WIRRAL COUNCIL

HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

13 SEPTEMBER 2011

SUBJECT:	***UPDATE REPORT ON PUBLIC HEALTH***
WARD/S AFFECTED:	***ALL***
REPORT OF:	***DIRECTOR OF PUBLIC HEALTH***
KEY DECISION?	**NO**

1.0 EXECUTIVE SUMMARY

1.1 The Government published *Healthy Lives, Health people: Update and way forward on 14 July* 2011, a policy statement in response to the public health white paper *Healthy Lives, Healthy People: our strategy for public health in England* consultation process and the NHS reforms listening exercise.

This report provides an overview of the key messages contained in the report and how they will impact on the Council.

2.0 BACKGROUND AND KEY ISSUES

2.1 The update indicates that there was general support for the main measures in the White Paper – including transferring public health responsibilities to local authorities and creating Public Health England. However, there were also concerns about some of the details, such as the status of Directors of Public Health and the independence of public health advice. This has led to some clarification and shifts in emphasis, including the following.

- 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.
- 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 update also identifies the measures the government will take to engage with key stakeholders to further develop public health policy and practice. Councils and Public Health England will take on their responsibilities fully by April 2013, but the government is encouraging shadow arrangements in preparation for the formal transfer.

2.2 Responsibilities of Local Government

The policy statement confirms that local authorities will be responsible across the three domains of public health: health improvement, health protection and population healthcare. Wherever possible, commissioning decisions will be delegated to local levels, but the Secretary of State will have powers to prescribe through regulation that particular services should be delivered or steps taken, for example in health protection. 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.

The government intends to work with stakeholders on further details and to produce a full list of the functions that would be prescribed in regulation.

A list of the other areas of responsibility for local authorities is provided in Appendix A of the policy statement. They include: tobacco control, alcohol and drug misuse, obesity and community nutrition, physical activity, public mental health, public dental health (apart from specialist dental public health), accidental injury prevention, population level interventions to reduce birth defects, lifestyle campaigns to prevent cancer and long term conditions, workplace health initiatives, reducing seasonal mortality, community safety, tackling social exclusion, and supporting/reviewing NHS delivered public health services such as immunisation programmes.

Further discussion is to take place on some functions such as the transfer of public health responsibilities for children under five and the responsibility for promoting early diagnosis in medical conditions.

2.3 Role of the Director of Public Health

Directors of Public Health will have the following key areas of responsibility:

- will be responsible for all three domains of public health and
- will the principal adviser on health to elected members and officers
- will be the officer charged with delivering key new public health functions
- will be a statutory member of the Health and Wellbeing Board
- will be the author of an annual report on the health of the population
- their teams will provide public health expertise, advice and analysis to clinical commissioning groups, Health and Wellbeing boards and the NHS Commissioning board.

In health improvement, they will lead on investing the ring-fenced grant. In health protection, they must ensure that the local area has plans in place to protect the health of the population and respond to the spectrum of incidents, outbreaks and emergencies. In population healthcare, they will provide advice and expertise to clinical commissioning groups and Health and Wellbeing boards. The government intends to work with stakeholders to develop a 'core public health' offer setting out what support NHS bodies should expect from the DPH.

DsPH will be jointly appointed by councils and Public Health England to ensure that appropriately qualified individuals are appointed, and that they receive continuing professional support and advice. The government indicates that 'it is for local authorities to determine the precise detail of their own corporate management arrangements' but they expect that the DPH would be of chief officer status, directly accountable to the Chief Executive and in line with the posts of Directors of Adult and Children's Services.

2.4 Funding

The policy statement indicates that the government wants maximum flexibility for the ring-fenced public health grant to local authorities. It will have limited core conditions which define its purpose to ensure that it is spent on public health functions and has transparent accounting processes. The government will work with stakeholders to consider any possible additional conditions.

The policy statement also indicates that the government is continuing to establish the size of the budget through engagement with the NHS, 'and increasingly local government partners', to refine the assessment of baseline NHS spending on public health activity. Some of this funding will be distributed to local authorities in the ring-fenced grant, some to the NHS commissioning Board for commissioning specific public health programmes, and some would form the budget of PHE. The Advisory Committee for Resource Allocation is continuing to consider what it will recommend as an appropriate formula for the local authority grant. Shadow allocations will be made for 2012/13 by the end of this year. The government indicates that it is committed to ensuring that local authorities are 'adequately funded' for their new responsibilities. On the matter of the health premium (financial incentives to make improvements on a subset of indicators in the outcomes framework), the government indicates that it has considered the consultation response carefully and will undertake detailed developments in the coming months.

2.5 Health and Wellbeing Boards

Health and Wellbeing Boards (HWBs) will have an important role in bringing together the whole system, driving opportunities for the health and wellbeing of the population and promoting joint commissioning and integration in health, social care and public health. The Health and Social Care Bill will make it clear that HWBs should be involved throughout the process of clinical commissioning groups developing their commissioning plans.

2.6 Responsibilities of the NHS

The local NHS will also work across the three domains of public health. It will have to ensure that it is taking healthcare opportunities (e.g. GP contacts) to make a positive impact on public health. It will also deliver a range of specific population health interventions such as immunisation and screening, and will make a contribution to health protection and emergency response. The National Commissioning Board will commission some specialist health services from the public health budget, particularly screening and immunisation programmes.

The government has asked the NHS Future Forum to consider further the role of the NHS in improving health outcomes.

2.7 The role of Public Health England

PHE will bring together expertise from a number of different bodies – the Health Protection Agency, National Treatment Agency for Substance Misuse, Regional Directors of Public Health, Public Health Observatories, the National Cancer Network and national screening committee. The aim is to establish an integrated public health delivery body to provide professional leadership, focus and 'an authoritative national voice'. PHE will now be an executive agency of the Department of Health (DH) with its own distinct identity and a chief executive. PHE will operate at both local and national levels.

PHE will provide support for local delivery across the three domains and will have functions that need to be organised and aggregated at different levels to achieve maximum efficiency and this will include having a local presence. It will provide information, evidence, surveillance and leadership in topics such as the development of joint strategic needs assessment and population health outcomes. It will also be involved in encouraging health improvement action across society including local employers, individuals and families. Health protection and emergency response will be a key responsibility; the consultation raised concern that this was insufficiently robust within the new system. Appendix B of the policy statement sets out how the government intends to strengthen emergency planning arrangements.

At a national level, PHE will instigate national campaigns, such as Change4life. It will work with the National Institute for Health and Clinical Excellence on innovation and improvement and will operate on a UK, European and world-wide basis. It will work particularly closely with the NHS Commissioning Board and the DH, and the government is looking to develop details of the accountability relationship between these bodies

2.8 National leadership

The Secretary of State will provide national leadership for the public health system. Detailed functions include being accountable to Parliament and the public for ensuring that the system works, setting the ring-fenced budget for public health from within the overall health budget, producing legislation where required, establishing the direction for public health nationally and locally, setting the national outcomes framework, holding PHE to account, participating in cross-UK and international development, and working across Whitehall on issues that impact on public health, such as warm housing. To this end a Cabinet Sub Committee on public health has been put in place. The DH will continue to support the Secretary of State in the delivery of his functions.

2.9 Workforce development

The policy statement indicates that the government is working with stakeholders to develop a public health workforce strategy to support specialist expertise and also a more inclusive approach to recognise that public health is not just a matter for professionals. In response to concerns about terms and conditions in the transition to local authorities, the government indicates that this is a matter for local areas, but it will be developing a high level HR concordat on transition in partnership with NHS and Local Government Employers. Public health organisations have consistently supported introducing independent regulation for the profession; the policy statement indicates that the government is seeking further evidence from the profession on risks to the public which could not be addressed by non statutory means. It will make final proposals in the autumn.

2.10 Future Developments

Further policy statements and agreements will be produced throughout the autumn on the outstanding aspects of the public health system.

- The public health outcomes framework.
- An operating model describing how PHE will work.
- Further details about implementing public health in local government and the role of the DPH.
- Public health funding – establishing the baseline for expenditure, details of the allocation methodology, the health premium and shadow allocations.
- An HR Concordat with local government on the transition process.
- A People Transition Plan for the HR process of transfer to PHE.
- A comprehensive workforce development strategy – consultation in the autumn.

Regional Directors of Public Health are leading the transition of public health functions at a local level and must agree formal transition plans by March 2012.

3.0 RELEVANT RISKS

3.1 The main risks will become more tangible as detail emerges of future funding and human resource policies. The future funding could have implications for the delivery of public health outcomes if the resources are less than that which is currently invested in Wirral through the Primary Care Trust.

4.0 OTHER OPTIONS CONSIDERED

4.1 Not applicable for this report

5.0 CONSULTATION

5.1 Widespread consultation was undertaken on the White Paper for public health. The published policy statement is not intended for consultation.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 Voluntary and community groups are currently supported locally through public health funding. Although there is no immediate change to this, any implications of a change in the level of budget available for public health through local authorities, or policies for local implementation or priority setting might have an impact in future and will need to be reviewed.

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 The main considerations for resources will come once the shadow budget is identified, and the human resource plans are published. These issues will be looked at in detail at that stage.

8.0 LEGAL IMPLICATIONS

8.1 None at present. The responsibilities of local authorities in public health are identified in the draft Health & Social Care Bill which is making its way through the parliamentary processes.

9.0 EQUALITIES IMPLICATIONS

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(c) No because of another reason: that this paper does not contain any proposals which would require an equality impact to be undertaken. It is an update on a national statement of policy. It would be useful to consider the equalities impact when the detail of the local responsibilities for public health is better understood.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 Not applicable for this report.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 Not applicable for this report.

12.0 RECOMMENDATION/S

12.1 It is recommended that the Committee note the contents of the report and request that a further report is brought to it when more detail is available in relation to future responsibilities, budget and human resource issues.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 At this point in time, there is no legislation or mechanisms in place to enable the transfer of public health into the Council. Further reports are expected in the Autumn on the development of budget allocations, public health outcomes and the local authority and Director of Public Health roles. A transition plan for Wirral will be constructed using this information during the late Autumn.

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APPENDICES

None

REFERENCE MATERIAL

Healthy Lives, Healthy People: Update and way forward. Published by the Department of Health.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet Report	17 March 2011
Health & Wellbeing OSC	18 January 2011