

What do the health reforms mean for PTEs?

Local authorities have taken on new responsibilities for public health

- Primary Care Trusts (PCTs) were abolished on 1st April 2013. Much of the health commissioning they undertook is now led by Clinical Commissioning Groups (CCGs) but not so much the public health functions, including healthy lifestyles.
- Top tier local authorities have taken on responsibilities for public health and receive a ring-fenced budget for this purpose from Public Health England (PHE).
- Local authorities are well placed to tackle the wider determinants of health (e.g. housing, education, transport) and to develop holistic solutions, embracing the full range of local services to address these.
- Public health's role includes a number of responsibilities of relevance to transport e.g. obesity initiatives, increasing physical activity, lifestyle interventions, local interventions on workplace health, tackling social exclusion and air quality.

Opportunity: Local authorities will be looking for the most effective ways of securing health improvement and will want to involve other partners, developing new relationships and approaches.

Directors of Public Health are a key liaison point

- The public health work of local authorities is led by Directors of Public Health (DPHs) who, together with their teams, have moved into local authorities from PCTs.
- DPHs are described as 'a local community's health advisor' and are the principal source of advice to elected members and officials for each top tier local authority.

Opportunity: DPHs are a key liaison point between the health and transport sectors at strategic level. Now would be a good time to make contact with DPHs where strong strategic partnerships do not already exist.

Health and Wellbeing Boards (HWBs) have been established

- HWBs are seen as the coordinators of a locally-led system. They provide a vehicle for partnership working (including on the Joint Strategic Needs Assessment process and strategy development), removing divisions between the NHS and local authorities and giving communities more of a say. They also take account of wider local interventions to support health (e.g. planning policy). The Clinical Commissioning Groups will be key players on the HWB, not least because most money for commissioning will be controlled through their budgets.

Opportunity: HWBs are not expected to include senior strategic input on transport; however, the final membership is up to each board to decide with a statutory minimum of 6. They are free to invite others to sit on the board to maximise the gain from health outcomes and ensure these align with other policy objectives. Interested PTEs can request a place on the board or at least ensure that they have strong links to it (e.g. through the local DPH).

Opportunity: Joint Strategic Needs Assessment (JSNA) continues under the reformed system. JSNA is a process that identifies the current and future health and wellbeing needs of a local population to inform future priorities. If PTEs are not already involved in this process, it would be good to get on board. The best JSNAs include strategic thought about how to encourage growth in active travel.

A new national agency – Public Health England (PHE)

- Formally created in April 2013, PHE supports local authorities in their public health role, providing expertise from across the health system.
- Many regional and local contacts may end up here – PHE has taken responsibility for the functions of a number of agencies including Regional Directors of Public Health and their teams and regional and specialist Public Health Observatories. The Health Improvement Directorate of PHE will be a key point of contact for PTEs.

Other things to be aware of on health

Opportunity: PTEs could sign up to the Government's 'Public Health Responsibility Deal'. It would be a good opportunity to raise the profile of PTEs with Department of Health and to showcase work that is already going on.

The Deal was established to tap into the potential for businesses and other organisations to improve public health and tackle health inequalities through their influence over food, alcohol, physical activity and health in the workplace.

Partners can sign up to the commitments and pledges that are relevant to their work. For example, one of the pledges is 'We will promote and support more active travel (walking and cycling). We will set measurable targets for this health enhancing behaviour.' You can also add individual pledges specific to your organisation and its work. More information on the Deal can be found here: <http://www.dh.gov.uk/en/Publichealth/Publichealthresponsibilitydeal/index.htm>

- New physical activity guidelines were published in July 2011 (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931).
- A new obesity policy was published in October 2011 (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130401).
- NICE has produced new guidance on promoting walking and cycling (see <http://guidance.nice.org.uk/PH41>).

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