



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

FPH response to *Liberating the NHS: Local democratic legitimacy in health*

The UK Faculty of Public Health (FPH) is the standard setting body and the leading professional body for public health specialists in the UK. It aims to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement. In addition to maintaining professional and educational standards for specialists in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals.

The UK Faculty of Public Health (FPH) welcomes the opportunity to contribute our views on the joint Department of Health and Department for Communities and Local Government consultation about measures to establish local democratic accountability in the NHS. We particularly wish to comment on the questions around the proposed statutory health and wellbeing boards.

Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?

Yes. It is essential for the health of the population that the health and wellbeing responsibilities of local authorities are formally defined. If the responsibility is not underpinned by statutory powers, it will be neglected. It is essential for the health of the local population that health and wellbeing boards have tangible powers to make a difference in communities.

Do you agree with the proposal to create a statutory health and wellbeing board or should it be left to local authorities to decide how to take forward joint working arrangements?

FPH supports the proposal to create statutory health and wellbeing boards. There is support amongst the public health workforce for their creation; in a survey of our membership, responded to by 1,160 public health professionals, 59% thought they would help embed public health principles in local authorities. However, this support was tempered by a further third of those surveyed who were more equivocal, neither agreeing nor disagreeing that they would effectively achieve these aims. This reflects concerns amongst the specialist public health workforce that the health and wellbeing boards, if not properly supported and resourced, will merely be talking shops, and fail to address the significant health needs and health inequalities present in many communities.

The role of health and wellbeing boards will be crucial to the success of local authorities, and of the Directors of Public Health (DsPH)'s role in oversight of health services, health promotion activities and health protection. The creation of these boards does not negate the ability of local authorities to build on existing joint working arrangements; rather, it provides a complementary structure around which they can work. Without this structure, arrangements are likely to be patchy throughout the country. Introducing the structure provides consistency while

allowing local authorities, in partnership with public health experts and local partners, the freedom to tailor joint working arrangements to local needs.

Do you agree that the proposed health and wellbeing boards should have the main functions described in paragraph 30?

Yes. These are all key functions and underline why the work of health and wellbeing boards should be supported by statutory powers.

Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions, for example information on best practice in undertaking JSNAs?

Health and wellbeing boards will need strong public health support in all areas of their work. This should include advice and strategic oversight from the DPH and public health consultants, bridging health, local authority and other services and facilitating integration. Access to timely, comprehensive and accurate data and analysis will be essential. Public Health Observatories have a wealth of experience in providing data and information on local populations and effective interventions. This should be maintained and developed and their roles in supporting health and wellbeing boards, the proposed national Public Health Service and commissioners formalised.

The new boards will also need to develop strong links across all sectors. It is a good opportunity to formalise these relationships, and ensure that partners are regularly talking to each other in working to improve the health of local populations.

How should local health and wellbeing boards operate where there are arrangements in place to work across local authority areas, for example building on the work done in Greater Manchester or in London with the link to the Mayor?

As far as possible, health and wellbeing boards should link or grow out of existing operations. The projected creation of the boards should not mean that existing work is wound up or overlooked. Rather, it should give existing work greater emphasis, especially with the projected statutory powers. There is a risk that without building on current structures, there will be fragmentation and the needs of some already marginalised groups will be missed. In the same way that HealthWatch bodies should grow organically out of existing LINKs, there is no reason why health and wellbeing boards should not also build on existing good practice. There are good examples in the current arrangements of the efficacy of strong strategic leadership spanning a number of local authority areas – for example, the health inequalities framework developed recently by the Mayor of London, working closely with the Regional Director of Public Health (RDPH), Strategic Health Authority (SHA) and local boroughs; and the work of the five boroughs affected London boroughs in preparing for the 2012 Olympic and Paralympic Games. This should be encouraged, perhaps by a duty of cooperation with boards within a relevant geography or with shared health challenges.

Do you agree with our proposals for membership requirements set out in paragraph 38 - 41?

Yes, largely. It is critical that the membership of health and wellbeing boards is made up from representation at the highest level. The involvement of the Mayor and the DPH are good first steps in ensuring that it is an influential body, but it should also include partners across sectors. There need to be safeguards to ensure that Health and Wellbeing boards can be both objective and effective. The public health implications of all decisions taken by local authorities need to be within their scope. The Boards have the potential to be effective fora for these objectives to be met, but only if the membership is as wide, and high level, as possible including, ideally, representation from local provider organisations.

Do you agree that the scrutiny and referral function of the current health OSC should be subsumed within the health and wellbeing board (if boards are created)?

Yes. As expressed earlier, existing structures, where possible, should be built upon, and refined or corrected as necessary. The overview and scrutiny function of the health and wellbeing boards is essential, both to assess the progress of GP consortia against reducing health inequalities, and similarly that of the local authority in addressing the social determinants of health. The input of HealthWatch in this function will be also be essential

What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

Overview and scrutiny of the Health and Wellbeing Board itself will be equally essential, not least to prevent the conflicts of interest and potential for undue political influence mentioned earlier. This should be prescribed, with the created overview and scrutiny body having statutory powers to intervene where the Health and Wellbeing Board is failing to meet its objectives, or being mismanaged. This will help to ensure that Health and Wellbeing Boards are effective partners and commissioners with local authorities and GP consortia in driving health improvement across the local population.

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