Supplementary written evidence submitted by Kate Eveleigh (PHP0123)

1) The various professions and services who were represented, appeared to develop two perspectives. The clinical type services, such as stop smoking, drug and alcohol, weight loss, sexual health, mental health, health visitors/midwifery were well represented and who voiced several concerns. The other, with fewer in number, professionals, associated with the "wider determinants" public health of planning and environmental health, who were more optimistic about public health moving back to local government.

2) In regards to the question about the model of public health, being a good or a bad model, I believe, the "wider determinants" is where the model does work and needs more time (and no cuts) to become established. These "wider determinants" are likely to have delayed, but significantly longer term positive impacts.

3) At the time, in relation to the question about what recommendations the committee should make, I was heartened to hear that there was no plans to fundamentally change the model for the next few years, which would have been my main recommendation. In light of the reflections above, my additional recommendation, is to look at whether there is any guidance/requirements for the CCG to be more involved in the joint commissioning of the more clinical public health services. In many instances, they are associated with NHS trusts and who provide other services, which would overlap with more traditional clinical services.

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