

February 2010

Policy Briefing 6 - 'Healthy Lives, Healthy People': Public Health White Paper

In December 2010 the Government produced the 'Healthy Lives, Healthy People' public health white paper. White papers set out firm Government policy, and can be used to gather public feedback before/while new legislation is being produced. Although people in Britain live longer, healthier lives than ever before, the white paper identifies problems that threaten public health:

- Britain is the most obese nation in Europe
- Amongst the worse rates of sexually transmitted infections
- Relatively large problem drug use
- Rising levels of harm from alcohol
- Smoking leads to 80,000 deaths a year
- Tackling poor mental health could reduce overall disease burden by a quarter
- There remain major gaps between the life, and healthy life, expectancy between people who live in the poorest and richest areas.

What does this mean for me as a lesbian, gay, bisexual or trans (LGB&T) person or my LGB&T voluntary group?

- LGB&T people are disproportionately affected by many of the top level national priorities for public health such as tobacco, alcohol and drug use and poor mental health. The white paper also identified the massive impact socioeconomic disadvantage (how poor or wealthy someone is) has on our health and recognised that inequalities based on sexual orientation and gender identity can interact with socioeconomic position in shaping people's health. LGB&T groups that are seeking funding should pick up on all these points, and demonstrate that their activities reduce isolation for LGB&T people and may ultimately save public

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services money. For more assistance with LGB&T evidence contact heather.williams@lgf.org.uk.

- All this change means more opportunity to influence services and priorities in your local area. If your GP is not LGB&T friendly and you want to challenge it or you need support to become more involved in your local community contact adam.winter@lgf.org.uk.

It is important to keep informed of the changes proposed to public health. The other key aspects of the white paper are as follows:

- There is a greater recognition and awareness of what can affect our health, like social, environmental, cultural, economic and psychological factors. For example, one study showed if more than half a person's social network smoked, then that person is more than twice as likely to smoke.
- The importance of 'transitional' periods in life like early years, education, work (being in work has been showed to have health benefits) and retirement.
- Responsibility for good public health will be shared by individuals, families, communities, local government, business, the NHS, the voluntary and community sector, the wider public sector and central government.
- Local government and other local (health) organisations are seen as the main drivers of good public health, although national leadership will still exist in the form of a new organisation that will be created within the Department of Health called Public Health England with a ringfenced or protected budget of around £4billion. There will also be New Cabinet

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sub-committee on public health, which will encourage working across Government departments at the highest strategic level.

- A public health outcomes framework will be developed which is intended to encourage this move to local partnership working. This is currently out for consultation:
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962
- There will be flexibility in how local health and government bodies will set up arrangements in their area. Public health providers could be funded by the Department of Health (inc Public Health England) or by GP Consortia or by Local Authorities or by the NHS Commissioning Board.
- New Directors of Public Health (DsPH) will exist in county councils, unitary authorities and borough councils and will be expected to publish an annual report on public health in their area. They will be co-appointed by local authorities and Public Health England. Local government will itself decide exactly how it will fulfil its public health role.
- This greatly enhanced public health role for Local Authorities is meant to allow more integrated work on things which link health outcomes and other Local Authority concerns such as pollution, transport, housing, access to green spaces, employment etc., as well as greater integration between public health, health care and social care. Responsibility for good public health will now lie much more with the individual, supported by local agencies.
- The main bodies that will allow this integration are the Health and Wellbeing boards. They may include local authority councillors, GP

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Consortia, DsPH, Directors of Adult Social Services, Directors of Children's Services, local HealthWatch (the new patient involvement bodies) and potentially the new NHS Commissioning Board (which will commission GPs and other services not commissioned by GP commissioning consortia).

- Joint Strategic Needs Assessments (JSNAs) will continue to be conducted to discover local health care priorities. They will be the joint responsibility of GP Consortia, DsPH and local authorities.
- Prevention is essential – it has been identified that it is more cost effective to invest in prevention rather than cure. It is estimated that improvements in health care services would only contribute about a third of possible potential improvement in average life expectancy; changing lifestyles and reducing health inequalities would contribute the remaining two thirds.
- GPs will have their public health role strengthened - Public Health England will give information which will allow people to see how effective their GPs are in giving out public health advice.
- Public Health England will have an important evidence function, collecting evidence and developing evidence about what works, which will be made accessible to the general public. The Lesbian & Gay Foundation's Face2Face counselling services is identified as an example of best practice in the white paper, in terms of actually measuring the positive impact the service has on service users' mental health.

For more information or help contact adam.winter@lgf.org.uk or call 08453 30 30 30

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