Southend-on-Sea Borough Council

Agenda Item No.

Report of the Director of Public Health

to

Audit Committee

On

20th June 2012

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Transfer of Public Health Functions to Southend-on-Sea Borough Council

Community Services & Culture Scrutiny Committee
Executive Councillor: Councillor Holdcroft

A Part 1 Public Agenda Item

1.0 Purpose of Report

1.1 To provide an update on the new responsibilities for public health functions that will transfer to the Council from April 2013.

2.0 Recommendations

The Audit Committee is asked to:

2.1 Note the new public health functions the Council will be responsible for from April 2013.
2.2 Note the financial and staffing implications of the transfer of public health responsibilities from the NHS.
2.3 Note the risks and the mitigating actions in place.
2.4 Note the proposal for the Director of Public Health to be seconded to Thurrock Council on a part time basis initially up to 31st March 2013.

3.0 Background

3.1 The Health and Social Care Act (2012), which received Royal Assent on 27th March 2012, sets out the far reaching changes in the way in which NHS and public health services will be organised in England from 1st April 2013. These reforms include transferring responsibilities, resources and functions to newly created organisations including: clinical commissioning groups (CCGs), the NHS Commissioning Board and a national public health agency (Public Health England).

3.2 The leadership of public health at a local level and the bulk of public health responsibilities will transfer from Primary Care Trusts to unitary and upper tier local authorities. As part of this reorganisation local authorities will have a duty

to improve the health of their local population, employ a Director of Public Health, be allocated a ring fenced public health grant and commission a range of services.

3.3 Through the health and wellbeing board, local authorities will lead the development of joint strategic needs assessments and joint health and wellbeing strategies, which will provide the means of integrating local commissioning strategies to ensure a community-wide approach to promoting and protecting the public's health and wellbeing.

3.3 This report provides an overview of the changes to the public health system and the action being taken at a local level to facilitate a smooth and efficient transfer of the local public health function to Southend Council.

4.0 The Public Health White Paper

4.1 The Public Health White Paper "H*ealthy Lives Healthy People: our strategy for public health in England" (2010)*, sets out a vision for a reformed public health system in England. This includes a new integrated national public health service, Public Health England, with unitary and upper tier authorities having a leadership role for public health at a local level.

4.2 Subsequent updates to policy have included: an "Update and Way Forward" (July 2011, a series of fact sheets in December 2011, including "Public Health in Local Government", "Public Health transfer from primary care trusts to local authorities" and the "Public Health England Operating Model".

4.3 Public Health England will be established in April 2013 as an Executive Agency of the Department of Health and will be the authoritative national voice and expert service provider for public health. It will incorporate the current Health Protection Agency, National Treatment Agency, specialist public health observatories, cancer registries and NHS screening programmes including the screening quality assurance reference centre function. Further detail on the role of Public Health England is included in Appendix A.

5.0 Public health functions and responsibilities in Southend-on-Sea Borough Council

5.1 Southend-on-Sea Borough Council will have a role across all three domains of public health from 1st April 2013, which are:

- **health improvement -** including supporting healthy lifestyles and addressing inequalities in health and the wider social influences of health
- **health protection –** ensuring that robust plans are in place to protect the local population from a range of health threats including outbreaks of infectious diseases and environmental hazards and ensuring emergency preparedness. Public Health England will provide specialist public health expertise to support the Council with the delivery of this function
- **health services** - including health service planning, efficiency, audit and evaluation.

All three domains are underpinned by public health intelligence, which analyses, interprets and presents a wide range of data about the population's health and what action can be undertaken to improve it.

5.2 There are a small number of mandatory public health services that the council will need to commission or provide. These include:

- Appropriate access to sexual health services (excluding abortion services which will be commissioned by clinical commissioning groups and Sexual Assault Referral Centres, which will be commissioned by the NHS Commissioning Board)
- The National Child Measurement Programme
- NHS Health Check Assessments
- The duty to ensure that there are plans in place to protect the health of the population
- Ensuring NHS Commissioners receive the public health advice they need.

5.3 The majority of NHS public health functions will transfer to the council. A list of these functions is included in Appendix B. The Council will be largely free to determine its own priorities and services.

6.0 Public health leadership and the role of the Director of Public Health

6.1 The transfer of public health leadership to Southend Council allows action to build on local knowledge and experience and will make it easier to address some of the root causes of ill health and health inequalities. These include housing, the environment, education and employment, transport, spatial planning and measures to tackle poverty.

6.2 The Director of Public Health will have a key part in taking forward the Council's leadership role for public health. As well as being the lead officer for championing health across the whole of the authority's business, the Director of Public Health will be a statutory member of the health and wellbeing board and will be required to produce an annual report on the health of the local population.

6.3 Information and evidence will be central to the new public health system. The Director of Public Health and their team will provide public health expertise, advice and analysis to the clinical commissioning group, health and wellbeing board as well as the NHS Commissioning Board.

6.4 The Director of Public Health will also need to work closely with Public Health England at the local level and the NHS to ensure appropriate public health responses to the whole spectrum of potential problems, from local incidents and outbreaks to full scale emergencies. They will also act as co-chairs of Local Health Resilience Partnerships (LHRPs) with the NHS Commissioning Board lead director for NHS emergency preparedness.
LHRPs will consist of emergency planning leads from health organisations and will ensure effective planning, testing and response for emergencies.

6.5 The Department of Health has issued guidance on the appointment to existing Director of Public Health vacant posts as well as the appointment process post 1st April 2013. Guidance is still awaited on the process for the formal appointment of Directors of Public Health who are currently in post.

7.0 The Public Health Outcomes Framework

7.1 Nationally, three sets of outcomes measures have been published. These relate to NHS delivery, social care and public health.

7.2 The public health outcomes framework concentrates on two high-level outcomes to be achieved across the public health system. These are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

A set of supporting public health indicators has been developed to help focus understanding of progress year by year nationally and locally on those things that matter most to public health (Appendix C).

7.3 It will be for the Council, in partnership with the health and wellbeing board to demonstrate improvements in public health outcomes through achieving progress against those indicators that best reflect local health need, as set out in the Joint Strategic Needs Assessment.

7.5 Local authorities will be rewarded with a new health premium to incentivise action on a small number of indicators that reflect national or local strategic priorities. The indicators included within the health premium include:

- fewer children under 5 will have tooth decay
- people will weigh less
- more women will breastfeed their babies
- fewer over 65s will suffer falls
- fewer people will smoke
- fewer people will die from heart disease and stroke

8.0 Finance

8.1 A ring fenced public health budget, weighted for inequalities will be allocated to upper tier and unitary authorities for the delivery of their new public health responsibilities from 1st April 2013.

8.2 On 7th February 2012, the Department of Health published a report which provided an estimate of baseline public health spend by PCT and local authority area for 2012/13. The main data sources for this exercise were two major collections of financial information from PCTs (undertaken in April and September 2011), which were brought together with information from other sources and uplifted to 2012-13 levels. The second data collection exercise was undertaken with the involvement of each local authority finance lead and chief executive.

8.3 Understanding baseline spend is just the first step in establishing future budgets, and further analysis will build on this in order to determine the final allocations for the local authority ring fenced grant in 2013-14. This will include input from the Advisory Committee on Resource Allocation. Notification of the actual 2013/14 budget is expected at the end of the year.

8.4 For Southend-on-Sea Borough Council the shadow public health spend for 2012 -13 amounts to £5.2m, equivalent to a spend of £30 per head. In comparison the 2012-13 baseline spend for Essex County Council equates to £26 per head and £31 per head for Thurrock Council.

8.5 Work is being undertaken to determine what will this mean in terms of resources available for staffing of a local public health team and commissioning public health services. A number of concerns have been raised with the Department of Health Transition team about the level of the estimated public health baseline spend for Southend. These include:

- The level of funding fails to recognise the extent of health need in the population.
- The population figure used to determine this is based on the Office of National Statistics data rather than GP registered population.

9.0 Public Health Transition in Southend

9.1 As part of the assurance of the NHS and Public Health reforms, all primary care trust clusters were required to produce a Public Health Transition Plan in conjunction with their local authorities by April 2012. The plan is expected to cover the current arrangements for commissioning and delivering public health functions and the future arrangements after 1st April 2013. The Transition Plan should drive the work that is underway to ensure a smooth transfer of functions and resources from primary care trusts to local authorities.

9.2 Since 2007, the arrangements for commissioning of public health functions in Southend have been undertaken by the NHS South East Essex Public Health Directorate, which also covers the populations of Castle Point and Rochford. In order for Southend Council to deliver their new public health responsibilities, a disaggregation exercise to identify respective budgets, workforce and contracts is being undertaken.

9.3 The South Essex Public Health Transition Plan has been developed with the involvement of Thurrock Council, Essex County Council and Southend Council. This describes the principles being used to inform the disaggregation of public health resources in South West and South East Essex.

9.4 There was a requirement that the transition plan should be reviewed by the Regional Director of Public Health before submission to the Department of Health. Positive feedback has been received on the South Essex Public Health Transition Plan, which received a ‘green’ rating.

9.5 When the NHS South Essex PCT cluster (incorporating NHS South West Essex and South East Essex) agreed to have their headquarters in Basildon, it was agreed that the entire South East Essex Public Health team would be co-located with Southend Council in the interim. This occurred on 24th February 2012.

9.6 The consultation on the alignment and co-location of the NHS South East Essex public health team with either Essex County Council or Southend Council commenced on 30th April for 1 month. Staff will transfer to the relevant organisation in July 2012.

9.7 As there is currently only one substantive Director of Public Health in South Essex, an agreement has been reached between Thurrock Council and Southend Council for the current Director of Public Health to work across both Councils. This arrangement will provide Thurrock Council with senior level public health leadership during the transition and provide support to the South West Essex public health staff as they transfer over to Thurrock Council. A formal service level agreement has been drawn up for this arrangement, which will initially be up to 31st March 2013, and subject to review on a quarterly basis.

10 Governance and assurance

10.1 The Director of Public Health for NHS South East Essex and Southend Council is jointly leading the public health transition with the Director of Public Health for NHS South West Essex for the NHS South Essex PCT Cluster. An update of the progress against the South Essex Public Health Transition Plan is provided on a monthly basis to the NHS South Essex Transition Board.

10.2 Southend Council has established a Public Health Transition Working Group to oversee the transfer of public health responsibilities and resource. Time limited task and finish groups will be established to consider some issues in greater detail. There have also been regular reports on public health transition to the shadow Southend Health and Wellbeing Board.

11 Risks

11.1 The risks associated with the public health transition are outlined in the South Essex Public Health Transition Plan. The risks are also included in the Southend Council corporate risk register.

11.2 The major risks are related to:

- Budget allocation from 1st April 2013. Further work is being undertaken at a national level to determine how the population need will be reflected in the allocation. It is expected that the budgets will be published towards the end of 2012
- Ensuring capacity within the public health team to deliver the required functions
- Maintaining public health performance during the transition, particularly in high risk areas such as screening

11.3 A significant amount of work, led by the South East Essex public health team and supported by staff in NHS South Essex and Southend Council is underway to minimise the risks.

12 Other Options

There are no other options as the transfer of public health responsibilities to local authorities is included in the Health and Social Care Act 2012.

13 Reasons for Recommendations

To inform Audit Committee of the new public health responsibilities that will transfer to Southend Council from 1st April 2013.

14 Corporate Implications

14.1 Contribution to Council's Vision & Corporate Priorities

Public health will work across the functions of the Council to contribute to the delivery of the Council's vision and corporate priorities

14.2 Financial Implications

A ring fenced public health budget will be allocated to Southend Council from the Department of Health through Public Health England for the new public health responsibilities

14.3 Legal Implications

It is likely that a number of contracts with providers will be novated.

14.4 People Implications

A consultation has been undertaken with the South East Essex Public Health on the co-location and alignment to either Southend Council or Essex County Council.

14.5 Property Implications

None

14.6 Consultation

A consultation has been undertaken with South East Essex Public Health Staff on the co-location and alignment to either Southend Council or Essex County Council.

14.7 Equalities and Diversity Implications

None

14.8 Risk Assessment

Risks associated with the transfer of public health functions during the transition period and forward into the new arrangements are included in the Southend Council corporate risk register.

14.9 Value for Money

There are no value for money implications

14.10 Community Safety Implications

None

14.11 Environmental Impact

None

15.0 Background Papers

15.1 Documents published by the Department of Health

Healthy lives, healthy people: our strategy for Public Health in England (November 2010)

Healthy lives, healthy people: update and way forward (July 2011)

The new public health system: summary
Public Health in Local Government Factsheets
Public Health England's Operating Model
(all published December 2011)

Healthy lives, healthy people: Improving outcomes and supporting transparency (January 2012)

16.0 Appendices

Appendix A: Public Health England's Operating Model
Appendix B: Commissioning Public Health Services – Local Authority Responsibilities
Appendix C: The Public Health Outcomes Framework

Appendix A - Public Health England's Operating Model

From its establishment in April 2013, Public Health England will be the authoritative national voice and expert service provider for public health. Its three main business functions are:

- **Delivering services**: this will include the delivery of:
  - Specialist public health services to national and local government, the NHS and the public to protect the public against infectious diseases
  - National leadership and co-ordination of the public health response to emergency preparedness and resilience
  - An information and intelligence service to support local action to improve public health outcomes and tackle health inequalities
  - Nationwide communications and interventions to support the public to protect and improve their health.

- **Leading for public health**: this will involve:
  - Working to encourage transparency and accountability across the whole public health system by publishing information on local and national health and wellbeing outcomes and supporting improvement action.
  - Supporting public health policy development through evidence and advice on the operational means to achieve strategic goals

- **Developing the workforce**: Public Health England will support the development of the specialist and wider public health workforce.

The structure of Public Health England is expected to have three elements:

- A national office with four hubs that oversee its locally facing services
- Units that deliver local facing services and act in support of local authorities, other organisations and the public in their area
- A distributed network for some functions, including information and intelligence and quality assurance functions.

Public Health England will be an executive agency of the Department of Health and will have the operational independence and ability to provide impartial, evidence-based information and advice to the Government, public health professionals and the public.

Staff from a range of specialist organisations are coming together to form Public Health England:

- **Health Protection Agency** staff including scientists, doctors, nurses, technicians, emergency planners, analysts and administrators, who identify and respond to health hazards and emergencies caused by infectious disease, hazardous chemicals, poisons or radiation
- **National Treatment Agency for Substance Misuse** staff including clinicians, analysts and experienced drug treatment workers and commissioners from a variety of backgrounds across the health, social care, criminal justice and substance misuse fields, who improve the availability, capacity and effectiveness of drug treatment in England

- **Department of Health staff**, including public health practitioners, whose functions are expected to transfer to Public Health England
- **Public health staff working in strategic health authorities** who currently lead a range of functions including health protection, health improvement and screening, which are expected to transfer to Public Health England
- **Regional and specialist public health observatories** whose staff produce information, data and intelligence on people's health and healthcare for practitioners, policy makers and the wider community
- **Cancer registries and the Cancer Intelligence Network** whose staff are responsible for the collection, analysis, interpretation and dissemination of population-based cancer data
- **National End of Life Care Intelligence Network** whose staff aim to improve the collection and analysis of information related to the quality of care provided to adults reaching the end of life to support the improvement of services
- **NHS Screening Programmes** whose staff lead and support screening programmes in England
- **UK National Screening Committee** which is responsible for providing advice on screening to the UK countries
- **Quality assurance reference centres** whose staff aim to maintain standards in the cancer screening programmes while supporting excellence
- **Public health staff working in primary care trusts** whose **functions are expected to transfer to Public Health England** including consultants in dental public health who work with a range of partners to improve oral health and ensure patient safety and improved quality in dentistry
- **Public health staff working in specialised Commissioning Groups** who support the effective commissioning of specialised services, and the optimal use of healthcare resouces

Appendix B

Commissioning Public Health Services –Local Authority Responsibilities

The new responsibilities of local authorities will include local activity on:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services*
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19)
- Obesity and community nutrition initiatives
- Increasing levels of physical activity in the local population
  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 on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes
- Comprehensive sexual health services **
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Role in dealing with health protection incidents and emergencies
- Promotion of community safety, violence prevention and response
- Local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

Local authorities will commission children's public health services from pregnancy to 5 by 2015, but in the short term the NHS Commissioning Board will be responsible for commissioning health visitors.

* DAAT funding will be received through the public health ring fenced grant.

**Sexual health services: to include testing and treatment for sexually transmitted infections, contraception outside of GP contract and sexual health promotion and disease prevention
Commissioning responsibility for sexual assault services, including sexual assault referral centres, will rest with the NHS Commissioning Board in the short to medium term. It has been provisionally concluded that abortion provision should now remain with the NHS and be commissioned by clinical commissioning groups.

Appendix C - The Public Health Outcomes Framework and Associated Indicators

Vision
To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest. **Outcome measures** 1: Increased healthy life expectancy, i.e. taking account of the health quality and the length of life. 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health	**2 Health improvement**
Objective Improvements against wider factors that affect health and wellbeing and health inequalities	Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators • Children in poverty • *School readiness (Placeholder)* • Pupil absence • First time entrants to the youth justice system • 16-18 year olds not in education, employment or training • People with mental illness or disability in settled accommodation • *People in prison who have a mental illness or significant mental illness (Placeholder)* • Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness • Sickness absence rate • Killed or seriously injured casualties on England's roads • *Domestic abuse (Placeholder)* • *Violent crime (including sexual violence) (Placeholder)* • Re-offending • *The percentage of the population affected by noise (Placeholder)* • Statutory homelessness • Utilisation of green space for exercise/health reasons • Fuel poverty • *Social connectedness (Placeholder)* • *Older people's perception of*	Indicators • Low birth weight of term babies • Breastfeeding • Smoking status at time of delivery • Under 18 conceptions • *Child development at 2-2.5 years (Placeholder)* • Excess weight in 4-5 and 10-11 year olds • Hospital admissions caused by unintentional and deliberate injuries in under 18s • *Emotional wellbeing of looked-after children (Placeholder)* • *Smoking prevalence – 15 year olds (Placeholder)* • Hospital admissions as a result of self-harm • *Diet (Placeholder)* • Excess weight in adults • Proportion of physically active and inactive adults • Smoking prevalence – adult (over 18s) • Successful completion of drug treatment • People entering prison with substance dependence issues who are previously not known to community treatment • Recorded diabetes • Alcohol-related admissions to hospital • *Cancer diagnosed at stage 1 and 2 (Placeholder)* • Cancer screening coverage • Access to non-cancer screening programmes • Take up of the NHS Health Check Programme – by those eligible • Self-reported wellbeing • Falls and injuries in the over 65s

community safety (Placeholder)

3 Health protection

Objective
The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators
• Air pollution
• Chlamydia diagnoses (15-24 year olds)
• Population vaccination coverage
• People presenting with HIV at a late stage of infection
• Treatment completion for tuberculosis
• Public sector organisations with board-approved sustainable development management plans
• *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators
• Infant mortality
• Tooth decay in children aged five
• Mortality from causes considered preventable
• Mortality from all cardiovascular diseases (including heart disease and stroke)
• Mortality from cancer
• Mortality from liver disease
• Mortality from respiratory diseases
• *Mortality from communicable diseases (Placeholder)*
• *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
• Suicide
• *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
• Preventable sight loss
• *Health-related quality of life for older people (Placeholder)*
• Hip fractures in over 65s
• Excess winter deaths
• *Dementia and its impacts (Placeholder)*

*Further development of some indicators is required over the next 10-12 months. Indicators where major development work is required are included in this initial framework as "placeholders"