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Plymouth LINK's response to proposals contained in the Consultation Healthy Lives, Healthy People: Our Strategy for public Health in England

This response is based on feedback themes received by the Plymouth LINK.

Question a) Role of GPs in public health: Are there additional ways in which we can ensure that GPs will continue to play a key role in areas for which Public Health England will take responsibility?

GPs and Public Health should have a strong partnership, working together at all levels at service level, through the Health & Wellbeing Board and at national level (with Public Health England and the NHS Commissioning Board). Delivering public health services should be seen as a joint responsibility between local authorities and GP commissioning. Achieving public health services should form an overarching strategy that both the local authorities and GPs have responsibility to deliver in partnership. Success of the strategy should require, and be measured against targets which require, contribution from all concerned.

Question b) Public Health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

In the consultation on Public Health Outcomes Framework, Plymouth LINK identified the need to consider access to services for all communities as influencing public health. LINKs/HealthWatch can provide valuable data on this and many other areas and should be approached to form a positive partnership with Public Health to add experiential information to the statistics that exist. This will support the available relevance and utility of public health information.

Question c) Public Health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

Employing the expertise of a health psychology or behaviour expert could add insight and training to improve the success of public health across the country. Public health professionals could be trained in areas of behaviour science or have access to expertise to support their work.

Question d) Public Health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

Improving the use of evidence can occur through partnership work to build the evidence – i.e. wider contribution to the evidence, adding a stronger voice. This will support ownership of the picture. Also, through sharing the evidence, so that wider partners have knowledge and can use the evidence to support service delivery. LINKs/HealthWatch could work more closely with Public Health to share knowledge and identify areas of priority.

Question e) Regulation of public health professionals: We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

Plymouth LINK hopes that the opportunity for a system of voluntary regulation would allow for regulation of the most important things (often lacking in statutory regulation) – for example, involving local people, accessibility and user experience. Opportunity to involve local people in regulation (by whatever means) will improve accountability of public health specialists.