TO: THE EXECUTIVE
13 NOVEMBER 2012

TRANSFERRING PUBLIC HEALTH IN BERKSHIRE
Chief Executive / Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 The purpose of this report is to set out progress towards the transfer of Public Health to Local Authorities in Berkshire and to seek the Executive’s agreement to the recommendations that to establish Public Health as a locality function.

1.2 All authorities are committed to ensuring that Public Health has a safe landing in Local Authorities.

2 RECOMMENDATIONS

That the Executive:-

2.1 agrees that Bracknell Forest acts as the lead authority for the Public Health function in Berkshire;

2.2 agrees the reporting arrangements through the replacement of the Transition Board, with Berkshire Chief Executives and Leaders maintaining oversight;

2.3 agrees the broad structure of the Public Health section within Bracknell Forest and its location in the Adult Social Care, Health & Housing Department;

2.4 agrees to the development of a Joint Agreement to ensure appropriate arrangements are established for the Council to lead in the delivery of Public Health functions for Berkshire;

2.5 notes the process for appointing to the Director of Public Health (DPH) and Assistant Director of Public Health (ADPH) posts and for allocating other staff to the structure;

2.6 agrees that existing Public Health contracts should (unless obviously inappropriate to do so) be extended for 12 months to provide stability; and

2.7 notes that some matters are still being determined and that final details relating to the strategic core will be determined by the Chief Executive in consultation with the Berkshire Leaders and relating to the Bracknell Forest public health team will be determined by the Director of Adult Social Care, Health and Housing in consultation with the Portfolio holder.

3 REASONS FOR RECOMMENDATIONS

3.1 There has been significant progress made in developing the transitional arrangements of Public Health and the development of the model across Berkshire.
3.2 Progress has been directed by the Transition Board initially established by the Berkshire Chief Executives in November 2011 and endorsed by the Berkshire Leaders Group. Since February 2012 this Board has been chaired by the Bracknell Forest Chief Executive.

3.3 Since February regular progress reports have been made to the Berkshire Leaders Group, with Health Portfolio holders invited to attend. However, the formal proposals/recommendations require the approval of each Council’s Executive.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 This is a new legislative requirement. It is not an option to not respond and each Unitary Authority having its own DPH would be unaffordable.

5 SUPPORTING INFORMATION

5.1 Background and Context

5.1.1 The Health and Social Care Act 2012 confirms the relocation of Public Health functions, resources and commissioning responsibilities from the NHS into Local Government. Local authorities will be required to discharge their statutory public health responsibilities, detailed in the Public Health Outcomes Framework 2012 from 1 April 2013.

5.1.2 The framework identifies four specific domains that local authorities are required to focus on:

- Domain 1 - Improving the wider determinants of health;
- Domain 2 - Health improvement;
- Domain 3 - Health protection;
- Domain 4 - Healthcare public health and preventing premature mortality

5.1.3 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

5.1.4 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.

5.1.5 The Act has major implications for the local health system and the relationship between that system and local government. In particular it provides for the:
• Abolition of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) and the establishment of Clinical Commissioning Groups (CCGs), led by GPs, to commission health services locally;
• Transfers responsibility for public health to local government; and
• Places a responsibility on Local Government to provide Public Health advice and intelligence back to CCGs and the NHS Commissioning Board;
• Requires councils to establish Health and Wellbeing Boards;
• GPs will have responsibility for commissioning a wide range of healthcare services, with some exceptions. The Act allows GPs to join together in consortia, and to commission services in the ways that they judge will deliver the best outcomes for patients.

5.1.6 At present, public health is provided by the PCT on an east/west Berkshire basis with one DPH responsible for the three west Berkshire Council areas and another responsible for the three east Councils. At a very early stage it was recognised that the appointment of a separate DPH and associated infrastructure by each of the six Councils was unaffordable.

5.1.7 Following on from this, after detailed discussions the Transition Board concluded that the preferred position for each of the six unitaries, supported by Chief Executives and Leaders is for a one principal DPH, subject to a programme of evaluation confirming that this is a viable option. This preferred option was communicated to the PCT in February 2012.

5.1.8 The development of the options for delivery and management of the transferring Public Health functions was undertaken by a Governance and Structure Working Group, reporting to the Transition Programme Board and led by the Director of Adult Social Care, Health & Housing (DASCHH) at Bracknell Forest Council (BFC). The proposed model was considered and endorsed by the Berkshire Chief Executives and the Berkshire Leaders and Portfolio Holders in May 2012. The proposed model has also been supported by the Strategic Health Authority.

5.1.9 This paper sets out the collaboration that has taken place and affirms the commitment of Councils to effectively integrating Public Health as part of Council’s functions. This has been developed into a framework that leads to an effective and efficient Public Health model with two key objectives:-
• To provide real focus and interventions for the local issues and concerns, not only around the health element but also to consider the wider determinants of health as highlighted in the Marmot Report published in February 2010;
• To establish a public health function that could work across Berkshire and deliver real collaborative sustainable change and efficiencies that would make a real difference to health outcomes and demonstrate real value for money.
5.2 **Public Health Structure**

5.2.1 The detailed structure is set out in Annexe 1 to this report. The DPH will have a core team that reports and is co-located to support them in providing Public Health leadership to all authorities. Key ingredients of this will be:
- Health Protection
- PH Intelligence (JSNA, DPH Report)
- Data Analysis
- Screening and Immunisation Co-ordination
- Epidemiologist

5.2.2 It is proposed that the principal DPH will report to the DASCHH in BFC and clearly they will need to establish relationships with each authority at Executive and management team level.

5.2.3 At the unitary level, there will be a Consultant in Public Health (CiPH), again supported by a small team. The post will be managed in line with each Unitary Authorities own arrangements with a clinical/professional accountability to the DPH, which is important.

5.2.4 The CiPH will be the strategic PH lead within the Unitary Authority, taking their steer from and providing advice to the Health and Wellbeing Board. The CiPH may specialise in a specific domain of the PH Outcomes Framework but be proficient across the full range of PH disciplines. Essentially, this describes a matrix managerial structure.

5.2.5 The other team roles will essentially be locality focussed, driving the local priorities, supporting the delivery of cross border collaborative programmes of work, as appropriate, that will deliver economies of scale to maximise the 'bang for our buck'. Levels of inequalities, deprivation, and issues around the wider determinants of health will vary in intensity and prevalence from Unitary Authority to Unitary Authority, such variation will necessitate different capacity levels.

5.2.6 Within BFC, it is proposed that the CiPH role and their team will be based in ASCHH, whilst recognising the role is one that will interact with all parts of the Council.

5.2.7 As part of the development of the structure, Job Descriptions and Person Specifications for the principal DPH for Berkshire and the Lead Consultant role that will be located within each of the Unitary Authority have been developed. This now includes all of the roles in the structure. Consultation with the DPHs and CiPH took place from 23 July 2012 for a month. Consultation for the remaining staff took place from 1 October 2012, again for a month.

5.2.8 Following the consultation period the recruitment process for the principal DPH began. The process was "ringfenced" to the two existing DPHs for Berks East and Berks West. The process itself was to a large extent governed by National Guidance from the Department of Health, The Faculty of Public Health and the Local Government Association. This consisted of:
- Formal approval of the Job Description and Person Specification;
- Formal "declaration if interest" by the two existing DPHs
- Completion of Assessment Centre
- Interview with the Consultative Panel, membership drawn for each of the six Unitary Authorities, predominantly Elected Members
• Appointments Advisory Committee (AAC) interview

5.2.9 Following the two panel interviews the AAC recommended that neither candidate met the full criteria to be appointed as principal DPH. As a consequence of this, recruitment consultants have been engaged to secure a principal DPH through a national advertisement. It is anticipated the final selection process will be undertaken in late November, early December 2012.

5.2.10 The structural design that has been developed calls for a Lead Consultant that is employed by the individual Unitary Authority who will take the lead locally for delivering against the public health outcomes framework. They will also hold a brief for ensuring that economies of scale are realised by collaborative working across Berkshire when the conditions for collaboration are met.

5.2.11 Consultation with NHS Public Health staff who fit this criteria commenced at the same time as the consultation with the two Directors. The process, although similar, is more complex due to the need to co-ordinate interview panels and assessment centres.

5.3 Hosting Arrangements

5.3.1 The Transition Board has representatives from each Unitary Authority, the PCT and DPHs and more latterly, CCG representatives. As outlined above, since February 2012 the Board has been chaired by Timothy Wheadon, Chief Executive of Bracknell Forest Council. Membership of the Board is:-

5.3.2 The approach to have a principal DPH for Berkshire inevitably leads to a need to establish one authority as the ‘lead’ for the wider Public Health function. The Chief Executives Group asked Bracknell Forest to act as the lead for the strategic Public Health function which the Executive is asked to endorse.

5.4 Governance Arrangements 2013 and Beyond

5.4.1 The Transition Board will have achieved its remit once the successful transition of Public Health has been achieved. However, given the collaborative approach which has been agreed, it will need to be supported by a Public Health Board across the Authorities. Legal advice on how best to achieve this will be obtained.

5.4.2 The intention is not to set up a bureaucratic system, but to ensure there is regular dialogue across the authorities to maximise the opportunities for sharing approaches, minimising costs and agreeing priorities.

5.4.3 There will be a need to establish terms of reference for this group, which will be chaired by the DPH in conjunction with the Chief Executive and DASCHH in BFC, who is the lead Chief Executive and Director at the host Council.
5.4.4 The work of the group will be overseen by the Berkshire Chief Executives Group and Leaders Group.

5.5 Memorandum of Agreement

5.5.1 The establishment of the lead arrangement will require a Joint Agreement to be developed in order to set out financial terms and the details around the agreement. There are examples of such agreements for other ‘shared services’ which can be drawn on.

5.5.2 It is anticipated that this will also be required in funding current contracts as they straddle more than one authority in many cases.

5.5.3 It is recognised that all of this will have to be established within the funding envelope determined by the DH in its final funding allocation.

5.6 Finance and Contracts

5.6.1 At the current time, there are only indicative budgets for the Public Health transfer. Nationally, there is a six fold variation in the funding of Public Health in the PCTs. The Finance and Contracts Workstream have been working to understand the finance implications of the arrangements transferring.

5.6.2 The following sub groups have been established and are undertaking a more detailed analysis of the contracts and spend using the 2011/12 data (this is the program spend and not staffing spend). These work groups are as follows:-

- Acute Contracts
- Community Contracts
- GP provided services
- Other (inc. Drug, smoking etc.)

5.6.3 Each workstream is being led by one of the six Unitary Authorities and has Finance, Contracts/Commissioning (from PCT and Unitary Authorities) and Public Health as part of the group membership.

5.6.4 The initial data for 2011/12 has been produced by the PCT and this has been converted into a data pack (in the same formats that were produced for the 2010/11 data) for each of the sub groups to use to ensure that the control total is maintained. Each of the working groups will be completing a detailed template (which has been reviewed and slightly amended following feedback from the working groups) to capture the required information in a consistent format. This may not capture all the data required, but should provide a more detailed picture of the likely commitments and contracts.

5.6.5 It is proposed to extend most of the Public Health service delivery contracts for 12 months subject to evaluation. This will allow more detailed work to be undertaken about usage in each Unitary Authority area, to aid future planning. Additionally, this will provide reassurance for providers and stability during the process of change.

5.6.6 The Government has announced indicative budgets and set out that there should be no reduction in funding. It has also signalled its intent to look to a formula funding and consideration of a ‘pace of change’ calculation. This is how quickly one would move from the original allocation to the formula.
5.6.7 The implications of the formula when announced will be reported to the Executive at a future date. It is recognised that the resources available will determine the services available. It is also likely to be a ringfenced grant in the first instance.

5.7 Future Developments

5.7.1 There is no doubt that this is a complex transfer of functions, given the circumstances in Berkshire. A number of detailed issues remain outstanding and will be progressed over the coming months. Those relating to the Strategic Core will be resolved by the Transition Board, reporting to the Berkshire Chief Executives and Berkshire Leaders Groups, whilst those relating to the Public Health function within Bracknell Forest will be considered and resolved by the Chief Executive, Director of Adult Social Care, Health and Housing and relevant portfolio holder. Meanwhile, the DASCHH has kept the Health Overview & Scrutiny Panel and the Health and Well Being Board appraised of developments on a regular basis. As issues become clearer, however, it will be important to arrange a Member Briefing in the New Year so that all Members are informed about the plans for public health and the opportunities these afford to the Council.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 Comments from the Borough Solicitor has been incorporated into this report. There will need to be significant further input from Legal Services in connection with the transfer of the Public Health function and the Borough Solicitor will join the pan Berkshire Transition Board until April 2013 to ensure that this is achieved.

Borough Treasurer

6.2 Whilst it is clear that there will be financial implications arising from the proposed transfer, it is not yet clear what they are due to the uncertainties outlined in the paper, in particular that the value of the ring fenced grant which will be made to Local Authorities to fund Public Health, has not yet been confirmed. Although the Government has indicated that there will be no reduction in funding, it is not yet clear that the amount of funding will cover the commitments that the Councils will inherit.

6.3 It should also be noted that the structure outlined, with the strong emphasis on developing collaborative approaches across authority boundaries, should lead to efficiencies, and also implies that there joint arrangements will be required, and the details of these need to be worked through.

Equalities Impact Assessment

6.4 The DH has produced an EIA as part of the transfer.

Strategic Risk Management Issues

6.5 The transfer of Public Health has been recognised in the departmental risk register. In particular, this relates to the uncertainty around the transfer of funding.
7 CONSULTATION

Principal Groups Consulted

7.1 All Local Authorities in Berkshire and PCT Cluster.

Method of Consultation

7.2 Public Health Transition Board

Background Papers

Health & Social Care Act (http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)

CDH Guidance on appointment of DPHs

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