



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## Faculty of Public Health's response to the Health Committee's Inquiry into the Government's Public Health White Paper

The Faculty of Public Health (FPH) sets and maintains professional standards for public health specialists. The Faculty works to improve the public's health through its three key areas of activity: professional affairs, education and standards, and advocacy and policy contribution. For further information visit our website [www.fph.org.uk](http://www.fph.org.uk).

In this paper, the Faculty presents its evidence in response to the three questions raised by the Health Committee's Inquiry into the Government's Public Health White Paper. In submitting evidence, the Faculty will concentrate on capacity and workforce issues for specialist public health. The President of the Faculty of Public Health, Professor Rod Griffiths CBE, is available on the day of the hearing to present additional oral evidence if required.

### Will the proposals enable the Government to achieve its public health goals?

The Faculty of Public Health welcomes the Department of Health's commitment to a new approach to delivering public health which is set out in its White Paper: *Choosing Health: Making Health Choices Easier* (November, 2004). The Faculty is impressed by the broad scope of the paper which embraces a joined-up approach to the delivery of public health. It focuses on empowering and enabling people to take responsibility for their own health, and on the development of a public health workforce to implement its recommendations.

No English government has ever given such a high priority to public health and the proposals contained in *Choosing Health* should support the Government in working towards its public health goals. *Choosing Health* addresses the key issues for health improvement – obesity, tobacco, sexual health, alcohol and mental health, and, if implemented, should improve population health.

The Faculty of Public Health sees public health as three key areas of practice: health improvement, health protection and health services. It is concerned that the *Choosing Health* has focused on health improvement to the neglect of health protection and health services in and that this will affect the overall delivery of public health (see enclosed a fact sheet on the Faculty and its definition of public health for more information).

*Choosing Health* goes some way to addressing the recommendations set out by Derek Wanless in his final report, *Securing Good Health for the Whole Population* (February 2004). However, in order for public health goals to be met we need to see:

- an effective delivery plan which is tightly managed and reviewed;
- a long-term programme of investment in and prioritisation of public health by government; and
- a workforce strategy.

### Are the proposals appropriate, will they be effective and are they value for money?

The proposals contained in *Choosing Health* are an appropriate response to the public health needs of the population and have largely taken into account the recommendations contained in recent Government and Parliamentary reports on aspects of public health. However, to answer this question fully we need to ensure that delivery, evaluation and data collection are embedded within public health programmes. This will require not only a sea change in mainstream attitudes but an investment in research capacity – an issue covered by *Securing Health* which highlighted the under-investment in public health research.

The Faculty of Public Health welcomes the Government's pledged investment in public health research and the announcement of the development of a comprehensive public health information and intelligence strategy. We also need to see sustained investment in academic careers and money made available for evaluative research in order to monitor the effectiveness of public health programmes.

The Faculty of Public Health welcomes the focus on competency development in the public health workforce and the concept of the skills escalator to encourage lifelong learning and engagement with NHS staff.

However, it has specific concerns about the following health improvement programmes:

#### Tobacco

Whilst the Faculty welcomes the Government's recognition that second-hand smoke is a major public health threat, there are inconsistencies in its approach to tackling this issue, such as allowing exceptions for licensed premises that do not sell food. If we are to protect and improve people's health – including those who work in these licensed premises – there can be no exceptions.

#### Sexual Health

The Government sets out its action plan to tackle the growing sexual health crisis – which the Faculty welcomes. However, there is contradiction between this acceptance of the problem and the timeliness of the solution. The Government recognises that delay in access to treatment has a major impact on future health and fertility. How, then, can it justify a four year wait to implement its goal of 48 hours for a GUM appointment – a recommendation which was first made by the Health Select Committee in June 2003. The Faculty believes that serious infectious diseases such as Chlamydia and HIV should be treated as emergencies and access to GUM services should be made available within four hours – in line with other accident and emergency cases.

#### **Do the necessary public health infrastructure and mechanisms exist to ensure that proposals will be implemented and goals achieved?**

The Faculty of Public Health's survey *The Specialist Public Health Workforce in the UK* (March 2004) concluded that a 40 per cent increase in the current public health specialist workforce is urgently needed if a safe and effective public health service is to be delivered. The Faculty made recommendations to the *Choosing Health* consultation which have been reflected in the final White Paper. However, the Faculty seeks assurance that the extra resources promised for developing the specialist workforce will be delivered. It is particularly concerned about the following:

- the potential impact of Multi Professional Education and Training (MPET) budget cuts on public health;
- effective inclusion of public health into the NHS National Programme for IT (NPfIT) is needed;
- the use of General Medical Services (GMS) and Personal Medical Services (PMS) contracts to achieve maximum public health effect in primary care should be promoted;
- local authorities need to be resourced/commit resources (eg. for public health training) to ensure they maximise their public health role locally;
- that opportunities offered by the *Modernising Medical Careers* initiative are used to ensure that public health is taught in foundation years;
- that effective use is made of the NHS Careers framework from the Modernisation Agency to map out careers in public health;
- assurance is needed that Workforce Development Directorates will rise to the challenge of developing public health as part of mainstream delivery;
- the Health Protection Agency needs to have the resource to provide safe front-line services and these are at risk with the current Arms Length Body review cuts; and
- co-terminosity be considered in any restructuring of the NHS/local government.

Overall, the Faculty of Public Health is impressed with *Choosing Health* and welcomes the opportunity to work with the Department of Health to support the design and implementation of the delivery plan.

For further information, or to arrange for oral evidence to be given by the Faculty of Public Health please contact: Lindsey Stewart, Policy and Communications Department T: 020 7935 3115  
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