funding awarded through the Local Sustainable Transport Fund¹⁰ will enable local authorities to stimulate local growth, at the same time as cutting carbon and delivering other environmental and public health benefits by improving access to employment, shops and other local services through sustainable modes of transport.

A.12 The public health budget will also fund the NHS to commission certain public health services, in light of the above, and subject to further engagement. This includes immunisation programmes, contraception in the GP contract, screening programmes, public health care for those in prison or custody and children's public health services from pregnancy to age 5 (including health visiting). The NHS will also commission and deliver many more interventions that improve public health funded, from within the NHS budget over and above this. For example, public health is a core part of every clinical encounter and many public health outcomes could not be achieved without the ongoing contribution of the NHS, for example, through providing brief interventions in primary and secondary care.

A.13 In carrying out their functions, all commissioners must have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act; advance equality of opportunity between those who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not. In practice this means: removing or minimising disadvantages experienced by anyone with a protected characteristic; taking steps to meet the needs of people who share a protected characteristic and those who do not; and encouraging people with a protected characteristic to participate in public where their participation is low. There is also a separate provision which makes it clear that, in terms of disability, there is a need to consider the need to make reasonable adjustments.

A.14 We will ask local authorities, the shadow NHS Commissioning Board (once established) and emerging clinical commissioning groups to plan on the basis of the respective responsibilities set out above, whilst taking further time to engage with stakeholders to ensure we have the detail right in relation to the specific areas of children's public health services (from pregnancy to age 5), the role of Directors of Public Health in supporting the

⁹ We will be publishing a cross government alcohol strategy later this year.

¹⁰ <http://www.dft.gov.uk/news/press-releases/dft-press-20110705>

NHS in commissioning immunisation and screening programmes, and responsibility for promoting early diagnosis.