Wolverhampton City Council **OPEN INFORMATION ITEM**

Health Scrutiny Panel Date **28 MARCH 2013**

Originating Service Group(s) **COMMUNITY DIRECTORATE; PUBLIC HEALTH**

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Title **TRANSITION OF PUBLIC HEALTH SERVICES TO THE LOCAL AUTHORITY**

SUMMARY

The restructure of the NHS in England sees local leadership for Public Health moving to Local Authorities, supported by a new national agency – Public Health England (PHE). People and resources will transfer from Wolverhampton City PCT to Wolverhampton City Council. The new statutory and other Public Health responsibilities of the Council are set out in the Health and Social Care Act 2012. In summary the Council will have a leadership role in:

- Taking action to improve health, tackling the causes of ill-health, and reducing health inequalities
- Promoting and protecting health
- Promoting social justice and safer communities.

These new public health 'functions' will transfer to Wolverhampton City Council on 1st April 2013.

RECOMMENDATION

The panel is asked to note the contents of the report and receive further updates on the new council public health service once the transition has been made.

1. PURPOSE

1.1 To advise the panel of the key functions of the public health Service transferring to the Council on 1st April, many of which are statutory and mandated in a prescriptive manner by the Secretary of State. The paper also provides a summary of the ring-fenced Public Health allocation and the mechanism for monitoring spend. It also highlights opportunities for public health to add value to the work of other Council services and partner agencies in relation to the wider determinants of health to deliver transformational change in order to tackle inequalities in health.

2. BACKGROUND

2.1 Transition of Public Health Services

2.1.1 The Public Health team and functions will formally transfer from Wolverhampton City PCT (WCPCT) to Wolverhampton City Council (WCC) on 1st April 2013. The Council will be responsible for the five mandated services, drug and alcohol services and many other services, as set out in Appendix 1.

2.1.2 On 1st April 2013 some Public Health commissioning functions will be transferring to the NHS Commissioning Board, these are:

- All-age Immunisation programmes
  - Existing
  - New for 2013/14
- Screening Programmes
  - Cancer and non-cancer
  - Antenatal and newborn screening
- Children's public health services (from pregnancy to age 5)
  - Healthy Child Programme and Health Visiting (universal offer)
  - Family Nurse Partnership (nationally supported targeted offer)
  - Child Health Information Systems
- Public health care for:
  - Public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate
  - Sexual assault services/Sexual assault referral services

2.1.3 The work required to ensure the transition progresses smoothly is being led by the Public Health Transition Board, chaired by the Cabinet member for Health & Wellbeing, Councillor Sandra Samuels, the lead officer being the Director of Public Health.

2.2 Public Health in the Local Authority

2.2.1 The Public Health grant is being provided to give the funding needed to discharge the new public heath responsibilities. It is vital that these funds are used to:

- Improve significantly the health and wellbeing of local populations;
- Carry out health protection functions delegated from the Secretary of State;
- Reduce health inequalities across the life course, including within hard to reach groups;
- Ensure the provision of population healthcare advice.

A summary of these four key areas of responsibility and what the new public health system will look like in the Local Authority have been set out in appendix 2.

2.2.2 Due to legal restrictions the Public Health service cannot re-structure until the legal transfer to the LA has taken place. During September to November however the current team spent time during facilitated workshops considering a functional redesign of the

service in order to deliver what is required of the service post April 2013. This has been attached at appendix 3.

2.2.3 Over the last two years since the NHS White Paper laying out the Government's plans for the NHS the small team has lost 11 members of staff, including the long-standing Director of Public Health, and currently holds nine vacancies with several locum and fixed term posts. The team will be transferring into the Community Directorate. As the Community Directorate is currently undertaking 'Layers & Spans', Public Health will be working alongside the other service areas not only to align itself appropriately within the Directorate but also to develop a new 'fit for purpose' team structure, which can be implemented after transfer.

2.2.4 The restructured team will provide the council with the specialist public health workforce. However in order to tackle health inequalities effectively it will be a key priority, over the coming years, to expand the specialist and develop a generic public health workforce across all council directorates and within partner agencies.

2.3 **The Public Health Allocation**

2.3.1 Funding for Public Health will be provided to the Council from the Department of Health in the form of a ring-fenced grant. The funding settlement for Public Health in 2013/14 and 2014/15 was announced by the Department of Health on 10th January 2013, with the amounts allocated to Wolverhampton as follows:

- 2013/14 - £18.770M
- 2014/15 - £19.296M

2.3.2 The Department of Health has set a target amount for the Public Health grant for each local authority and this is compared to the amount shown on the returns setting out prior public health expenditure made by PCT's to calculate each year's increase. Nationally in 2013-14 the average local authority growth from the amount shown on the returns is 5.5%. With a minimum growth of 2.8% for authorities that are receiving more than the target amount and a 10% growth for those receiving less than the target. Wolverhampton receives the minimum 2.8% in both years and by 2014/15 is £2.271M above target. Therefore it is anticipated that only the minimum amount will be received until the grant amount and the target become equal.

2.3.3 This grant which will be paid over quarterly, is ring-fenced to certain Public Health functions, with under and overspends being taken into a new Public Health reserve. An indication is given that consistent under-spending would lead to a reduced grant. The grant is awarded for revenue and capital purposes with no prescribed split. However capital spend cannot be on borrowing or finance leases.

2.3.4 The allocation notification mentions a health premium which will probably operate on providing proof of achieving defined targets, however we await further information.

2.3.5 Returns must be made quarterly and the existing return forms used for returns to the Department of Communities and Local Government will be used; however if a return fails to provide assurance that the grant has been spent in the right way the Secretary of State for Health may request an audit, otherwise there will be no audit requirement. Local Authority Chief Executives will also need to return a statement confirming that the grant has been used in line with the conditions.

2.3.6 An over view of the provisional public health allocation has been attached at appendix 4 (this may be subject to change)

2.3.7 Contracts and grants commissioned and allocated by Public Health have been reviewed, and a three year Commissioning & Procurement Strategy has been developed. This is being overseen by the Public Health Contracts Transition Group a sub-group of the Public Health Transition Board.

2.4 Transformational change

2.4.1 To ensure that the opportunity to improve health and address inequalities provided by public health moving to the council is maximised appropriate funding to affect transformational change must be appropriately allocated. A proportion of the public health allocation has been set aside for health improvement initiatives and transformational projects. The Director of Public Health is currently working with the CPO to design a robust process. Although still in the early stages of planning it is considered vital that key decisions are Member led and as a result the process will require all major 'transformation initiatives' seeking funding from the transformation budget to be approved by the Health & Wellbeing Board. Smaller projects/initiatives will be considered by CDB and approved by the new Public Health Delivery Board (as described below)

2.4.2 However it is essential that any final process implemented must:

- Provide and encourage an environment for innovative ideas aimed at transformational initiatives
- Highlight and prioritise ideas for further development
- Ensure transparency and fairness
- Provide a mechanism for the recommendation of appropriate bids, over a certain financial threshold, to the H&WBB for final approval.

2.5 Infrastructure of the Health and wellbeing Board (H&WBB)

2.5.1 The current infrastructure for the H&WBB is detailed in appendix 5. This shows that from an operational perspective the Public Health Delivery Board (PHDB) (alongside the Adult and Children's Delivery Boards) should oversee the delivery of all public health functions including transformational change.

2.5.2 This Board will be operationally focussed and chaired by the Director of Public Health. Transformation will be a key operational priority for this Board

3. FINANCIAL IMPLICATIONS

3.1 Funding for Public Health will be provided to the Council from the Department of Health in the form of a ring-fenced grant. The funding settlement for Public Health for 2013/14 is £18.770M. An overview of the public health allocation is provided at section 2.3. [AS/13032013/K]

4. LEGAL IMPLICATIONS

4.1 The Public Health team and functions will formally transfer from Wolverhampton City PCT (WCPCT) to Wolverhampton City Council (WCC) on 1st April 2013.

4.2 Information on all the Public Health staff, assets and liabilities to be transferred to the Council will be included in two Transfer Scheme documents, one for staff and one for assets and liabilities. These will be prepared by the Department of Health, based on information provided by Wolverhampton City PCT. They will be approved by the Black Country PCT Cluster Board mid-March in order to be 'sent' (as the legal 'Sender' of Public Health) to the Council (as the legal 'Receiver' of public health responsibilities) before the end of March.

4.3 Most of the financial commitments to be transferred take the form of contracts and grant agreements. These have all been reviewed by Council officers and the Public Health colleagues ahead of the transition to identify any potential liabilities and the action required to reduce these. There may also be some small value assets transferring, such as office and emergency preparedness equipment. Confirmation has been received that Wolverhampton City PCT is not aware of any outstanding claims or disputes relating to Public Health that will be transferring to the Council.

4.4 Twenty-one members of staff were listed as transferring to the Council on the Transfer Scheme documentation sent to the Department of Health. Although unlikely this number may increase slightly ahead of the transition, as recruitment to a number of posts within the team is currently on-going. The Council's payroll system is being prepared for the transfer of Public Health staff.

4.5 No provision has been made within the transition guidance provided by the Department of Health to enable local authorities to reject the 'Transfer Schemes' once they have been approved on behalf of the Secretary of State. The risk that unforeseen liabilities will pass to the Council in the transfer documentation should be noted however robust action has been taken to mitigate this, through the regular meetings of the Public Health Transition Board and the Public Health Contracts Transition (sub) Group. The public health allocation having an element of growth also provides some flexibility.

[FD/13032013/M]

5. EQUAL OPPORTUNITIES IMPLICATIONS

5.1 National guidance has been followed in relation to local arrangements for long-term employment issues e.g. terms and conditions, pensions, TUPE etc.

5.2 Commissioning strategies will be subject to an equalities impact assessment.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no direct environmental implications resulting from this report. However the services that public health commissions and future public health funded projects may seek to make a positive impact on public health through improvements to local environmental conditions.

9. SCHEDULE OF BACKGROUND PAPERS

Appendix 1 details the Public Health services the Local Authority will be responsible for in the new public health system, including the five mandated service areas.

Appendix 2 provides an overview of the four pillars of public health in the Local Authority

Appendix 3 provides the new 'Functional Redesign' of the public health service

Appendix 4 provides a provisional breakdown of the Public Health allocation for 2013/14

Appendix 5 provides a diagram representing the current infrastructure of the Health & Wellbeing Board

Report to Cabinet – Public Health Transition – Formal Transfer Order 05 March 2013

Report to Cabinet - Public Health – Potential Impact of NHS Changes
07 December 2011

Appendix 1

Local authority responsibilities in the new public health system (England)

- Population healthcare advice to the NHS **(Mandated)**
- The National Child Measurement Programme **(Mandated)**
- NHS Health Check assessments **(Mandated)**
- the local authority role in dealing with health protection incidents, outbreaks and emergencies **(Mandated)**
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention**) (Mandated)**
- alcohol and drug misuse services **(not mandated but essential for maintaining future public health funding)**
- tobacco control and smoking cessation services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- 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 and screening programmes
- local initiatives to reduce excess deaths as a result of seasonal mortality
- 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.

Appendix 2

Public Health in the Local Authority

Wider Determinants

Joint work/ support to other council service areas and key partners to instigate and faciliate transformational change in areas that can impact on wider determinants of health, e.g.

* Child welfare/ Education
* Crime
* Employment/ Workplaces
* Housing
* Planning
* Community Development
* Disability

Health Improvement

Commission Public Health services:

* Substance Misuse and Alcohol Services
* Healthy Lifestyles (adult and child)
* School Nurses
* Genitourinary medicine/ Contraception and Sexual Health
* Health Visiting (working with NHSCB until handover in 2015)
* Joint commissioning maternity services with CCG

Health Protection

* Challenge and scrutiny of screening and immunisation delivery
* Outbreak plan development and facilitate outbreak management
* Incident planning and response
* Respond to environmental incidents
* Emergency planning
* Commissioning (with CCG) infection prevetion and infectious disease services e.g. TB services
* Collate, analyse and interpret information to support surveillance

Public Health and preventing mortality

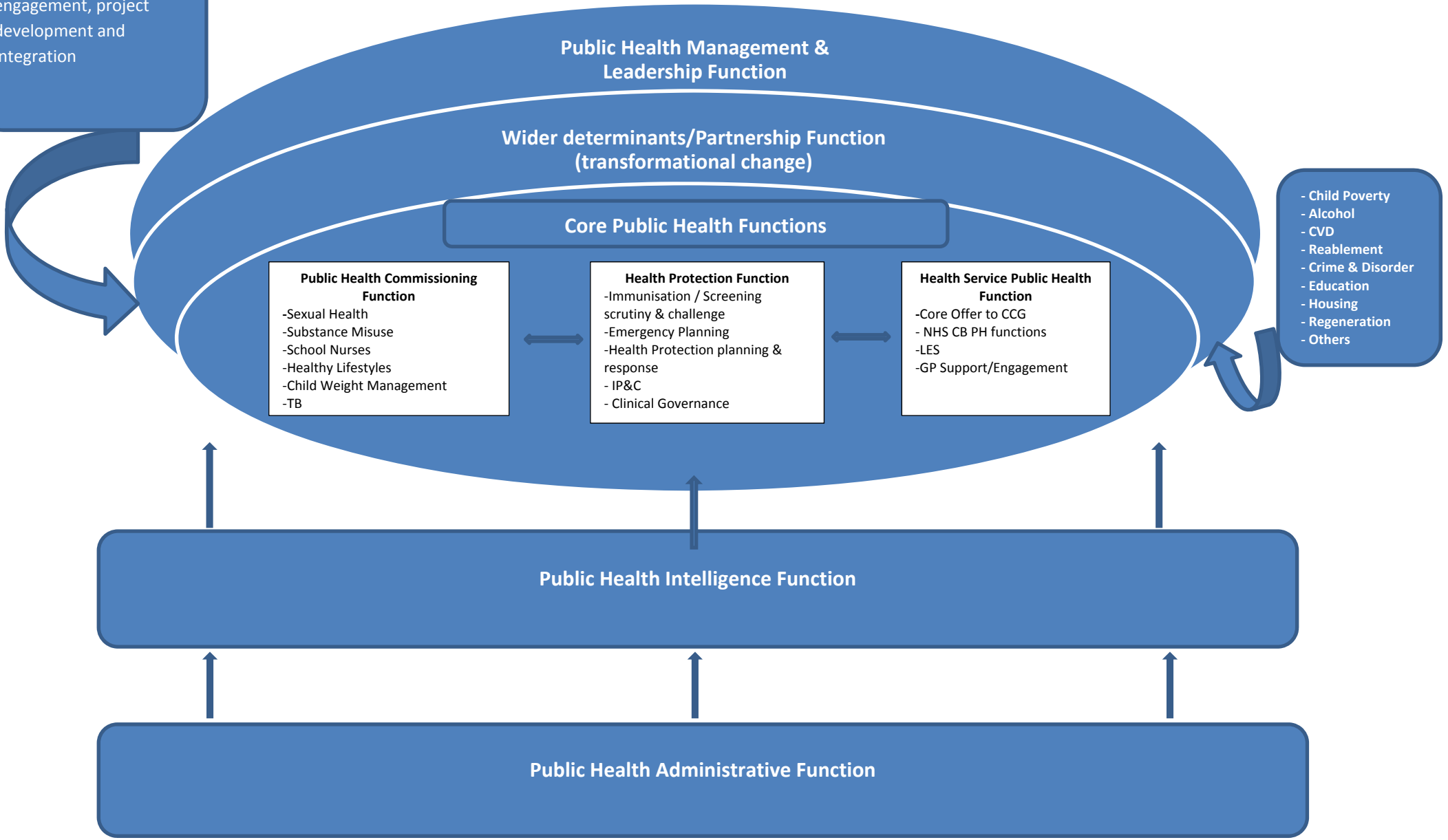
Support to CCG in:

* Strategic Planning
* Reviewing service provision and procuring new services
* Deciding priorities
* Monitoring and evaluation
* Pathway development - particularly across health and council services

Appendix 3

Public Health Functional Redesign

A transformational work programme required for engagement, project development and integration



Provisional Figures 2013/14

Spend	Provisional figure 2013/14	Comments	Proposals
Workforce and SLAs	£2.02M	Several vacancies and changes to existing roles that can be reconfigured to provide a fit for purpose team	Functional redesign complete now aim to restructure in line with Community layers & spans work stream to provide a fit for purpose team with capacity for transformational change.
Commissioning	£15.10M	Includes NHS and non-NHS contracts, substance misuse	Large number of contracts that will be handed over to the LA in steady state that require integration and streamlining in line with a 3 year commissioning strategy to deliver not only efficiency savings that can be reinvested against joint priorities for the city but to achieve real and sustained health improvements.
Health Protection & Emergency Preparedness	£50,000	To meet statutory responsibilities	For specialist training, exercising interagency MIRPs and Health Protection Plans, for 'Look Back Exercises', catch up campaigns, outbreaks, diagnostics and mass treatment/prophylaxis/vaccination.
Transformational Public Health Strategy (includes all projects)	£1.60M	Budget for transformational change to embed public health principles across the council to ensure action across the wider determinants of health and to develop a whole system approach across the local health & social care economy.	A transformation plan will be developed with key stakeholders through the Public Health Delivery Board (accountable to the Health & Wellbeing Board as this new delivery board will form part of that infrastructure) which will also be responsible for delivery against that plan. 1. Falls Prevention Service (£0.117M) This list is expected to get much longer as we move through 2013/14 and the transformational change model for Wolverhampton begins to take shape.
Total	**£18.77M**		

HWBB Proposed Sub Groups Structure

Appendix 5