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TODAY**

**PUBLIC HEALTH ENGLAND – A NEW SERVICE TO GET PEOPLE  
HEALTHY**

A radical plan to go further and faster in tackling today's causes of premature death and illness and reduce health inequalities, with a public health service to make it happen, was unveiled today by Health Secretary, Andrew Lansley.

Public Health England will be created as a service that gives more power to local people over their health, whilst keeping a firm national grip on crucial population-wide issues such as flu pandemics.

The White Paper, *Healthy Lives, Healthy People* also sets out how funding from the overall NHS budget will be ring-fenced for spending on public health – a recognition that prevention is better than cure. Early estimates suggest that current spend on areas that are likely to be the responsibility of Public Health England could be in the range of £4 billion.

For the first time in a generation, central Government will not hold all the purse strings. The majority of public health services will be commissioned by Local Authorities from their ring-fenced budget, or by the NHS, all funded from Public Health England's new public health budget.

Mr Lansley said:

“Too often in the past, public health budgets have been raided by the NHS to tackle deficits. Not any more. The money will be ringfenced to be used as it should be – for preventing ill health.

People's health and wellbeing will be at the heart of everything local councils do. It's nonsense to think that health can be tackled on its own. Directors of Public Health will be able to champion local cooperation so that health issues are considered alongside housing, transport, and education.

Everyone should have services tailored for them, at the right times in their life from the professionals closest to them. With local authorities in the driving seat, supported by the latest evidence on behaviour change from Public Health England, we will start seeing significant improvements in the nation's health.”

## **What Government will and won't do**

The Government will take a less intrusive approach, staying out of people's everyday lives wherever possible. This follows a model called the Nuffield Council of Bioethics Ladder of Interventions, which means that instead of reaching for choice-limiting regulations at every opportunity, the Government will employ a range of evidence based approaches to improve health.

The ladder increases in intrusiveness as follows:

- **Do nothing** or simply monitor the situation. Some behaviour trends are minor and fizzle out, so intervention isn't needed.
- **Provide information.** Giving people the information and education to make a choice for themselves based on evidence.
- **Enable choice.** Give people a 'nudge' in the right direction so they can change their behaviour. For example, through access to public exercise facilities, cycle paths, or safe playgrounds.
- **Change the default** to help guide choice. Using positive 'social norms' is a way of encouraging this.
- **Guide choice through incentives.** A 'points mean prizes' approach, for example the more a child walks to school, they earn points for healthy prizes like an activity day.
- **Disincentives**, such as taxation or other price related action, to discourage people from smoking or drinking.
- **Restrict choice**, probably through regulation, such as raising the legal age for smoking or banning trans fats.
- **Eliminate choice altogether.** Rarely used, but most common examples include making seatbelts compulsory and making dangerous drugs illegal.

## **Local control, better health**

Directors of Public Health will be employed by the Local Authority and be the ambassadors of health issues for the local population. In practice, this means that they will lead discussion about how the ring-fenced money is spent to improve health. This will include influencing investment decisions right across the Local Authority, with the goal of enhancing health and well-being.

Crucially, they will be able to make sure that public health is always considered when local authorities, GP consortia and the NHS make decisions.

To make sure that progress is made on issues like obesity and smoking, Public Health England will set a series of outcomes to measure whether people's health actually improves.

## **Money where it's needed, credit where it's due**

Historically, money for public health has disappeared into other services. Under new arrangements, the flow of money will change so that: money will be allocated from the NHS budget and ring-fenced for public health; part of this will be used by Public Health England for population-wide issues; another part will provide a ring-fenced budget to Local Authorities.

A new **health premium** will take into account health inequalities and reward progress on specific public health outcomes, and we will consult on how we do this to get the detail right. The premium will be simple and driven by a formula developed with key partners. Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges. Details of the outcomes framework and funding will be consulted on separately in the next few weeks.

### **National support for local delivery**

At a national level, a new core public health service – Public Health England – will combine experts from public health bodies such as the Health Protection Agency and the National Treatment Agency as part of the Department of Health. This will integrate leading expertise, advice and influence into one organisation.

Public Health England will focus on national resilience against things like flu pandemics and other health threats, as well as being a ‘knowledge bank’ for the best and most up to date evidence on behaviour change techniques and monitoring data.

The public health responsibility deal will be driven forward by the Secretary of State, working with industry, charities, and leading experts from the field. The outcome will be to make it easier for people to make healthy choices. For example, through better food labelling, more information about alcohol harms, and much bigger contribution from industry around campaigns like Change4Life.

### **Regulation of public health professionals**

Alongside this White Paper, the Department of Health is publishing a review of the regulation of public health professionals. The Government believes that statutory regulation should be a last resort, so the preferred approach is to ensure effective and independently assured voluntary regulation for unregulated public health specialists. This would be overseen by the Council for Healthcare Regulatory Excellence, as provided for in the legislation currently before Parliament. This is now offered for consultation.

### **Chief Medical Officer (Interim) Professor Dame Sally Davies said:**

“We need a strong and protected public health system to tackle our public health problems, and protect the public. So I welcome this public health white paper which sets out how a new core public health service, Public Health England, will integrate public health expertise, providing national support and advice, for local delivery.

By joining up the local work done by the NHS, social care, housing, environmental health, transport and leisure services and focussing on public health at a local level, this paper lays out a strategy to improve the health and wellbeing of the nation, and addresses the issues of health inequalities.”

**Professor Lindsey Davies, President of the UK Faculty of Public Health said:**

“This is a tremendous opportunity to put health at the heart of public service. We see the Public Health White Paper as a significant opportunity to deliver an effective local public health system, which has at its heart people’s health and wellbeing. Government’s recognition of the central role of the Director of Public Health in realising this vision is welcomed. We recognise that there is still further work to be done during this critical period of transition and look forward to working with government to ensure that a quality public health workforce is in place to deliver lasting improvements to the health of the public.”

**Notes to editors**

1. The White Paper, *Healthy Lives, Healthy People*, can be downloaded here: [www.dh.gov.uk/healthypeople](http://www.dh.gov.uk/healthypeople)
2. Accompanying documents to the White Paper are:
  - [Our health and well-being today](#)– evidence document
  - [Review of the regulation of public health professionals](#) (Dr Scally's independent review)
  - [The Impact Assessment and Equality Impact Assessment](#)
3. [Consultation questions](#)
4. For more information please contact the Department of Health Newsdesk on 0207 210 5221