

The welcome announcement of the forthcoming consultation period and of a Public Health White Paper suggests that the conclusions and recommendations of this Review will be addressed by government. The 21 main specific recommendations are listed in this chapter.

It is also recommended that all new public health policy should be considered against a “checklist” before implementation to assist in the development of targeted interventions that increase both health and welfare. The following principles are suggested for adoption by government:

- Interventions should tackle public health objectives and the causes of any decision-making failures as directly as possible;
- Interventions should be evidence-based, though the lack of conclusive evidence should not, where there is serious risk to the nation’s health, block action proportionate to that risk;
- The total costs of an intervention to the Government and society must be kept to a minimum and be less than the expected benefits over the life of the policy: interventions should be prioritised to select those which represent best value;
- The distributional effects of any programme of interventions should be acceptable; and
- The right of the individual to choose their own lifestyle must be balanced against any adverse impacts those choices have on the quality of life of others.

9.1 After many years of reviews and government policy documents, with little change on the ground, the key challenge now is delivery and implementation, not further discussion. A NHS capable of facilitating a “fully engaged” population will need to shift its focus from a national sickness service, which treats disease, to a national health service which focuses on preventing it. The key threats to our future health such as smoking, obesity and health inequalities need to be tackled now. Where the evidence exists on how to do this cost-effectively, it should be used; where it does not, promising ideas should be piloted, evaluated and stopped if the evidence shows that to be appropriate.

9.2 The Government should set a clear national framework of objectives for all the key risk factors such as smoking and obesity. Primary Care Trusts and local authorities should agree joint local targets after considering the national objectives and their local needs. These should be reinforced through the NHS and local government performance management and inspection systems. The Electronic Patient Record will provide an infrastructure for mapping out the local prevalence of disease and lifestyle risks for the first time and will allow enhanced disease management programmes to target help at those whose need is greatest.

9.3 The Government needs to set out principles for action and a framework for assessing the role of economic instruments, such as taxes and public spending, to choose the right set of policy levers to deliver public health goals. But in the end, it is up to individuals across society to decide for themselves whether they want to be “fully engaged”. The role of government is to ensure that everybody is given access to personalised high quality information, advice and support to help them make that decision.

RECOMMENDATIONS

Public health policy making

9.4 HM Treasury should produce a framework for the use of economic instruments to guide government interventions in relation to public health, similar to the publication “*Tax and the Environment: Using Economic Instruments*”¹. (Paragraph 8.47)

9.5 The Government should seek advice about what quantified objectives it should set for progress in tackling all major determinants of health and health inequalities. The process should involve consultation, and quantified objectives should be subdivided where appropriate to cover important subgroups, particularly those key to achieving objectives to reduce health inequalities. It may be appropriate to set figures for three years and seven years ahead and they should be reassessed regularly. (Paragraph 4.3)

9.6 PCTs, local authorities and others partners should determine shared local objectives based on these national objectives and their local needs. These local objectives should be considered in the planning and performance management of both PCTs and local government – through the Priorities and Planning Framework and the Comprehensive Performance Assessment. (Paragraph 3.92)

9.7 A consistent framework (such as the methodology developed by NICE) should be used to evaluate the cost-effectiveness of interventions and initiatives across both health care and public health. (Paragraphs 3.96 and 6.42)

9.8 The Secretary of State for Health should be given the role of ensuring that Cabinet assesses the impact on the future health of the population of any major policy development. (Paragraph 3.108)

9.9 As recommended in *Securing Our Future Health*, future National Service Frameworks (NSFs) should be fully costed to incorporate detailed information about the cost-effectiveness of interventions. Where changes in lifestyle have a potential impact across more than one NSF, these should be taken fully into account in assessing cost-effectiveness. Comprehensive research programmes should be established for future NSFs, which enable them to be reviewed and continually updated in the light of the emerging evidence. (Paragraph 6.80)

9.10 Work being carried out to refine productivity measures in health services should ensure that productivity measures move away from narrow definitions of output to overall measures of health outcomes, and allow comparisons of effectiveness of prevention and cure. (Paragraph 1.29)

¹ *Tax and the Environment: Using Economic Instruments*, HM Treasury, 2002

Review of arm's length bodies

9.11 The forthcoming Department of Health review of arm's length bodies should ensure that the gaps in activity identified here are filled. Responsibilities should be assigned for:

- developing the cost-effectiveness evidence base on public health (Paragraph 5.44);
- researching the practical effectiveness of current activities and interpreting findings for future implementation (Paragraph 5.44);
- the educational role, previously played by the Health Education Authority (HEA), at a time when full engagement requires the public and the health workforce to have more support. There is no single easily accessible source of advice for interested or confused individuals (Paragraph 7.15);
- reassessing periodically our national objectives for all major determinants of health and health inequalities (Paragraph 4.3); and
- the regulation of nicotine and tobacco (Paragraph 4.26).

9.12 The efforts of arm's length bodies should be co-ordinated at a local level (for example, the Health Development Agency, Public Health Observatories and the Health Protection Agency) and their relationships with PCTs should be examined by the review. (Paragraph 5.11)

Research and evaluation programmes

9.13 A commitment of adequate resources for monitoring and feedback should be an integral part of the planning of any national programme of action to tackle the key determinants of health. (Paragraph 3.97)

9.14 An experiment should be established across primary care to assess the benefits of additional resource in information systems, in monitoring risk, and in services. It would also produce evidence about the effectiveness of information to assist personalised risk management and disease prevalence in local populations. The experiment should be directed towards areas of inequality, given that access to services there is a crucial issue, which must be resolved. (Paragraph 3.136)

9.15 The roles of the various research bodies in relation to public health, and how they best work together to identify and address gaps in public health research, to ensure the structured and coherent development of the public health research requirements of England should be defined as part of an overall public health research strategy. The Chancellor recently announced that a long-term plan for science funding would be a central feature of the 2004 Spending Review². Work on this should consider public health research capacity, and the links between academics and deliverers of public health. (Paragraph 5.55)

9.16 The White Paper should address the possible threat to public health research, which arises from the difficulty of obtaining access to data because of the need to strike a balance between individual confidentiality and public health research requirements. (Paragraph 5.20)

² Speech to the Advancing Enterprise Conference, 26th January 2004

Full Engagement

9.17 A programme of research should be undertaken to identify what forms of intervention best improve health literacy, personalising messages for population subgroups, including those with low health literacy where the prevalence of chronic diseases is often high. (Paragraph 7.37)

9.18 The forthcoming consultation ahead of the White Paper is a good opportunity to engage the population on the issue of their own health and the balance between an individual's 'right to choose' and the impact that individual behaviour has on the well-being of others. In particular, the consultation should consider the acceptability of different ways of tackling smoking. (Paragraph 7.45)

9.19 To assist the full engagement of the population, advice should be made available freely in formats all find accessible, including the development of internet and telephone services. The developing NHS Direct brand should be considered for expanded use in this way. (Paragraph 7.12)

9.20 An annual report about the state of people's health and of the major determinants of health should be made available at national and local authority levels to encourage understanding. (Paragraphs 5.9)

9.21 Feedback should be sought regularly from the population and important subgroups to provide an indication of their degree of awareness of issues and of the current best advice, as well as the acceptability to them of possibly controversial state interventions. (Paragraph 7.60)

Structure and Roles

9.22 CHAI should develop a robust mechanism for the performance assessment of the public health role of PCTs and SHAs, drawing on lessons learned from the Regional Public Health Indicators, the NatPact PCT competency framework (see box 3.21) and the evaluation of current practice within SHAs in relation to the performance management of PCTs. (Paragraph 3.52)

9.23 A strategic plan at national level should be produced to implement a co-ordinated approach to developing the public health workforce. It is important that the competencies required to play new roles (for example, smoking cessation officers) are identified. This strategy should build on current activities but in particular, the potential contribution of the 'wider' public health workforce must be fully realised and the skills and capacity of the Specialist and practitioner workforce to engage with this wider public health community must be strengthened. (Paragraph 3.125)

9.24 The NHS should give support to improving the health of its workforce and should undertake pilot exercises to evaluate how to promote the long-term mental and physical good health of their employees. PCTs and SHAs should be encouraged to experiment and lessons should be learnt and disseminated. The NHS should aim to become an exemplar for public and private sector employers. (Paragraph 7.51)