

TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD 13 JUNE 2012

POLICY REVIEW – 14 JUNE 2012

CABINET - 28 JUNE 2012

**DEVELOPMENT OF THE PUBLIC HEALTH VISION AND BUILDING THE TEAM
IN TELFORD AND WREKIN**

REPORT OF THE ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 The transfer of Public Health responsibilities to Councils under the NHS changes, offers a great opportunity to bring more resources to bear on improving the health of local people through aligning existing council funding and programmes with key health and wellbeing priorities. This paper sets out initial thoughts on developing the Vision for Public Health in Telford & Wrekin and a proposed approach to a programme of engagement to inform the development of the vision.

1.2 Developing a robust Public Health vision is just one part of the changing landscape for councils following the passing of the Health & Social Care act. We will need to ensure a coordinated approach encompassing Health & Wellbeing Board priorities and strategy, development of joint commissioning arrangements with the Clinical Commissioning Group (CCG) including Public Health commissioning and supporting the creation of Healthwatch.

1.3 The vision will in due course inform both the approach the council takes in welcoming the opportunities to drive health protection and improvement when the public health functions and responsibilities transfer from April 2013 and the development of an organisational structure to integrate these functions into the Council structure.

2. RECOMMENDATIONS

2.1 Board Members/Members welcome the opportunities offered by the Public Health changes and support the emerging framework (4.11) and vision statement (4.12) as a baseline for wider engagement and consultation

2.2 Board Members/Members support the approach set out to engagement and consultation

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priorities?	
	Yes	<ul style="list-style-type: none"> • Improved lives for all • Vulnerable children and adults are protected • Tackle health inequalities and improve the health and wellbeing of all
	Will the proposals impact on specific groups of people?	
	Yes	<i>Public Health responsibilities will cover the whole population but specific groups at risk of poor health will be targeted.</i>
TARGET COMPLETION/DELIVERY DATE	<i>April 2013 (see key milestones in report)</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>A Public Health 2012/13 shadow budget of £7.773m for Telford and Wrekin was announced in February. The Council and PCT have jointly made representations to the Department of Health detailing their concerns about the amount identified and the methodology used in addition to other relevant issues. The Department have stated that they hope to make a further announcement on the funding formula shortly following feedback from Local Authorities and PCTs, but no local authority will see its grant for 13-14 fall in real terms compared to the baseline estimated for 12-13, other than in exceptional circumstances, to give the greatest possible certainty and to support planning.</p> <p>The consideration of finance and resources is one of the planned key workstreams being undertaken to prepare for the transfer of Public Health responsibilities to the Council from April 2013. This along with the other work required to ensure</p>

		<p>successful transition will require a significant allocation of time from within existing staff resources by both organisations.</p> <p>A ringfenced public health grant will be paid to the Council from 2013/14 onwards to fund the associated day to day responsibilities . The final allocations for 2013-14 will be announced by December 2012.</p>
LEGAL ISSUES	Yes	<p>The Health & Social Care which proposed a duty for the Local Authority to improve the health of the population finally received royal assent on the 27 March and is likely to have an impact upon future priorities of the Council.</p> <p>The Public Health Outcomes Framework was published on the 23 January 2012 and is statutory guidance setting out the desired outcomes for public health and how these will be measured.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Any other risks and opportunities will be appropriately managed and reported if necessary.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 Previous reports have identified the new responsibilities that are placed on local authorities by the Health and Social Care Act in respect of Public Health. In March it was agreed that a further report would be presented in June outlining initial thoughts on a Public Health Vision for Telford and Wrekin Council –this is the next step in developing the vision..

4.2 Before talking about the vision we should be clear what we mean by Public Health services. Current NHS Public Health services can be broken down into 3 main areas:

- **Health protection** – including responsibilities for infectious disease, chemical & other environmental hazards and related emergency planning functions
- **Health improvement** – helping people to live healthy life styles & make healthy choices and reducing health inequalities
- **Healthcare** – reducing the number of people who have to live with preventable ill health and reducing the number of people who die prematurely, thereby reducing the gap between communities

Public Health staff based in the NHS provide some of these functions directly but commission the majority of the services from NHS provider organisations, independent sector providers and the Council.

In addition the Council already has some responsibility for:

- **improving the wider determinants of health** - through services such as housing provision, benefits, leisure, environmental health, education, children’s and adult social care, information and advice.

4.3 The 4 domains, above, make up the new National Public Health Outcomes framework, 2013/2016 with the stated vision of “Improving and protecting the nation’s health and wellbeing and improving the health of the poorest fastest”.

4.5 In developing a new local vision we have to be mindful of current Public Health responsibilities, services and priorities; the new functions and statutory responsibilities set out for local authorities by the Health and Social Care Act (**see Appendix 1**); as well as the opportunities created by the changes to make the most of the synergies gained by bringing together NHS based public health services together with the Council’s services.

4.6 We will also have to take account of the creation of a new national body, Public Health England, and more fully understand the relationship between this new organisation and our local Public Health service.

Developing the Public Health Vision

4.6 The Local Government Association and DoH suggest, and their analysis supports, that most local authorities are moving forward on developing a local vision on the basis that the move of PH responsibilities should not be about the same programs being offered from a different organisation but a complete transformation of the delivery. In taking a transformational approach it is however important to agree the vision and priorities for improving health outcomes before discussing a preferred model of service delivery.

4.7 A snapshot of emerging visions across local authorities suggests some consistent themes are developing in plans to embed PH in local authorities, in particular:

- Integration – Public Health priorities should be integrated within every council function
- Influence – improving health should become an automatic part of the work and culture of the council and partner agencies have an integral role in delivering improvements for healthier lives and environments
- Innovation – taking opportunities for change created by the transfer of responsibilities and the synergies that exist
- Safety – safe and seamless transfer of service to ensure delivery of mandatory functions, including health protection services, building on the service that already exists

4.8 In developing the Vision for Public Health in Telford and Wrekin, account will need to be taken of the new emerging Council Priorities which are as follows:

- **Protect and create jobs by being A ‘Business Supporting, Business Winning Council’**
- **Create ‘better life chances’ for all through improved education and skills**
- **Protect and support vulnerable children and adults**
- **Help people to feel safe and proud of where they Live**
- **Work with communities to ensure clean and well maintained neighbourhoods and streets**
- **Develop housing choices which meet the needs of all**
- **Tackle health inequalities and improve the health and wellbeing of all**

4.9 Linked to the Council's priorities are the proposed Health and Wellbeing priorities which drive the Joint Health and Wellbeing Strategy. These priorities are currently out for consultation – for detail see **Appendix 2**. Indeed public engagement and consultation based on a co-operative approach are fundamental to the development of the vision for Public Health as well as other reforms initiated by the Health and Social Care Act. The engagement approach is set out later in this paper.

4.10 Engagement and consultation with the general public as well as with all other stakeholders are fundamental to the development of our public health vision to ensure community ownership. However to stimulate debate it is helpful to set out an initial position statement regarding the framework within which the vision will be developed and an initial draft vision statement. Each stage of engagement and consultation can influence the development of the vision until the final version is agreed by the end of September 2012.

4.11 Recognising therefore that the Act transfers public health responsibilities to the Council from April 2013 the initial framework thinking suggests:

- Telford & Wrekin should have its own dedicated public health function
- Telford & Wrekin should have its own dedicated Director of Public Health
- A transformational approach should be adopted with the public health function integrated with and impacting on the delivery of other council services rather than just “lifting” the existing service as it stands within the PCT and placing it in the Council as a discrete unchanged unit

The emerging vision will have 3 key components around:

-Improving population health outcomes-driven by the Health & Wellbeing strategy

-The Public Health priorities driver across all council services

-The role of the Director of Public Health and organisational arrangements which assimilate and recognise the key role of Public Health

4.12 An emerging vision statement was set out in Version 9 of the Public Health Transition Plan submitted to the Strategic Health Authority in March 2012 and it is suggested we use the following as the key principles for consultation:

“The Council will aim to:

- Include health in all its policies so that each decision seeks to maximise the health benefit for the investment
- Invest the new ring-fenced grant in high quality public health services
- Encourage health promoting environments, for example, access to green spaces and reducing exposure to environmental pollutants
- Support local communities through community renewal and engagement and the development of social networks
- Tailor services to meet individual needs – based on a holistic approach, focusing on wellness services

- Making effective and sustainable use of all resources

The Council will do this:

- By working with a range of partners including the NHS, LINK/HealthWatch, other statutory agencies and the voluntary sector
- By building on the effective public health services and partnership arrangements which the Council already has in place
- Through services the Council is already responsible for, such as housing, economic and environmental regeneration, strategic planning, education, public protection, leisure, fire and road safety and services for children and young people and adults
- Through engagement and consultation with the public about their health and priorities”

4.13 A vision can be encapsulated within a strap line. Based around the Council’s overarching vision, the strap line used on our Public Health Transition Plan currently, is:

“A Successful, Prosperous and Healthy Community which Offers a Good Quality of Life for all the People of Telford and Wrekin”

Alternatively the vision strap line set out within the national outcomes framework for public health is:

“Improving and protecting the nation’s health and wellbeing (of the population of Telford & Wrekin) and improving the health of the poorest fastest”

4.14 Having set out some initial statements it is important that we follow our council’s objective of engagement and enable participants to understand what public health currently does, what it can do and any opportunities to do it better and more efficiently including ‘co-operatively’ with our community.

4.15 Key stakeholders for engagement are the general public, Public Health employees, members (including Scrutiny), council employees, Council’s Senior Management Team (SMT), T&W Clinical Commissioning Group, other NHS organisations, LINK, Voluntary sector, Shadow Health and Wellbeing Board, Local Strategic Partnership and associated Partnership groups.

4.16 The timeline for engagement and consultation should coordinate with the overall communications timelines around Health & Wellbeing and the plan for Public Health transition and currently proposes:

- **Vision development:** June – September 2012
- **Vision agreed:** end of September 2012
- **Proposed service organisation and structure developed:** October 2012
- **Formal consultation with staff:** Commences November 2012
- **Organisation and structure confirmed:** January 2013
- **Shadow function:** February-March 2013 (for consideration)

- **1st April 2013** – Council assumes full responsibility

4.17 Suggested methods of engagement include:

- SMT workshop with Public Health senior team – June
- Health and Wellbeing Transformation Stakeholder event – 3 July
- Involvement of the Council’s Community Panel
- Existing Boards and partnership group meetings
- Regular meetings with public health staff team

An engagement task and finish group has been formed to take forward the engagement program across the wide ranging health and social care transformation agenda

4.18 Once the Vision is agreed attention will need to turn to the organisational form. Some authorities are further forward in their planning and helpful information about the emerging approaches taken in other local authorities is contained within a number of resource sheets and case studies under the banner of “From transition to transformation in public health” collated by the Local Government Association in conjunction with the Department of Health. They can be accessed via the following link http://www.local.gov.uk/web/quest/media-centre/-/journal_content/56/10171/3374673/NEWS-TEMPLATE

5. PREVIOUS MINUTES

5.1 Cabinet Report – 22.12.2011 – NHS Transformation and Implications for the Council

5.2 Cabinet report – 29.3.2012 – Public Health Update

5.3 Health & Wellbeing Board Report - 22 February 2012

6. BACKGROUND PAPERS

6.1 The White Paper, *Equity and Excellence: Liberating the NHS*

6.2 The White Paper, *Health Lives, Healthy People: Our strategy for public health in England*

6.3 The new public health system: summary factsheet

6.4 Local Government leading for public health: factsheet

6.5 Local government’s new public health functions: factsheet

6.6 The role of the Director of Public Health: factsheet

6.7 Commissioning responsibilities: factsheet

- 6.8 Public health advice to NHS commissioners: factsheet
- 6.9 Professional appraisal and support, and capacity building: factsheet
- 6.10 Public Health Human Resource Concordat (November 2011)
- 6.11 Public Health workforce issues – Local government transition guidance (January 2012)
- 6.12 Public Health transition planning support for primary care trusts and local authorities
- 6.13 The Integrated Approach to Planning and Assurance between DH and the NHS for 2012/13
- 6.14 From Transition to transformation in public health – LGA/DoH Resource Sheets 1, 2, 3, 4, 5 - March 2012
- 6.15 From transition to transformation in public health – LGA/DoH – case Studies

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Appendix 1: Local Authority, Public Health Commissioning responsibilities

LAs will be responsible for (* mandatory services):

- National child measurement programme*
- NHS health check assessments*
- Comprehensive sexual health services*(including testing and treatment for sexually transmitted infections and contraception outside of the GP contract and sexual health promotion and disease prevention)
- The LA role in dealing with health protection incidents, outbreaks and emergencies*
- Ensuring NHS commissioners receive the PH advice they need in respect of strategic planning, procuring services and monitoring & evaluation*
- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- PH services for children and young people aged 5-19 (NHS Commissioning Board will have responsibility for PH commissioning for services for children under 5 – to be reviewed in 2015 with view to unifying responsibility within local government)
- Interventions to tackle obesity
- Locally led nutrition initiatives
- Increasing levels of physical activity
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives in workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

Appendix 2: Telford and Wrekin Priorities

Our Vision “All children and adults living safe, healthy and independent lives through access to timely, appropriate health and social care services”

		Priority	Outcome Measures
C H I L D R E N A D U L T S		Reduce excess weight in children	<ul style="list-style-type: none"> Excess weight in 4-5 year olds Breastfeeding initiation and prevalence
		Reduce teenage pregnancy	<ul style="list-style-type: none"> Under 18 conception rates Reduction in risk taking behaviour
		Improve emotional health and wellbeing	<ul style="list-style-type: none"> Hospital admission rates from self-harm Further measures to be developed and linked to the strategy
		Support people with autism	<ul style="list-style-type: none"> Measures to be developed and linked to the strategy
		Reduce the number of people who smoke	<ul style="list-style-type: none"> Smoking related deaths Smoking attributable hospital admissions Smoking in pregnancy
		Ensure people have a positive experience of health and care services	<ul style="list-style-type: none"> Overall patient experience measures People treated with Dignity and Respect Overall satisfaction with care and support Overall satisfaction of carers with social services
		Improve carers' health and wellbeing	<ul style="list-style-type: none"> Carer-reported quality of life Carers who feel they have been included in discussions about the person they care for Further measures to be developed and linked to the strategy
		Support people to live independently	<ul style="list-style-type: none"> Social care self-directed support Older people who were still at home 91 days after discharge from hospital into reablement services People receiving reablement services who need ongoing support Delayed transfers of care from hospital
		Improve life expectancy and reduce health inequalities	<ul style="list-style-type: none"> Male life expectancy Premature death from CVD Premature death from cancer National cancer screening programme uptake Management and treatment of long term conditions
		Support people with dementia	<ul style="list-style-type: none"> Increase the number of dementia services available
CROSS-CUTTING PRINCIPLES			
EQUITY – ACCESSIBILITY – INTEGRATION – QUALITY – ENGAGEMENT FINANCIAL SUSTAINABILITY – EARLY INTERVENTION and PREVENTION			