

To: EXECUTIVE
20 October 2020

**Future Public Health arrangements for East Berkshire
Director Place Planning and Regeneration**

1 Purpose of Report

- 1.1 To lay out the rationale for altering the current arrangements for public health across Eastern Berkshire (which covers Slough, RBWM and Bracknell Forest). To request support to proceed with developing a shared Director role, a hub team to support local public health teams in each of the above three Local Authorities.

2 Recommendation

- 2.1 **That the Executive agree the new East Berkshire arrangements for Public Health delivery; and**
- 2.2 **The current Berkshire-wide Public Health arrangements are dissolved, and the new system put in place, including the appointment of a Joint Director of Public Health for East Berkshire and Frimley ICS**

3 Reasons for Recommendation(S)

- 3.1 Since 2013 the Berkshire Public Health System has operated on a hub and spoke model with Public Health teams within in each of the six unitary authorities supported by a Shared Strategic Director of Public Health and a Shared Team hosted by Bracknell Forest Council.
- 3.2 The overall aim of the Berkshire Public Health System is to deliver the core public health duty for local authorities which is to take steps to improve the health of residents and decrease health inequalities. To meet the needs of our residents, this will require action, not only from the Council but also across our system of public services, on the wider determinants of health, health improvement, health protection and the design of health and care services.
- 3.3 National policy supports the importance of prevention of ill health – through the green paper for prevention and the NHS Long Term Plan. Locally the Joint Health & Wellbeing Strategies support increased activity to promote good health and prevent ill health. Action to prevent and manage risks for ill health have become more urgent with the recognition that risks for heart disease and stroke increase the likelihood of harm from Covid.
- 3.4 Upper tier Local Authorities receive a per capita ring-fenced grant for public health of circa £38m across Berkshire. In the three authorities in the East of the county, this totals around 17m, around half to Slough and smaller grants to RBWM and Bracknell Forest. Each authority spends different proportions of its allocation on staffing local public health teams with varying contract values and investments in broader services and programmes for public health.

- 3.5 Berkshire Chief Executives collectively oversee the functioning of the public health system through the Public Health System Board. Increasingly, they have been concerned about the ability of the public health set up to deliver what they needed, to lead across organisations to improve health, prevent illness and decrease demand for health and care services.
- 3.6 In 2019 Berkshire Chief Executives requested a review. They considered the effectiveness of the current model, the changing context and opportunities for public health, current costs, and alternate models. They recommended dissolving the current arrangement and moving to two hub and spoke arrangements across East and West Berkshire aligning with the health arrangements in these two distinct areas.
- 3.7 As the recommendation was made the Covid-19 pandemic arrived and halted much of the progress in shifting to a new model. With increasing responsibility at a local level and the current Director of Public Health planning to move on early in the New Year, there is an urgency in progressing the new arrangements and appointing a Director of Public Health for the three Local Authorities in the East of Berkshire.

4 Alternative Options Considered

- 4.1 Current Public Health arrangements could be retained with a single Director of Public Health working across the whole of Berkshire. However this is not considered to align with the health arrangements across the geography and the ICS, which covers Eastern Berkshire. The Pandemic has also demonstrated the need for more focussed resources in the locality to deal with the ongoing outbreak management and future health needs that may arise as a result of the pandemic.

5 Supporting Information

- 5.1 Whilst other authorities share public health teams, Berkshire's is the only public health system in the country with 6 upper tier Authorities sharing one Director of Public Health. 30/152 LAs have shared arrangements the majority are between 2 LAs, one between 3. Our joint arrangements have lasted longer than most, with many councils across the country dissolving joint roles in recent years.
- 5.2 There are some strengths in our shared set up, particularly the local leadership of public health teams in each LA supported by a hub team. Improved health and reduced health inequalities cannot be delivered by public health teams alone and the most effective public health approaches work across council services to create 'places' where it is easy to be healthy and deliver services that prevent ill health and promote resilience. The hub and spoke set up reduces duplication and shares costs but allows for different local priorities across each council area to meet the needs of varied populations.
- 5.3 The Director role is particularly stretched across six LAs. The capacity of the role is reduced by the practicalities of travel across the county and the number of required boards and partnership meetings.
- 5.4 Recruitment to DPH roles is challenging and the current postholder plans to move on in the New Year. This provides a natural opportunity to change the role in Berkshire to make it more efficient and attractive.

- 5.5 Berkshire Authorities attract limited grant support for public health (circa 17m across the 3 LAs) and separate teams for each authority are unaffordable.
- 5.6 The Berkshire model was designed at a time when Public Health services were largely commissioned on a Berkshire wide footprint and CCGs were coterminous with Boroughs. This is no longer the case, with Public Health capacity spread across 2 quite different systems, Frimley Health & Care in the east of the County and Berkshire West ICP, part of the Buckinghamshire, Oxfordshire and Berkshire West ICS. These ICS/Ps offer real opportunities to further improve health and wellbeing which are not being maximised in the current set up.
- 5.7 As well as the public health teams in Berkshire, Frimley ICS works with Surrey and Hampshire County Councils for Surrey Heath and North East Hants & Farnham. There is a need to coordinate a shared public health input into Frimley to ensure all the teams contribute effectively and that Frimley receives coherent support.
- 5.8 Public Health Services (including Health visiting, School Nursing, NHS Health Checks; Healthy Lifestyles; Substance Misuse; Sexual Health) are commissioned on a mix of single county and multi borough partnerships, primarily divided between the East and the West of the County. Other services are commissioned on single borough footprints.
- 5.9 Under the Health and Social Care Act, Directors of Public Health are responsible for the local authority's contribution to Health Protection, including the LAs roles in planning for and responding to incidents that present a threat to the public's health such as coronavirus.
- 5.10 A key statutory role for LA public health is supporting NHS commissioners with the design and evaluation of health services to meet local need. Co-terminosity of any arrangement with NHS organisations is seen as a common sense requirement.
- 5.11 There was recognition that incorporating more public health thinking into LA and NHS services could improve demand management and inequalities as well as health and wellbeing outcomes for residents.
- 5.12 As well as the public health teams in Berkshire, Frimley ICS works with Surrey and Hampshire County Councils for Surrey Heath and North East Hants & Farnham. There is a need to coordinate a shared public health input into Frimley to ensure all the teams contribute effectively.
- 5.13 Taking into account the points made above, the Chief Executives concluded that;
- a. Change was needed to enhance both the efficiency and impact of public health.
 - b. That a shared arrangement across the 3 local authorities in the East of Berkshire was preferable to individual public health teams.
 - c. To integrate the DPH role into the ICS,
 - d. To retain a hub and spoke model and include the DPH post as an integral part of the LAs and ICS.

The Proposal

- 5.14 The proposal is to dissolve the current arrangement between the six LAs and move to an arrangement between Slough Borough Council RBWM and Bracknell Forest Council and the Frimley ICS.
- 5.15 A shared Director of Public Health role for East Berkshire will lead the public health system, working closely with the local authorities and partners across the integrated care partnership. There will also be a hub team providing health intelligence, health protection and commissioning support to support public health teams in each local authority (see appendix 1).
- 5.16 The shared team commissioning function will sit within Bracknell Forest commissioning team with a view to LAs taking on the commissioning of particular services on behalf of the others as opportunities arise.
- 5.17 The opportunity we have by doing this together is to;
- Improve the health of our population and reduce inequalities to improve outcomes for our residents and reduce demand for services.
 - Retain the local nature of public health, enabling local needs to be prioritised.
 - Improve the value from our investment in public health capacity – to make Public Health more visible, engaged, integrated and most importantly, effective, across the Local Authorities.
 - Enable more coherent support to the ICS, coordinating PH engagement across the ICS.
 - Improve value for money from Public Health contracts

Director of Public Health role

- 5.18 Bracknell Forest Council will lead the recruitment of this role, with full engagement from all parties. They will provide line management for the DPH but accountability will be to all 4 chief executives (the Authorities and the CCG) through a new DPH accountability Board. This body will sign off an annual work programme and undertake the Director's appraisal.
- 5.19 The role will have Director level influence in each Local Authority. The DPH will have a seat at the 'top table', access to the Chief Executives and lead Members and be party to resource and priority decisions for public health programmes, including those funded from the public health grant.
- 5.20 While the DPH may not line manage the local Public Health Consultants, they will provide professional supervision, influence their work programmes and participate in their appraisal.

Finance

- 5.21 It is recognised that this new model will increase the costs of provision of the public health hub compared to the Shared Team in the region of £65k per Local Authority alongside a £100k contribution from the Frimley Collaborative/ICS. This NHS contribution will part fund the DPH role, analytical and programme support. Final

costs are unlikely to exceed this sum but will not be known until the detailed structures are designed.

- 5.22 It is hoped that this arrangement will facilitate improved efficiency and effectiveness through joining up scarce resources such as health intelligence and through jointly commissioning services.
- 5.23 The additional costs will be met equally by the three LAs, with a contribution from the CCG.

New Model Indicative Costs (excluding Track & Trace)

	Slough	RBWM	BFC	CCG
Shared Team	200k	200k	200k	100k

6 Consultation and Other Considerations

Borough Solicitor

- 6.1 The proposed arrangements, once approved will be captured in the form of a shared service agreement evidencing the rights and obligations of BFC as the host authority as well as those of the other partner authorities.

Director: Resources

- 6.2 The main financial implications are covered within the body of the report. The increased costs to the council will be met from the ring-fenced Public Health Grant

Consultation Responses

- 6.3 Consultation with Local authorities across Berkshire has been undertaken with all six Berkshire authorities minded to agree the new public health arrangements for East and West Berkshire.

Equalities Impact Assessment

- 6.4 None arising from this report

Strategic Risk Management Issues

- 6.5 None

Background Papers

None

Contact for further information

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Appendix 1

