

ALL-PARTY PARLIAMENTARY GROUP ON SEXUAL AND REPRODUCTIVE HEALTH IN THE UK

CHAIR: Baroness Gould, House of Lords, London, SW1A 0PW, 020 7219 3138

ADMINISTRATION: FPA, 50 Featherstone Street, London EC1Y 8QU.

020 7608 5258 / clarel@fpa.org.uk

MEETING SUMMARY – Tuesday 6 December 2011

Public Health White Paper – One Year On

Speaker presentation

Simon Bowen, Director of Public Health & Regeneration for NHS Brent and Brent Council.

Simon began his presentation by setting out the main aspects of the proposed public health system:

- A new integrated public health service – ‘Public Health England’ – will be set up as part of DH.
- Funding ring-fenced within the DH budget
- Public health part of the NHS Commissioning Board’s mandate
- New role for local authorities (LAs) to lead action in ‘health improvement’ and tackle inequalities.
- Directors of Public Health to be strategic leads within LAs, working in partnership with local colleagues.
- LAs will be allocated ring-fenced health improvement funding. A new ‘health premium’ will reward progress to tackle inequalities.
- Requirement to produce a Joint Strategic Needs Assessment and a Health and Wellbeing Strategy overseen.
- Outcomes driven: DH to set Outcomes Framework but local freedom to achieve this

He then talked about the multiple funding and commissioning arrangements of the new system. He said that Public Health England would fund local authority commissioned services.

In terms of commissioning for sexual health services he said that it was proposed that local authorities would be commissioning:

- Contraception
- STI testing and treatment
- Sexual health promotion
- HIV prevention
- Abortion services

He went on to say that the National Commissioning Board would be commissioning HIV treatment and care and primary care services such as

contraception through the GP contract and the Clinical Commissioning Board would be commissioning community based HIV treatment. He said that this seemed to be a fragmented model of commissioning for sexual health services and different parts of sexual health services were being commissioned by different bodies.

He went on to talk about the opportunities and risks of the proposed public health system. He said the opportunities were:

- Significant commitment to public health outcomes
- Local government's major role in health
- Clear identity through Public Health England
- Ringfenced Budget
- Health and Wellbeing Board, the Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies

He said the risks of the proposed system were:

- The financial context of the reforms and restricted budget
- Loss of capacity and capability during the transition
- Fragmentation of sexual health commissioning
- Politicisation of sexual health
- Relative responsibilities and accountabilities
- Lack of clarity on many details

Simon concluded that there were both opportunities and risks with the public health reforms and the intention behind them was welcome. He said that the major risk was financial and unless there are safeguards put in place he believed that sexual and reproductive health services were very vulnerable.

Debate and discussion

The debate focused on how professional bodies and charities can support Directors of Public Health to ensure they have all the evidence they need on sexual health; the potential for the potential for sexual health services such as abortion to become politicised and the make-up of Health and Wellbeing Boards; and which safeguards could be put in place to ensure that sexual health services were not restricted because of lack of funding.