HEALTHY LIVES, HEALTHY PEOPLE
OUR STRATEGY FOR PUBLIC HEALTH IN ENGLAND

COMMENTS FROM THE FACULTY OF OCCUPATIONAL MEDICINE

The Faculty of Occupational Medicine welcomes the opportunity to respond to this consultation. We believe that the reorganisation of public health services which is proposed offers exciting opportunities for improved delivery of public health care in England, and that there is a good rationale for bringing local public health services back within the responsibility of local authorities. However, we would caution that while the reorganisation may well bring increased efficiency in the longer term, additional support may be needed in the short-term to cover one-off costs of making the transition.

It will be important to ensure that the proposed ring-fencing of financial support for local public health services is effective. A particular concern is that some local authorities may re-badge certain activities that they already support (e.g. in health promotion) as being part of their new public health service, and use money from the ring-fenced budget to cover them, freeing up the budget from which they were previously funded. If this happens, the net effect will be to transfer resource away from public health to other local authority functions. External controls on creative accounting of this sort are not easy to enforce.

Another critical requirement will be to protect the independence of Directors of Public Health. It would be unsatisfactory if they experienced pressure (or were perceived to be under pressure) to remain silent or inactive in areas that could be embarrassing to their local authority employers. To help promote their independence, we suggest that there should be a statutory duty on Directors of Public Health to publish an annual report on the health and healthcare of the populations for which they are responsible.

We agree that local public health services should be complemented by a national service. However, we urge that the disruption associated with consequent reorganisation be minimised. In particular, we recommend that high quality teams such as the Radiological Protection Division at HPA, which have already been through one fairly recent reorganisation (when HPA was formed), should not be unduly distracted from their important work by the demands of another administrative re-configuration.

We applaud the recognition that the White Paper gives to the importance of work for health, and support the initiatives described in Sections 3.49 to 3.52. However, we are concerned that the evaluation of Fit-for-Work services which is mentioned in Section 3.49 will provide only limited information about their cost-effectiveness (because evaluation was not planned into the interventions from the outset). We are very grateful to Government for the support that it has given to the development of standards and a system of accreditation for occupational health services (Section 3.52). We suggest that a

major priority in the promotion of healthy employment, and particularly the psychological benefits of work, should be the encouragement of good line management.

We note the inclusion of health at work in the Responsibility Deal, and suggest that promotion of good practice will be assisted by stronger evidence that initiatives by employers produce a worthwhile return on investment. Where returns for employers are less, but there are longer term benefits for the country as a whole (e.g. reduced healthcare costs from long-term prevention of chronic disease), there may be a case for Government incentivising activities by employers to improve health.

We welcome the emphasis on evidence-based practice and policy, and the proposal for an NIHR School for Public Health Research. This will need to cover areas such as the inter-relation of work and health (particularly important given projected demographic changes in the national workforce) and environmental health hazards, as well as the assessment of public health interventions that is already funded by NIHR. With regard to the collation of information and intelligence, it will be important to liaise with HSE as well as the other organisations mentioned in Section 4.86.

We note the vision for the public health workforce (Section 4.89), and believe that occupational health professionals can contribute importantly, especially in relation to the health of people of working age and the management of hazards to health in the workplace and arising from industrial activities.

We strongly support the proposal for plain packaging of tobacco products (Section 3.25), which we think is an obvious next step in driving down the prevalence of smoking and the burden of smoking-related disease.

With regard to the role of GPs in public health (Section 4.51), we would highlight also the contribution that they can make to the promotion of health through work. Most of the working population do not have access to specialised occupational health services through their employer, and for them, the main source of advice on work and health is usually their GP. Recent initiatives funded by DWP and DH to improve GPs' understanding of work and health (to which we are pleased to have contributed) have been an important step, but there is still much more work to be done.

Faculty of Occupational Medicine
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