

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
24 JANUARY 2013**

**PUBLIC HEALTH UPDATE
Strategic Director of Public Health**

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide a further update to the Health Overview and Scrutiny Panel on the emerging arrangements for the transfer of Public Health functions to Local Authorities in April 2013. The last update was on 27 September 2012.

2. RECOMMENDATION

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

3. BACKGROUND AND CONTEXT

- 3.1 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.
- 3.2 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
- 3.3 In the past few months, the final version of the public health outcomes framework has been published which details the indicators that will be used to monitor each Local Authority.
- 3.4 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 Director of Public Health 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
- 3.5 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.

4 PROGRESS SO FAR

4.1 The framework which has been developed for public health within Berkshire has two key objectives:

- To provide real focus and interventions for the local issues and concerns, not only round 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.

The process of transition has been overseen by a Board, chaired by the Chief Executive of Bracknell Forest Council (BFC) with representation from each Unitary Authority (UA), PCT, CCG and the Strategic Health Authority.

Over the past few months, the established working groups have continued to progress the transition issues.

4.2 HR and Communications

4.2.1 These groups have combined as a result of the need to closely align the communications with the detailed HR processes that are underway.

4.2.2 The primary task of the groups has been to implement the new Public health structure. In this structure the single Strategic Director of Public Health (SDPH) will have a core team that undertakes a number of key tasks across Berkshire:-

- Health Protection
- PH Intelligence (JSNA, DPH Report)
- Data Analysis
- Screening and Immunisation Co-ordination
- Epidemiologist

4.2.3 For day to day management purposes, the SDPH will report to the Director of Adult Social Care, Health and Housing (DASCHH) in BFC as the host. It is essential that they will need to establish relationships with each authority at Executive and

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management team level. The SDPH will be a member of the Bracknell Forest Health and Well Being Board.

- 4.2.4 Following a recruitment process involving all six UAs, Dr Lise Llewellyn was appointed SDPH and took up her role on 2 January 2013, she is based in Time Square.
- 4.2.5 Within Bracknell in addition, there will be a Consultant in Public Health (CiPH), supported by a small team. The post will be managed by the DASCHH with a clinical/professional accountability to the SDPH. This post is currently advertised and the interviews are scheduled for week commencing 14 January 2013.
- 4.2.6 The CiPH will be the Public Health lead within BFC leading local work, and supporting and providing advice to the Health and Well Being Board. The CiPH will also support the CCGs and manage shared work across Berkshire – they may specialise in a specific domain of the Public Health Outcomes Framework but will be proficient across the full range of Public Health disciplines.
- 4.2.7 Supporting the local consultant, the other team roles will essentially be Project Managers, driving the local priorities, but will also support the delivery of cross border collaborative programmes of work, as appropriate, that will deliver economies of scale to maximise the 'bang for our buck' and encourage the sharing of good practice. Essentially, this describes a matrix managerial structure. All staff working in Public Health have been allocated roles in the new structure.
- 4.2.8 Within BFC, it is proposed that the CiPH role and their team will be based in Adult Social Care, Health and Housing, whilst recognising the role is one that will interact with all parts of the Council and providing advice to the Health and Well Being Board.
- 4.2.9 It is anticipated that staff in the core team as well as the Bracknell team will begin the physical move to Time Square during January 2013.

4.3 Governance and Structures Working Group

- 4.3.1 The work of this group has now largely been completed. This group was established following the Transition Board meeting in April and tasked with designing the proposed structures for the Public Health teams that will be embedded in each of the UAs as of 1 April 2013.
- 4.3.2 A revised group has now been started to develop the partnerships agreements that will underpin the collaborative way of working to ensure that there are transparent and fair for all parties. This group will make recommendations to the Transition Steering Group.

4.4 Information Management & Technology Working Group

- 4.4.1 This workstream has made good progress and has continued working in its sub groups
 - Information governance & security and its dependencies;
 - Identification and recording of information/intelligence assets and liabilities;
 - Information and intelligence allied to commissioning cycles;
 - Supporting information/intelligence infrastructure and standards;
 - Core offer to the NHS

Within Bracknell, all members of the core and local team will receive training to ensure local compliance with information governance standards. The information required and

used to support the Public Health function has been mapped to ensure that access continues post April 2013. The Public Health team has been identified as a part of the new CCGs to ensure access to NHS information from the Commissioning Support Unit to support health care advice and analysis as part of the core offer.

- 4.4.2 The Transition Board has secured the ongoing support from Berkshire Shared Services for the next 12 months to ensure a smooth transition and handover of historic and all relevant information.

4.5 Emergency Planning Working Group

- 4.5.1 The Emergency Planning Working Group was, at the time of submission of the transition plan, deemed to be of a lower priority for the UAs whilst planning and testing of plans for London 2012 was reaching a critical stage.
- 4.5.2 This Working Group has now been implemented and the vast majority of the work plan has been completed and the necessary transfer arrangements are identified and either implemented or ready to be implemented.

4.6 Finance & Funding

- 4.6.1 Over the past few months, work has been undertaken to review the current PCT expenditure/budgets allocated to Public Health across the East and West of the County. This work has allowed an understanding of the potential liabilities that will need to be addressed when the Councils become responsible for this service post April 2013.
- 4.6.2 Work is now underway to agree the basis upon which the costs of the Public Health function will be shared by the UAs, and to agree how the commissioning, procurement and contract management function will be discharged. This will be presented to the Transition Board in January.
- 4.6.3 This work will ensure that BFC has a clear mandate for the management of the core team and contracts with clarity and transparency over the risks and liabilities.
- 4.6.4 Disappointingly at the time of writing this report, the Public Health allocation has still not been received. The original date for the allocation was 19 December 2012, however, this has delayed to mid January to allow for a two year settlement to be delivered. The Health Overview and Scrutiny Panel will be updated at the time of their meeting on the current position.

5 RISKS AND ISSUES

- 5.1 Overall, a number of the risks have been identified and are being managed by the individual workstream leads although all risks have been escalated to programme level. The major risk continues to be any possible misalignment between the new allocation and the current pattern of spend. The team will continue to monitor this and address any issues through contract management.

6 CONCLUSION

- 6.1 Considerable progress has been made on the arrangements for transfer via the Working Groups. The most significant development has been the transfer of staff into the local and core teams. The transition programme is on target for all key milestones and following the receipt of the allocation, the transition team will confirm the programme of services to be commissioned from April 2013.

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