

HEALTHY LIVES, HEALTHY PEOPLE WHITE PAPER - IMPLICATIONS FOR SEXUAL HEALTH

The Government has today launched the white paper, *Healthy Lives, Healthy People*, this sets out a bold vision, announcing **radical reforms to make wellness central to all we do – in health and across government.**

Sexual Health key messages:

- The Public Health White Paper *Healthy Lives, Healthy People* highlights that sexual health services, including STIs, contraception and abortion will in future be commissioned by Public Health England.
- The Department is still considering options for commissioning HIV treatment and care services, including through the National Commissioning Board. Further information will be available shortly.
- The White Paper also announces that a new Sexual health policy document will be published in Spring 2011
- Sexual health services will be part of the ring-fenced budget for Public Health England. Services will remain open-access and are described as being “non-discretionary”.

Sexual health specific references:

Para 5 of Executive Summary: During 2011, the Department of Health will publish documents that build on this new approach, including on mental health, tobacco control, obesity, sexual health, pandemic flu preparedness, health protection and emergency preparedness, together with documents from other government departments addressing many of the wider determinants of health.

Paragraph 1.33: Diagnoses of STIs are increasing. STIs can have serious consequences for health, including infertility. More than 1 in 4 people with HIV are unaware that they are infected and around 1 in 2 new cases are diagnosed too late.

Paragraph 3.16 Good schools will be active promoters of health in childhood and adolescence, because healthy children with high self-esteem learn and behave better at school. Within the current non-statutory personal, social and health education (PSHE) framework, schools will provide age-appropriate teaching on relationships and sexual health, substance misuse, diet, physical activity and some mental health issues. The Department for Education (DfE) will conduct an internal review to determine how they can support schools to improve the quality of all PSHE teaching, including giving teachers the flexibility to use their judgement about how best to deliver PSHE education. Schools will also have a role in tackling these issues as part of their pastoral

role, linking to local agencies and community groups where appropriate. Central government will also bring together a group of experts to identify non-legislative solutions to tackling low levels of body confidence and will take account of their views when developing policy.

Paragraph 3.17 As young people move through their teenage years and make the transition into adulthood, our aim is to strengthen their ability to take control of their lives, within clear boundaries, and help reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol. And they should have easy access to health services they trust, for example accredited 'You're Welcome' young-people-friendly services. Public health funding, alongside the new early intervention grant, will allow local areas to develop a tailored approach that responds to the needs, age and vulnerability of the young person, and particularly targets at-risk groups.

Paragraph 3.43 We will work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for sexually transmitted infections, contraception, abortion, health promotion and prevention). The Department of Health is piloting interventions on alcohol misuse linked to sexual health risks in order to manage broader risk-taking behaviour. We will also publish the results of an evidence review for sexual health which will help develop targeted interventions for particular groups, taking account of their specific needs and motivations.

Paragraph 3.45 Working with other agencies, public health services will also have a role in tackling violence and abuse. In line with the recently published cross-government strategy, *Call to end violence against women and girls*,¹⁰⁰ the Department of Health produced *Improving services for women and child victims of violence*,¹⁰¹ setting out how we will improve the health response to violence, building on the findings and recommendations of an independent taskforce. This includes work to improve access to and the quality of sexual assault referral centres (SARCs), which provide medical examinations, treatments and access to long-term support and counselling. We are taking forward the Government's commitment on sharing non-confidential data on gun and knife crime between hospitals and the police.

Paragraph 4.31 Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government for improving the health and wellbeing of local populations. The ring-fenced budgets will fund both improving population health and wellbeing, and some non-discretionary services, such as open-access sexual health services and certain immunisations. There will be scope, as now, to pool budgets locally in order to support public health work.

SUMMARY OF THE WHITE PAPER

- For the first time in a generation, local government will be given the responsibility, backed by ring-fenced budgets and new freedoms, to make

a major impact on improving people's health and tackling health inequalities in every community.

- Top-down targets will be replaced by a new strategic outcomes framework, focusing effort where it can make the most difference.
- Directors of Public Health will transfer from PCTs to local government where they can bring together work across education, health, transport, leisure and communities through new health and wellbeing boards.
- They will have a ring-fenced budget, and a new health premium rewarding progress on key outcomes and tackling health inequalities.
- Local authorities will have new powers to remove licences from bars and clubs to deal with problem drinking cultures.
- Government will prioritise public health but this is not about telling people what to do. We will be guided by the idea of a '**ladder**' of interventions to determine the least intrusive approach necessary to achieve the desired effect and aim to make voluntary approaches work before resorting to regulation. But we will still intervene where it is justified to prevent health harm.
- We will work across government to tackle the underlying causes of ill-health and poor wellbeing throughout people's lives: including measures to give every child the best start in life (eg investing to increase health visitor numbers, doubling by 2015 the number of families reached through the Family Nurse Partnership programme), making work pay and supporting active ageing.
- Working in partnership with industry and the voluntary sector through the **Public Health Responsibility Deal** to tackle the challenge to public health, by creating an environment that supports informed, balanced, health-improving choices about what we eat and drink and our level of physical activity, and by applying the latest evidence from behavioural science to the actions they implement. Five networks have been set up to focus on food, alcohol, physical activity, health in the workplace and the role of behaviour change.
- A new, dedicated, professional public health service – **Public Health England** – will be set up as part of the Department of Health (incorporating the Health Protection Agency), which will strengthen the national response on emergency preparedness and health protection, and provide a strong hub for evidence, information and evaluation, supporting local efforts.