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<th>Public Health Consultation 2007</th>
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<td>Date:</td>
<td>12 June 2007</td>
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About the National Heart Forum

The National Heart Forum (NHF) is the alliance of more than 50 organisations working to reduce the risk of coronary heart disease and associated avoidable chronic disease in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.

The views expressed in this submission do not necessarily reflect the opinions of individual members of the alliance.

Background

The NHF are pleased to have the opportunity respond to the Conservative Party public health consultation. As an organisation we are concerned with the primary prevention of Cardio Vascular Disease and other avoidable chronic diseases which share its aetiology so that is the focus of our response.

Derek Wanless in his 2\textsuperscript{nd} Report to the Treasury\textsuperscript{i} stated that Public health is… "the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals".

The last twenty five years have seen a substantial change in the manner in which our health is determined. Advances in technology as well as changes in behavior and the impacts of globalised markets have had both advantageous and detrimental impacts on the population's health. Society has witnessed massive cultural shifts, with the increasing commercialization of the human consciousness and the domain of health education once the realm of Government reduced to the domain of the private, self-interested forces often mired in the multiplicity of media. Failure to appropriately address challenges such as the persistent growth of obesity will have dire long-term consequences on the UK economy and will threaten our ability to continue as a global economic leader. This relationship between a nation's economic well being and its public health are being increasingly recognized and it is why the National Heart Forum and Royal College of Physicians are jointly involved in a programme of work under the title of "A Health Creating Economy"

As Rayner states "Multidisciplinary public health is an essential part of the picture, but despite some limited and useful progress, its new leaders have not convincingly risen to the challenge of devising a new paradigm that works or an effective coalition to provide it with power\textsuperscript{ii}".
To meet these challenges any new debate on public health whilst taking multidisciplinary modes of working for granted, needs to raise the essential questions on its effectiveness as new methods are required to tackle persistent public health challenges.

So this consultation offers the opportunity to propose new solutions and importantly to strengthen existing structures which have not had the opportunity to flourish because of the constant funding tension between acute care, health protection and prevention policy. The NHF would like to see a protected Public Health system across all levels which is both determinant based and outcome focused.

The Food Standards Agency and NICE are existing agencies which could be more effectively channeled to address these challenges. We would for instance support a stronger role for NICE in providing evidence but with the understanding of the crucial necessary difference between evidence for policy and evidence on policy. The approach to public health taken in Scandinavian countries has demonstrated that it is possible to adopt a comprehensive approach to public health and that strong economic growth can exist beside a strong social model of government.

Key points
1. A Public Health Act should be developed which draws on the legislative model adopted in Sweden.
2. A protected Public Health system should be developed which is determinant based and outcome focused.
3. To facilitate this, a Secretary of State for Public Health should be appointed with cross Government responsibility.
4. To support this function a National Institute of Public Health should be established.
5. Public Health budgets should be ring fenced and sustainable.
6. Whilst we support the establishment of a new NIPH, we believe that its function should be complementary to existing structures rather than subsume them.

Consultation questions

1. Do you support the updating of public health legislation; and where is modernization specifically needed?

The NHF strongly believes that there is a need for new public health legislation for the UK and its Home Countries founded on the determinants of health compatible with European and International Laws and Regulations.
Public health law is critical to underpinning the role of government and sustainable public health. Current legislation is not fit for purpose to deal with communicable, non-communicable and chronic diseases. Much of the existing public health law was originally drafted in the 19th century as a result of crisis measures taken to a particular event rather than a comprehensive body of legislation – national and international – to protect from chronic and communicable disease, to promote and improve the health of the people.

We believe legislation is appropriate and necessary to clarify government departments’ and agencies’ responsibilities for tackling public health problems, such as obesity, and provide not only the means to coordinate public policy, but also the framework within which the private and voluntary sectors can take action.

Sweden offers a comprehensive legislative model worthy of further consideration in the UK. It is a model developed to inform Futures thinking and sustainable public health developed around strengthening social capital; growing up in a satisfactory environment; improving conditions at work; creating a satisfactory physical environment stimulating health promoting life habits; developing a satisfactory infrastructure for health.

The Swedish Government Public Health Bill of 2003 had 11 target areas and paid particular attention to health determinants.

1 Involvement and influence on society

2 Economic and social security

3 Secure and healthy conditions for growing up

4 Better health in working lives

5 Healthy, safe environments and products

6 Health and medical care that actively promotes good health

7 Effective prevention of the spread of infections

8 Secure and safe sexuality and good reproductive health

9 Increased physical activity.

10 Good eating habits and safe food stuffs.

11 Reduced uses of tobacco and alcohol, a drug free society and a reduction in the harmful effects of excessive gambling
2. Should directors of public health be jointly appointed by local authorities and PCTs? If they are, is the best way of achieving both accountability to the Secretary of State for Public Health and accountability to Primary Care Trusts and local communities though the use of both the local authority oversight and scrutiny mechanisms and the priority-setting mechanisms of local area agreements? How can these systems be strengthened?

The NHF would like to see a protected Public Health system across all levels which is both determinant based and outcome focused. Local Government rightly retains the governance over the wider determinants of health and it is essential that they retain a regulatory framework.

At a local level we welcome the suggestion that directors of public health be jointly appointed by local authorities and PCTs. The potential of local authorities for improving health has not been fully realised. The commitment to public health from local authorities is extremely varied and there is no mandatory requirement to discharge public health powers bestowed in the Local Government Act 2000. Public health goals need to be included in the comprehensive assessment framework for joint delivery with the NHS.

We do strongly believe that this should be implemented within the existing frameworks as they have not had the opportunity to fully realise their potential and that more organisational change will be counterproductive. What we need to install is a culture of delivery.

Whilst organization at the local level is crucial to delivery, the development of effective primary prevention policy requires upstream policy interventions at a National and international level.

We thus also support the proposal for an enhanced Secretary of State for Public Health. The primary concern of the Secretary of State should be health and the wider context of healthcare, and to represent public health at cabinet level with a remit to lead on health across government, in a way that genuinely joins up policy across departments.

Substantial change is required in the way public health is dealt with in government. The Department of Health should have a coordinating function with health becoming a continuous theme that cuts right across government, just as finance does. To reinforce this, there must be a genuine cross-departmental role for the Minister of Public Health, analogous to the role of the Chief Secretary to the Treasury.
This shift in focus is needed because policy changes in recent years have decimated our national capacity for public health, despite a stated aim that the NHS will become more concerned with maintaining health and tacking inequalities. We need a strong population focus allowing the mapping of needs across England, supporting the formulation of strategies to maintain health. To support the changing role of the Department of Health there should be an independent review of public health that examines the operation and impact of structures in other countries.

3. Should the bodies currently responsible for public health – including the Chief Medical Officer’s Department, the Government Offices of the Regions and directors of public health – be brought into a single structure, with performance management against national objectives for health outcomes being delegated through this structure from the Secretary of State for Public Health?

The NHF believes that we need to establish a National Institute for Public Health for England focusing on non communicable diseases to complement the work of the Health Protection Agency and be accountable to the CMO for England and to work across Government, as part of a wider connected independent public health system.

**Principles and attributes of an effective public health system**

To be effective the public health system needs to be:

- Transparent and independent of political interference
- Publicly funded and free from vested interests
- Authoritative and credible to the professions, industry and the general public
- Expert and evidence based
- Operating in an environment that in which there is a clear and unambiguous view of the role of the government, voluntary and industry sectors.

- NHF would like to see the establishment of a National Public Health Institute to address the main public health gap identified by the Wanless reviews, i.e. the prevention of the leading and linked avoidable chronic diseases.

- We propose an independent National Public Health Institute rather than an Agency, as the government is currently embarked upon reducing the number of agencies and its central civil service establishment (by September of this year) and the need for independent non-compromised expert advice to government on public health which by its nature challenges all sorts of vested interests, particularly commercial.

- We would like to see the Institute accountable to the Chief Medical Officer to strengthen the CMO’s role in providing independent advice on public health across government. The Institute could play a valuable role in supporting a Cabinet public health committee.
- The NHF believes the model of an Institute is vital to building and sustaining a successful long-term approach to public health that goes beyond short-term interventions limited by political horizons.

- The government has developed capacity to combat infectious diseases and major public health emergencies with the establishment of the Health Protection Agency. However there is surprisingly no equivalent dedicated Agency or resource for tackling the leading avoidable chronic diseases.

- The NHF believes the main functions of a National Public Health Institute would be to provide independent expert advice in a transparent manner to government departments, the NHS, local authorities, industry and the public, on PSAs, target and standard setting, undertaking health impact assessments of government policy, developing the fundamental and applied public health sciences, and possibly oversee the commissioning of social marketing.

- Currently given the fragile state of the public health infrastructure and the limited capacity and the huge size of the public health agenda posed by Wanless fully engaged scenario, there is a need for a separate HPA and wider Public Health Institute. In time, the need to merge the HPA and new Public Health Institute should be reviewed.

- The FSA is a model for a government-funded national public health organisation. The principles for which it was established are fundamental to the whole of public health and the model should go beyond government’s responsibility for food. The model for such an institute should be developed based on the experiences of the FSA to date, and in particular the open and transparent handling of vested interests in the pursuit of public benefits.

- Other models to review in developing the model for the Institute would include the National Institutes of Public Health in Sweden, Finland, Holland, Ireland and Scotland and Wales.

In considering the NIPH functions the role of NICE should be reviewed particularly in relation to providing more developmental support, to include a stronger role for providing evidence but acknowledging the crucial necessary difference between evidence for policy and evidence on policy. Given the cross Government nature of the NIPH they are ideally positioned to coordinate but not deliver the development of public health research and training.

Whatever the new public health structures, it will be essential to preserve and strengthen the functions and expertise of these existing bodies in translating evidence-based guidance into practice. There is also a need for a strong and professionally competent civil service resource within government accountable to the Chief Medical Officer within their wider responsibilities across Government.
4. Should the independent budgets for the public health service be extended over time, to include all population-based responsibilities including health protection (vaccination, immunisation and communicable disease control, and screening), health promotion (including drug budgets, school nursing, sexual health and other budgets linked to public health objectives) and health education (including voluntary sector activity and research).

Do you agree that objectives should be set through the structure of Local Area Agreements, drawn up with reference to national public health objectives?

It is of vital importance that budgets for health promotion and other public health activity including supporting voluntary sector. If this does not happen it is certain that the need to fund future acute healthcare costs over the short term will preclude long term investment in public health interventions.

It has to be remembered that there are few magic bullets at a local level. Civil society has an increasingly important role to play in the development of public health policy. In order to maintain this development it is essential that this work is core rather than project funded by the statutory sector.

5. Do you agree that public health budgets should be given deployed flexibly to achieve the greatest impact in improving health outcomes and reducing health inequalities – including being used to incentivise and influence other public sector agencies, private sector and voluntary sector initiatives and activity?

Public health budgets do need to be deployed flexibly. This is why the NHF believe the establishment of a NIPH is essential to resource the cross Government multi sectoral nature of effective public health interventions. With greater emphasis on upstream policy analysis but significantly different i.e. not located within the evidence based paradigm to that currently undertaken by NICE, evidence for policy.

While NHF are in favor of encouraging local and regional public health initiatives, we believe that national legislation can play a more significant role in tackling many public health problems. Some public health campaigns need to be nationally driven because they can best be solved by action at a Governmental level integrated with other national level action and leadership. It is most important that local initiatives are not seen as substitutes for Government action, where it can be effective.
Local initiatives are best placed to develop and implement to tackle particular localised problems.

6. Given this, should it remain the case that local directors of public health are appointed with geographical areas of responsibility consistent with Primary Care Trust boundaries, even if they are themselves independent appointments with independent budgets and if they are set free to spend resources across sectors?

Wherever possible there should exist both with co-terminosity between local directors of public health and PCT boundaries and they should possess binding collaborative agreements. The DPH should be appointed jointly by the LA and PCT, it must be remembered that the DPH needs their own resources including staff. It needs to be resolved whether the local public health organisation is employed and accountable only locally or whether it a part of the NIPH and the staff/department accountable to both the centre and locally.

7. Could the merger of public health-related bodies into the Chief Medical Officer’s department contribute to the more effective delivery of public health policy? In particular, should the Health Protection Agency and the diet and nutritional responsibilities of the Food Standards Agency be incorporated into the Chief Medical Officer’s Department?

Views are invited on whether this will contribute to more effective and co-ordinated public health leadership and function.

In order to deliver PH policy effectively we need the implementation of mandatory health impact assessments because in the current regulatory framework it is decoupled and leads to inappropriate policy. Addressing public health challenges such as obesity means we must look at the determinants of health in a comprehensive manner, and we must look at health impacts of decisions made by all government departments, not simply the Department of Health.

The National Heart Forum do not believe that incorporating of the FSA into the CMO’s department would be in the best public interest, food is sufficiently important an issue to both health and the wider economy and increasingly to the general public that it needs to have its own trusted agency, with direct responsibility to a new Secretary of State for Public Health. The NHF do believe that the Health protection Agency should report to the CMO’s department. The FSA has had to tread a fine line between the interests of both industry and consumers and the NHF believe it achieves those goals. Importantly it is trusted by the general public to deliver a health protection role with respect to food safety issues and provide authoritative guidance with respect to the nutritional advice and guidance.
We have been impressed recently by the FSA’s ability and leadership on the complex public health issue of children and food marketing and salt reduction, and would like to see the FSA now take the lead responsibility for public health nutrition. The FSA has after five years established itself in the public consciousness as an authoritative and credible agency, and is now well established on the food safety issues for which it was established. The main priority should now be nutrition and public health. We recommend that, the FSA is given the lead responsibility for all food and nutrition projects. To achieve this goal we would like to see the public health expertise of the agency enhanced to help determine new public health regulatory powers of the FSA.

1 Securing Good Health for the Whole Population, HM Treasury 2004
2 Rayner G presentation at NHF Members meeting 19th April 2007
3