

# Royal College of Psychiatrists Consultation Response

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**DATE: 31 March 2011**

**RESPONSE OF:** THE ROYAL COLLEGE OF PSYCHIATRISTS

**RESPONSE TO:** *Healthy Lives, Healthy People*: our strategy for public health in England

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by Dr Kam Bhui, Dr Jonathan Champion and Richard Meier from the Policy Unit at the College.

This consultation was approved by: Dr Laurence Mynors-Wallis, Registrar

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Consultation response for the *Healthy Lives, Healthy People: our strategy for public health* consultation

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

At the national and local levels there must be thorough discussions which lead to an alignment of outcomes between GP consortia and public health, with the health and wellbeing board serving as a facilitator of such discussions.

GP consortia will need to engage with public health priorities; as some of the commissioning that public health will be doing will be buying in through GP consortia an incentive measure can be used to help achieve this.

Mental health and wellbeing outcomes need to be not only included in the public health framework but also in all health observatory indicators, with a panel of data for those working in public health, commissioning and service provision; the standard and breadth of the data will need to be centrally agreed rather than left to local variability and incompatibility.

The College would welcome an extension of the range and number of mental health related outcomes into GP contracts for the delivery of physical health checks and mental health care among people with mental illness.

**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?

The College believes that the Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) model may offer a framework for achieving these aims.

At present, however, one of the biggest limitations on the data held by public health observatories is the reliability of the data that is received from various sources. Furthermore, there are various data items that providers collect to meet the demands of various indicators and therefore public health data may take a backseat.

The new process of commissioning will have to ensure that health and wellbeing boards are utilised to discuss the relevance of data, as well as the process of collection and analysis. An important factor towards this will be to ensure that the various sectors of health and social care have similar outcome frameworks which will enable robust and triangulated data collection from various sources. It will also mean, for example, that the providers will not have to go through the process of prioritising various variables depending on whether it is asked for by CQC or public health.

If the data on public health is recognised by those using it as being robust, then it will be interpreted with much more seriousness. This will then pave the way for it to be used in public education on health and wellbeing, as well as in health economics to design and develop public health interventions.

**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?

The College welcomes the establishment of an NIHR School for Public Health Research. However, there will be little point in establishing such a national facility if local decision-makers are granted powers by central Government to decommission interventions and programmes which are already proven to be effective and are valued by communities (as has happened already, for example, with the recent decision by the Department for Education to remove the ring-fencing of a number of programmes (such as Sure Start) and replace it with a real-terms cuts in funding through the Early Intervention Grant).

Sustainable health services, as well as programmes, are dependent on the education of the population who utilise health services, and the education and training of health service providers and commissioners. Public Health England must play a key role in educating providers and commissioners of the importance of long-term programmes in order to counterbalance any tendency on behalf of local decision-makers to produce quick gains in selected public health profiles which will be looked on favourably.

Public Health England must also play a role in reducing the need for reactive programmes through disseminating the evidence to inform long-term strategies which can be adopted by health and wellbeing boards.

**Question D. *Public health evidence:*** What can wider partners nationally and locally contribute to improving the use of evidence in public health?

Systems must be put in place to ensure that data required for understanding public health is collected through a valid and reliable process which enjoys an equal status to that used for other service data.

**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?

In terms of the role of public mental health professionals, the College asserts the need for mental health specialists to take one of these routes:

- a) training in public health through an accredited training process equivalent to other public health professions;
- b) qualifying in public health through passing an RCP and RCPsych jointly-accredited exam;
- c) following a pathway which is recognised as a special certification in public mental health but not equivalent to public health qualifications and career paths in general.

Non-psychiatrists in the mental health workforce may also benefit from route b (through their own training bodies) or route c, although route A would be the ideal one to follow.

However, an alternative would be to ensure public health specialists are specialist in public *mental* health rather than relying on mental health professions to take up public health roles.

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