

**TELFORD & WREKIN COUNCIL**

**CABINET – 29 MARCH 2012**

**PUBLIC HEALTH UPDATE**

**REPORT OF ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

1.1 This report provides an update on the proposals within the health transformation agenda relating to the transfer of Public Health responsibilities from NHS T&W to the Council.

1.2 The report explains what these responsibilities will be and the transition arrangements that are being put in place to ensure a smooth transition through a shadow year to April 2013 when the Council assumes responsibility for Public Health functions, subject to the Health and Social Care Bill completing its passage through the parliamentary process.

**2. RECOMMENDATIONS**

**2.1 Members note the changes proposed in respect of Public Health responsibilities;**

**2.2 Members endorse the transition plan and approach being taken;**

**2.3 A further report is prepared for H&W Board and members by June 2012 to update on progress and seek approval for a local T&W Vision for Public Health.**

**3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	- Improved lives for all - Vulnerable children and adults are protected
	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>

<b>TARGET COMPLETION/DELIVERY DATE</b>	<i>April 2013 (see key milestones in report)</i>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>A Public Health 2012/13 shadow budget of £7.773m for Telford and Wrekin has recently been announced. The Council and PCT are currently discussing the allocation to determine any need to make representations to the Government about the amount identified and the methodology used.</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 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 .</p>
<b>LEGAL ISSUES</b>	Yes	<p>The Health &amp; Social Care Bill, in its current form, proposes a duty for the Local Authority to improve the health of the population and this could have an impact upon future priorities of the Council.</p> <p>However, the Bill is still being debated in Parliament and may be subject to further change before it is enacted.</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>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	Any other risks and opportunities will be appropriately managed and

		reported if necessary.
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough-wide impact

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

4.1 The White Paper, *Equity and Excellence: Liberating the NHS* published in 2010 set out the Government's vision for the future of a transformed NHS. This was followed by the publication later in the year of the White Paper, *Health Lives, Healthy People: Our strategy for public health in England*. The White paper set out proposals for a new era for Public Health with a commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, faster.

4.2 Subject to the Health and Social Care Bill completing its passage through the parliamentary process, the Bill abolishes the Health Protection Agency (HPA) and National Treatment Agency (Substance Misuse), places a duty on the Secretary of State to promote Public Health (PH) and creates Public Health England (PHE). PHE will focus on national resilience against things like flu pandemics and other health threats, as well as being a 'knowledge bank' for the best and most up to date evidence on behaviour change techniques and monitoring data. It will however have a local delivery function including responsibility (from the HPA) for the day to day management of any outbreak of communicable disease.

4.3 On the 20<sup>th</sup> December 2011 the Government published "The new public health system: summary" and a number of more detailed "factsheets" about proposals for Public Health (PH) in Local Government including:

- "Local Government leading for public health"
- "Local government's new public health functions"
- "The role of the Director of Public Health"
- "Commissioning responsibilities"
- "Public health advice to NHS commissioners"
- "Professional appraisal and support, and capacity building"

#### **Local Government leading for public health**

4.4 The Government states that it is returning responsibility for improving PH to local government for several reasons:

- Population focus – democratically accountable, understanding of environment in which people live, housing, green spaces, work and leisure

- Ability to shape services to meet local needs – direct contact with many residents, expertise in building and sustaining relationships with citizens and local service users
- Ability to influence wider social determinants of health – the conditions in which people are born, grow, live, work and age including the health system
- Ability to tackle health inequalities – social determinants of health already fall within LA's remit – housing, economic & environmental regeneration, strategic planning, education, leisure, public protection, fire and road safety, children & young people's services, etc

### **Local government's new public health functions**

4.5 The Bill will confirm a new duty on LAs to “take such steps as it considers appropriate for improving health of the people in its area” and emphasises that LAs can do this in a number of ways:

- By commissioning a range of services – majority of responsibility devolved to local commissioning but some PH services will be commissioned by National Commissioning Board where they are deeply linked with clinical services or part of primary care contractual arrangements (e.g. national screening and immunisation programmes)
- By the way they operate the planning system
- Through leisure policy and
- Children's & Young people's services and
- Adult Social Care services

4.6 Stresses that political leadership is critical, in particular the “Cabinet lead for health”, but also engagement from all local political leaders. There is an expectation that LAs will wish to commission, rather than directly provide the majority of services (in line with “Open Public Services” White paper).

4.7 The Bill includes a power for the Secretary of State for Health to prescribe that LAs take certain steps in the exercise of public health functions (see Commissioning section below).

### **The role of the Director of Public Health**

4.8 The Bill makes it clear that the Director of PH (DPH) will be responsible for exercising the LA's new PH functions. Each LA acting jointly with the Secretary of State via PHE will appoint an individual known as DPH to have responsibility for PH functions.

4.9 The DPH will be given appropriate status alongside Directors of Children's (DCS) and Adult Social Services (DASS). The Government are seeking an amendment to the Bill adding DPH to the list of Statutory chief officers in the LG & Housing Act 1989. Statutory guidance will then be issued on the responsibilities of the DPH including direct accountability between the DPH and the LA Chief Executive/Managing Director.

4.10 The Managing Director will have formal accountability for the ring-fenced grant delegated on a day to day basis to the DPH. The shadow budget, £7.773m for 2012/13 has just been released and officers from the PCT and Council are currently undertaking an exercise to establish whether we should challenge this allocation . There are concerns about the methodology being used to allocate the funding to LAs and the proportions of the existing total national budget that will go directly to PHE, the National Commissioning Board and Local Authorities.

4.11 Responsibilities include all the new PH functions listed below and production of an annual, published report on the health of the population. The DPH will also be a statutory member of Health & Wellbeing Board and act as lead officer for health and championing health across the whole of the LA's business, working together with DCS, DASS, NHS colleagues, criminal justice partners, Police & Crime commissioners and local communities.

4.12 A specialist trained DPH will be required as set out in the Faculty of PH standards to meet the multi-disciplinary nature of PH, but not limited to medicine. LAs will be expected to support the professional appraisal and development of DPH and PH staff. New DPH appointments will need to involve Public Health England. A PH Workforce Strategy will be published in due course.

### **Commissioning responsibilities**

4.13 LAs will be responsible for (\* mandatory services):

- 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)
- National child measurement programme\*
- Interventions to tackle obesity
- Locally led nutrition initiatives
- Increasing levels of physical activity
- NHS health check assessments\*
- 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

- 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)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The LA role in dealing with health protection incidents, outbreaks and emergencies\*
- 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
- Ensuring NHS commissioners receive the PH advice they need in respect of strategic planning, procuring services and monitoring & evaluation\*

4.14 A provisional decision has been taken to remove abortion provision from LA commissioning responsibility and place with Clinical Commissioning Groups (CCGs).

4.15 The list of commissioning responsibilities is not exclusive and LA may choose to commission a wide variety of services under their health improvement duty.

### **Transition Arrangements**

4.16 A number of guidance documents have been published by the DH in conjunction with the Local Government Association to support the transition process in general and staff transfer in particular. They include Public Health Human Resource Concordat (November 2011), Public Health workforce issues – Local government transition guidance (January 2012) and Public Health transition planning support for primary care trusts and local authorities. A number of issues are still to be resolved at a national level and will be subject of further clarification in due course. TUPE regulations will apply to the transfer of Public Health staff from the NHS to LAs.

4.17 PCT Clusters had to submit a draft PH Transition Plan co produced with Local Authorities to the Strategic Health Authority Cluster by 18 January 2012. A copy is attached as **Appendix 1** . The Plan was rated “green” by the SHA and a further version had to be submitted by the 9 March 2012 (see 4.23).

4.18 The plan sets out our local approach to PH transition, including operation of the PH system during the shadow year – 2012/13, preparation for April 2013 and clear local transition milestones. A Project structure (**Appendix 2**) has been established overseen by a Project Team made up of Senior Officers from the Council and NHS T&W

4.19 Five key workstreams have been identified – Workforce/HR & Accommodation, External Communication & Engagement, Contracting, Finance & Resources and Governance/Assurance & Information systems.

4.20 In addition there is a requirement for T&W Council to set out our vision for PH stating how the Council will use its new responsibilities and resources to put health and wellbeing at the heart of everything we do with the aim of helping people lead healthier lives, both mentally and physically.

4.21 Key PH planning and assurance milestones are:

Date	Actions
Q4 11/12	<p>Agree local transition plan taking account of checklist (<b>See Appendix 3</b>) by March 2012.</p> <p>Develop a communication and engagement plan, first draft produced by March 2012.</p>
Q1 12/13	<p>Agree approach to development and delivery of the PH vision by June 2012.</p>
Q2 12/13	<p>Agree arrangements on PH information requirements and information governance by September 2012.</p>
Q3 12/13	<p>Test arrangements for the delivery of specific PH services, in particular screening and immunisation by October 2012.</p> <p>Test arrangements for the role of PH in Emergency Planning, in particular the role of DPH and LA based PH by October 2012.</p> <p>Ensure early draft of legacy and handover documents produced by October 2012.</p>
Q4 12/13	<p>Ensure final legacy and handover documents produced by January 2013.</p>
In 12/13	<p>Agree arrangements for LA to take on PH functions, staff and contracts/legal agreements on a date to be locally determined.</p> <p>Agree arrangements for the transfer of PH functions, staff and contracts/legal agreements currently held in SHAs that are expected to transfer to PHE on a date to be locally determined.</p>

4.22 Richard Partington, Managing Director has had a meeting with the Public Health Team as part of the staff engagement process in the transition plan.

4.23 An updated version of the Transition Plan had to be submitted to the SHA Cluster by the 9 March. The Cluster indicated this version of the plan needed to demonstrate the Council's engagement in and commitment to Public Health. We were asked to include statements on:

- The council's vision for PH
- Emergency planning arrangements in light of PH transition
- Plans for Joint commissioning arrangements in respect of PH related commissioning
- Healthwatch development
- Progress on development of T&W's Health & Wellbeing Strategy

- Role of T&W's Health & Wellbeing Board in relation to local services which will be commissioned by the NHS Commissioning Board

The latest version of the Transition Plan includes these statements and is attached as **Appendix 4**

4.24 Staff working on each of the project workstreams from both the Council and PCT met together with the Project Steering Group on 13 March to commence the detailed planning for the transition.

4.25 The contents of this report has been discussed by the shadow Health & Wellbeing Board at its meeting on 22 February and the Board supports the recommendations.

## **5. PREVIOUS MINUTES**

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

## **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

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