

**TO: HEALTH OVERVIEW & SCRUTINY PANEL
2 FEBRUARY 2012**

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

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the Health Overview and Scrutiny Panel on the proposed arrangements for the transfer of Public Health functions to Local Authorities in April 2013.

2 RECOMMENDATIONS

The Health Overview and Scrutiny Panel are asked:

- 2.1 To note this updated report.
- 2.2 To ensure representation at the Berkshire East learning event for elected members taking place on 8th February 2012.

3 SUPPORTING INFORMATION

3.1 Overview

- 3.1.1 On 20th December the Secretary of State for Health published policy updates on the new public health system. In a series of factsheets, the roles and responsibilities of local authorities are set out, including specific local authority public health functions, the role of the Director of Public Health and commissioning responsibilities.
- 3.1.2 Local Authorities will have a new duty to promote the health of their population through the health and wellbeing board they will lead the development of joint strategic needs assessments and joint health and well being strategies, which will provide the means of integrating local commissioning strategies and ensuring a community-wide approach to promoting and protecting the public's health and well being.

3.2 Local government leading for public health

- 3.2.1 The role of local government a shaper of place is emphasised as is local authorities' expertise in building and sustaining strong relationships with citizens and service users and their previous experience of tackling health inequalities. Directors of Public Health (DsPH) will be well placed to bring health inequalities considerations to bear across the whole of the authority's business.

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3.2.2 The public health work of local government is envisaged as requiring:

- including health in all policies
- investing the new ring-fenced grant in high quality public health services
- encouraging health promoting environments
- supporting local communities
- tailoring services to individual need
- making effective and sustainable use of all resources, using evidence to direct to areas and groups of greatest need

3.3 Commissioning

3.3.1 The full set of local authority commissioning responsibilities is set out below and the Government expects that local authorities will wish to commission, rather than directly provide the majority of services to engage local communities and the third sector more widely in the provision of public health. It is suggested that local authorities are in an excellent position to test out new and joint approaches to payment by outcomes, such as reducing drug dependency.

3.3.2 Members will be aware that the Bracknell Drug and Alcohol Action Team are one of 8 services nationally piloting payments by results. There is also a ministerial visit on 6th February for the Council.

3.3.3 Members are reminded that local authorities will be responsible for:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (and in the longer term all public health services for children and young people)
- The National Child Measurement Programme
- Interventions to tackle obesity
- Locally led nutrition initiatives
- Increasing levels of physical activity in the local population
- NHS Health Check assessments
- Public mental health services
- Dental public health services
- Accidental injury prevention

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- 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 and screening programmes
- Comprehensive sexual health services (mandatory) (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- Health protection plans for the local population including immunisation and screening (to be required by regulation) (a complex national, regional and local system of emergency and resilience planning is outlined in this factsheet, of which there is not room in this briefing to give details)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The local authority 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
- Provision of public health expertise for NHS healthcare commissions such as providing population health and other data and analysis (described as “key role” for local public health teams).

3.4 Public health advice to NHS Commissioners

While local authorities will be largely free to determine their own priorities they will be required to provide a small number of mandatory services , including providing public health advice to NHS Commissioners. Exactly how this fits into proposals around Commissioning support units is not yet clear.

3.5 Public Health England

3.5.1 Public Health England will be created as a new integrated public health service. It will bring together the national health protection service and nationwide expertise across all three domains of public health.

3.5.2 Public Health England will have three key business functions:

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1. It will deliver services to protect the public's health through a nationwide integrated health protection service, provide information and intelligence to support local public health services and support the public in making healthier choices
2. It will provide leadership to the public health delivery system promoting transparency and accountability by publishing outcomes, building the evidence base, managing relationships with key partners, and supporting national and international policy and scientific development
3. It will support the development of the public health workforce, jointly approaching local authority Directors of Public Health, supporting excellence in public health practice and providing a national voice for the profession

Public Health England will bring together the wide range of public health specialists and bodies into one integrated public health service. Its organisational design will feature:

- A national office including national centres of expertise and hubs that work with the four sectors of the NHS commissioning board
- Units that act in support of local authorities in their area
- A distributed network that allows Public Health England to benefit from locating its information and intelligence and quality assurance expertise alongside NHS and academic partners across the country. Public Health England will be an executive agency of the Department of Health. It will have its own Chief Executive who will have operational independence.

4. CURRENT WORK LOCALLY

4.1 Transition Planning

- 4.1.1 The Department of Health along with the Local Government Association produced a document in January 2012 entitled Public Health transition planning support for primary care trusts and local authorities.
- 4.1.2 There is a requirement for 2012/13, that each PCT cluster must have a comprehensive plan for each local authority/PCT area that will support a robust transition to the new public health system.
- 4.1.3 By the end of March 2012 all PCT clusters should have all integrated plan, including public health transition, which will be assured by SHA clusters. There will be two stages of submissions, with the first set due on 27th January 2012 and the second and final format on 5th April 2012.

4.2 Funding

- 4.2.1 It is expected that the publication of the 2012/13 PCT financial allocations and shadow allocation for each local authority will indicate the level of resources available locally to support the transition.
- 4.2.2 The funding will be a crucial point of understanding the potential structural solutions, given the unique nature of the Berkshire Authorities and the fact that Director of Public Health are currently shared across those authorities.

4.3 Next Steps

- 4.3.1 A working group is established through the Berkshire Chief Executives Group, led by one of the Chief Executives with membership from each UA and the two Directors of Public Health.
- 4.3.2 It is anticipated that this group will recommend potential options for each Local Authority to consider. The transition plans will assist in this regard.

4.4 Further information for Members

- 4.4.1 The Directors of Public Health (Berkshire East) in conjunction with Local Authorities and the LGA has established an education event for elected members of scrutiny panels. Given the wide ranging aspects of public health, the invite was made to all members of the health scrutiny panel and the Chairman & Vice Chairman of the other panels. At the time of publication of this report the following Councillors had indicated their wish to attend:

Councillor Kensall, Councillor Angell, Councillor Thompson, Councillor Leake, Councillor Mrs Angell and Councillor Mrs Temperton.

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