

TO: HEALTH OVERVIEW AND SCRUTINY PANEL  
3 NOVEMBER 2011

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**PUBLIC HEALTH UPDATE**  
**Director of Adult Social Care and Health**

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this update is to brief Health Overview and Scrutiny Panel on developments nationally and locally following the production of the policy statement; Healthy Lives, Healthy People: Update and Way Forward. In particular, the proposed responsibilities for Local Authorities and those areas yet to be determined.
- 1.2 It also includes a preliminary identification of key issues for Local Authorities. The Berkshire Chief Executives have agreed to consider establishing a formal Transition Board at their meeting in November.

**2 RECOMMENDATION**

- 2.1 The Health Overview and Scrutiny Panel are asked to note this update report.**

**3 SUPPORTING INFORMATION**

**3.1 National Level**

- 3.1.1 The Government have responded to the consultation with a policy statement 'Healthy Lives, Healthy People: Update and Way Forward':-
- Local Authorities will have responsibilities across all three domains of Public Health – Health Improvement, Health Protection and Population Healthcare, and will be required to deliver certain services.
  - Directors of Public Health (DsPH) should be senior officers of Councils\* reporting to Local Authority Chief Executives, but can be shared.
  - Local Authorities and their DsPH will be required to provide advice to Clinical Commissioning Groups.
  - Public Health England will now be an Executive Agency of the Department of Health to ensure greater operational independence, but in a structure that is clearly accountable to the Secretary of State.
  - The government is proposing maximum flexibility of conditions for a ring-fenced grant – no decision as yet on the amount of funding.

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\* Para 2.27 of Healthy Lives, Healthy People: Update and Way Forward - It is a matter for local authorities to determine the precise detail of their own corporate management arrangements, however, given the importance of these new local authority public health functions, the leadership position of the DPH in the local community and the critical health protection functions to be carried out by the DPH on behalf of the local authority, we would expect the DPH to be of Chief Officer status with direct accountability to the Chief Executive for the delivery of local authority public health functions.

## 3.2 **Responsibilities of Local Government**

3.2.1 Local Authorities will be responsible across the three domains of Public Health:-

- Health Protection
- Health Improvement
- Public Health advice to the NHS

3.2.2 The following will be mandatory for Local Authorities to deliver:-

- appropriate access to Sexual Health Services
- measures to protect the health of the population, with the DPH having a duty to ensure there are plans in place for this
- ensuring that NHS Commissioners receive the Public Health advice they need
- the National Child Measurement Programme
- NHS Health Check Assessment
- elements of the Healthy Child Programme

3.2.3 In addition to this, the new responsibilities of Local Authorities will include local activity on:-

- tobacco control;
- alcohol and drug misuse services;
- obesity and community nutrition initiatives
- increasing levels of physical activity in the local population
- assessment and lifestyle interventions as part of the NHS Health Check Programme;
- 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; and
- local initiatives to tackle social exclusion.

3.2.4 Further discussions on:-

- In the original White Paper, there was a proposed split in responsibilities in commissioning for 0-5 years and 5-19 year olds. The government is committed to looking further at the split in Children & Young People area with Local Authorities being responsible for 0-5s in the medium term.

3.2.5 The Department of Health will produce a series of Public Health Reform Updates through the autumn setting out the details of how the new public health system will operate and preparing for the transition. These Updates will allow us to address the outstanding issues identified earlier in this paper. We expect to produce Updates to cover:-

- **The Outcomes Framework:** DH will publish details of the Public Health Outcomes Framework and the outcome measures to be adopted to track progress in improving health and wellbeing.
- **The Public Health England Operating Model:** This will set out details of the accountabilities and relationships across the system; the broad structure of Public Health England and how it will drive the delivery of improved health outcomes. Clarity on the role of Public Health England and how it will operate will enable both local bodies, and those bodies whose functions will become part of Public Health England to plan for 2012/13 with confidence that their actions align with the proposals for implementing Public Health England in April 2013.
- **Public Health in local government and the DPH:** This update will address detail of the role of local government and the proposals for regulations to establish their functions in relation to health protection and public health support for the NHS. The update will address the details of the “core offer” of professional public health support to be made available to the NHS from the DPH and public health team, and finalised commissioning routes.
- **Public Health Funding Regime:** Establishing agreed baselines for public health spend will build confidence in local government and the public health profession. We will continue work to refine local baselines and will go on to set out details of the public health budget and allocations policy, publishing local authority shadow allocations by the end of the year.
- **Workforce:** DH is also developing a Workforce Strategy to ensure the development and supply of a professional public health workforce able to meet the challenges of improving 21<sup>st</sup> century public health. A Strategy Group is in place to achieve this and wider engagement is occurring via the Chair and Public Health England meetings with key stakeholders. We have also heard concerns during the recent listening and consultation exercises on more immediate workforce challenges including terms and conditions and regulation of public health professionals. We will continue to work with local government and public health professionals to consider the evidence and develop proposals to resolve these issues.

3.2.6 In addition to all of this, the Health Select Committee has been looking at Public Health, but has not yet reported. Also the government announced that the Futures Forum will also look at Public Health in its next phase of work.

### 3.3 **Current Work Locally**

3.3.1 Three options for Public Health (in particular DPH) were initially presented in the first paper to the Berkshire Chief Executives Group. A Berkshire Director of Public Health, two DsPH (either East/West or other combination, or each Unitary Authority to have its own). It was agreed to wait until funding envelope was clearer.

#### Funding

3.3.2 In late August, the DH asked PCTs to identify public health funding based on the 2010/11 outturns against a set of agreed headings and definitions. These are broadly the areas that Local Authorities will become responsible for. Chief

Executives were asked to sign off these returns. They were sent to SHA on 9 September.

- 3.3.3 The two Directors of Public Health have produced a governance paper which has also been submitted to the SHA. This is intended to demonstrate how Public Health will be managed in the transition.

#### **4 PROPOSED NEXT STEPS**

- 4.1 Three options still remain broadly the same, funding will be an important determinant alongside working together. Nothing has been ruled out by latest guidance.
- 4.2 The emergence of the policy statement, policy updates and funding, lead to the potential for establishing a 'Berkshire Public Health Transition Group' reporting to the Berkshire Chief Executives Group on a more formal footing as a short life group.
- 4.3 Berkshire Chief Executives have agreed to discuss this in more detail at their November meeting.

#### Contact for further information

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