

Rt. Hon. Andrew Lansley MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

30 March 2011

Dear Secretary of State

Response to *Healthy Lives, Healthy People*

The London Assembly welcomes the opportunity to respond to the public health white paper, *Healthy Lives, Healthy People*. Our response focuses on the potential role of the Mayor in promoting public health and tackling health inequalities in London.

As we expressed in our response to *Liberating the NHS*, we think there are clear opportunities for the Mayor to have a role in leading London-wide public health improvement, given his responsibility for structural policy issues that impact on public health such as air pollution, transport, planning and housing, for example.

While there remain a number of questions around the new shape of the wider NHS in London, the white paper provides the opportunity to clearly define the roles of the organisations responsible for improving London's public health.

The Assembly welcomes the transfer of public health to local authorities and the opportunity it provides for public health programmes to complement existing expertise in local areas, particularly that related to the wider determinants of health.

At the London level, we believe that a regional approach to public health can build on the Mayor's responsibility to produce a Health Inequalities Strategy to galvanise targeted action on issues which are a specific priority for the capital. The Assembly's Health and Public Services Committee has had a particular focus on raising the profile of health inequalities and we believe the new public health system must make narrowing this gap a priority. In recent years the Committee has identified childhood obesity,¹ teenage sexual health,² alcohol misuse³ and mental health⁴ as areas where the Mayor could have an

¹ Our investigation on childhood obesity is due to report in April 2011 – <http://www.london.gov.uk/who-runs-london/the-london-assembly/investigations/childhood-obesity>

² Report available at: <http://www.london.gov.uk/archive/assembly/reports/health/sexual-health-220909.pdf>

³ Report available at: <http://www.london.gov.uk/archive/assembly/reports/health/alcohol-misuse.pdf>

⁴ Report available at <http://legacy.london.gov.uk/assembly/reports/health/mental-health.pdf>

effective coordinating role. Similarly, a pan-borough approach would be beneficial in tackling TB, which affects London far more than other UK cities.

London Health Improvement Board

As a vehicle for this leadership, the Assembly supports the Mayor and London Councils' proposals to establish a London Health Improvement Board (LHIB), as outlined in their joint letter of 17th January to the Secretary of State for Health. Their letter proposes that the LHIB, chaired by the Mayor, would be funded by a 3% top slice from borough public health funding, with the option to add a further 3%.

We agree with the Mayor and London Councils' request that the Health Bill makes statutory provision for the LHIB, and that amendments are made to the Localism Bill to allow the Mayor to commission public health activity.

It is proposed that shadow arrangements are introduced in spring 2011. We support the ambition of putting in place new arrangements as soon as possible. However, clarity is needed on its statutory position to ensure that the board has real power to improve public health in London.

London public health outcomes framework and scrutiny

In view of the unique nature of London's population needs and the cross-cutting public health issues faced by the boroughs, we agree that it is appropriate for the Mayor to have a set of London priorities set out in a London public health outcomes framework, developed in consultation with the boroughs.

Given the proposed changes to the way NHS services are commissioned in London, consideration also needs to be given to future accountability arrangements. The Assembly's Health and Public Service Committee has an effective scrutiny relationship with NHS London, receiving updates on public health concerns and financial performance from Regional Director of Public Health, Dr Simon Tanner, and Chief Executive, Ruth Carnall.

In the new system, the proposed London Health Improvement Board will require effective accountability. The Assembly is well-placed to provide this scrutiny mechanism, in order to hold the Mayor to account for activity funded through the borough top-slice and the outcomes it achieves. The Director of Public Health for London, Dr Simon Tanner, is also statutory Health Adviser to the Mayor and Assembly, and we would like the combination of these roles to continue.

Commissioning responsibilities and resources

In order for the LHIB to plan and identify the aspects of public health for which it will be responsible, greater clarity is required on the commissioning responsibility and consequent level of resources that will be held by the other parts of the public health system. We would welcome more detail about the specific public health functions Public Health England will commission, and those that will be devolved to local authorities.

Linked to this, clarity is required about the scope of any regional function within Public Health England (PHE), notably, in which areas of public health it would have responsibility and what resources it would have to do this. Specifically, if PHE also commissions public health in London, we would be concerned that this could undermine

the strategic leadership of the LHIB. If there were a London region function within PHE, it would need to be mindful of the work of the LHIB to ensure that both organisations have a clear set of priorities and to avoid duplication. We think that either the Mayor and LHIB should have lead responsibility for pan-London public health, or – if PHE is to have a regional function – that PHE should be represented on the London Health Improvement Board. We would be keen to contribute to discussions around the responsibilities of and interaction between any regional structure of Public Health England and the LHIB.

The scale and scope of a pan-London public health function led by the LHIB will depend on the level of funding allocated to local authorities. Whilst the Assembly welcomes ring-fencing of the public health budget, there is a need for greater clarity on how this funding will be distributed within the national and local components of the public health system (NHS Commissioning Board, Public Health England, local authorities, GPs, etc).

Furthermore, while the white paper states that future public health allocations to local government will be subject to the need to accommodate running cost reductions, it is crucial that local authorities are given notice of grant allocations at the earliest opportunity. Boroughs now need a secure idea of the funding likely to be available in order to plan how they will use their public health budgets from 2012, and in order for LHIB to plan according to these allocations.

Health improvement premium

The Assembly recognises the positive incentive a health premium arrangement could play in improving public health. We would welcome assurance, however, that the health premium rewards activity that achieves a reduction in inequalities (not just general public health improvement). In view of the complexity of evaluating the impact of public health activity and intervention, it will also be important to have clear guidance on the proposed timescales for demonstrating improvement. Robust and reliable data will be instrumental in measuring improvement, and we would wish to have more detail on how public health inequalities will be monitored.

Reducing health inequalities may be easier to achieve in some boroughs rather than others because of different population characteristics and needs. We have some concerns that awarding health improvement premiums to well-performing boroughs may increase the inequality gap between boroughs. If successful boroughs receive additional funding to spend on a population which is healthier overall, while poor-performing areas do not, this could lead to a situation where there are significant public health income disparities in the future. To mitigate this, we would wish to see proposals for measures to deal with those local authorities which fail to achieve improvement in health inequalities.

Linked to this, we would welcome a mechanism to reward successes achieved at a regional level. We would like to see the health premium for local authorities mirrored by an incentive to reduce inequalities across London and between London and other regions. For example, in the same way that boroughs will receive a premium for improvement, the LHIB could receive a premium proportional to its funding received from the borough top-slice. A premium used in this way would also help to incentivise shared public health activity across London and act as a way of measuring the LHIB's success.

I would like to thank you for the opportunity to respond to the public health white paper. I trust that these points are helpful when considering the future of the public health system in London.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Dee Doocey', with a stylized flourish extending from the end.

Dee Doocey AM
Chair of the London Assembly