



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 contribution to the Primary Care and Public Health and Social Care All Party Parliamentary Groups' Inquiry into *Our health, our care, our say* White Paper

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

It welcomes the opportunity to provide a submission to the Inquiry, and comments have been co-ordinated by Faculty member Meradin Peachey, Director of Public Health at Dartford, Gravesham and Swanley PCT, and Addisalem Taye, Specialist Registrar in Public Health at Dartford, Gravesham & Swanley PCT – on behalf of the Faculty of Public Health.

Responses are listed based on the questions given by the committee

1) Funding

How can implementation of the white paper be funded?

1. The White paper proposes significant reform and expansion of primary, community and social services with a significant shift to more prevention. This will inevitably lead to increased mainstream costs. Within current resources, this can only be done by, reducing acute hospital costs and not duplicating costs. Where hospitals are paid, for example, for a 14 day stay following a stroke, then the primary and community services cannot afford to start providing home therapy 2 days after admission as this is duplicating costs. Evidence suggests that stroke units give better outcomes so there needs to be more flexibility to split tariffs with acute hospitals so patients can be treated in the most appropriate environment.
2. Payment by Results does mean that there is an incentive to reduce hospital admissions but the current number of hospital beds may not all be needed.
3. Many current NHS estates are not designed for “one stop” range of multi professional facilities. There could be rationalisation of estates between community, primary care and social services. Current funding streams for capital developments are complicated and take too long.
4. Charging policies in social care will need to be reconciled if health and social care are to be truly integrated.
5. If additional money is provided there will be genuine concern that this will be used for deficits. Many PCTs are using choosing health monies towards deficits and this has created mistrust with local authority colleagues.
6. Quality and outcomes framework could be extended but the information needs to be used for commissioning at practice level and larger population.

2) Decision making

The White Paper proposes a shift of spending from acute services to prevention including more self-care. Who will be responsible for making decisions to ensure this happens?

Individual PCTs and the respective PBC teams will be responsible to ensure this happens.

How will accountability work in the new system? How will services address the risks and consequences of professional self-protection and multi-disciplinary teamwork blurring roles?

1. Existing systems, for example, Local Strategic Partnerships need to be strengthened, to be accountable for joint agreements
2. As part of service modernisation, there are numerous care pathways already produced. However, they need to be audited in order to identify where they work well, where they don't work and which professionals have a role in the care pathway and when

How can professionals ensure increased say for service users over what happens to them?

1. Needs to be every professional's role to ensure that service users have a "say"
2. Attitudes towards sections of the population, for example, the elderly has been a cause for concern; these types of attitudes need to be tackled
3. There are several good initiatives listed in the Paper, for example, the extension of the Expert Patient programme - the evidence for which needs to be strengthened

How can service users influence professionals to ensure a collaborative approach to decision making?

1. There are several good initiatives listed in the Paper: For example, the use of Surveys and "Local Triggers" relating to public satisfaction & service quality AND Overview & scrutiny committees will join with patient forums
2. It is imperative that professionals work on these initiatives and take into consideration the views of the service users when making decisions. However, it may not always be possible to satisfy the requirements of service users.

How can we shift from the precautionary principle, prevalent in the NHS and parts of social care, to a much more flexible approach to risk and opportunity?

1. Extending the use of Local Area Agreements will enable agencies to streamline resources and performance management for the same priorities. These need to be outcome based to ensure focus on health improvement. Local Strategic Partnerships need to be strengthened to be accountable for these joint agreements and to act as one public service for the population.
2. There has been a significant shift in the use and development of nursing and therapy skills with specialist nurses, nurse practitioners, first contact nurses and therapists, management of chronic diseases, prescribing. This can be promoted across agencies with multi professional training and using accreditation of prior learning rather than requiring multiple qualifications.
3. There needs to be more incentives for the single assessment process across agencies and trust between professionals.

3) Integration

How can we achieve better integration between health and social care, and how will cultural differences be overcome?

1. Extending the principles of "healthy living centres" promotes and extends integration and co-location.
2. Extending joint Health and Social service appointments for DPHs will promote better integration and help overcome cultural differences

How should PCTs and local authorities work together to provide the new kinds of services?

1. Some of this is happening already through Local Strategic Partnerships, urban renewal programmes and multi agency workforces. These could be formalised. The community strategy needs to include health on a more substantive basis. As mentioned previously public sector estates needs to be reviewed together and not in isolation with better use of Local Development Frameworks.
2. Sustainability programmes need to have a higher priority for public sector infrastructure and use results of health impact assessments
3. New ways of working need to be the subject of planned and resourced evaluation, so that future investment can be based on a better evidence base.

How can the social care input into strategy development at the DH be strengthened, and how can the Cabinet Office enhance the integration across government? How can government achieve policy and service coordination beyond health and social care, and include DfES, DWP, DCMS, ODPM to bring in housing, benefits, work and training, leisure and culture

1. The public health minister role is an opportunity to co-ordinate public health activity across government departments.
2. Local Area Agreements agreed with the ODPM is another opportunity to agree joint health policies across departments.
3. Locally all these issues are joined up in the Local Strategic Partnership.