

Wolverhampton City Council**OPEN INFORMATION ITEM****Health Scrutiny Panel**Date **23 MAY 2013**

Originating Service Group(s)	COMMUNITY DIRECTORATE; PUBLIC HEALTH
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Title	<u>PUBLIC HEALTH SERVICES IN THE LOCAL AUTHORITY</u>

SUMMARY

The restructure of the NHS in England saw local leadership for Public Health moving to the Local Authority. The Council has new leadership roles 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.

The paper identifies four areas considered to be highly relevant to the panel and suggests these may be appropriate for scheduled updates. These key areas are:

- Children's Public Health Services
- Health Improvement (through commissioned contracts & grants)
- Health protection
- Transformational change

RECOMMENDATIONS

- a) The Panel is asked to note the contents of the report.
- b) The Panel is asked to consider and accept the following recommendations:
 1. Children's Public Health - to receive an update paper on the collaborative working arrangements at the Health Scrutiny Panel meeting on 19.9.13 for comment.
 2. Health Improvement – to receive an update paper regarding critical areas of public health commissioning at the Health Scrutiny Panel meeting on 19.12.13 for comment.
 3. Health Protection - to receive an update report in relation to the new infrastructure and key health protection matters at the Health Scrutiny Panel on 19.12.13 for comment.
 4. Transformational Change – to receive an update report in relation to this issue at the Health Scrutiny Panel meeting on 19.9.13 for comment.

1. **PURPOSE**

- 1.1 On 28th March the Panel received an overview paper advising that on 1st April 2013 the public health Service would be transferring to the Council and provided details of the key functions of the new service, many of which are statutory and mandated in a prescriptive manner by the Secretary of State. The paper also provided a summary of the ring-fenced Public Health allocation and highlighted 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 tackle inequalities in health.
- 1.2 This paper aims to respond to a number of queries raised at the meeting on 28th March 2013 and provide an update on key issues and propose a timeline for response and update papers.

2. **BACKGROUND**

2.1 **Transition of Public Health Services**

- 2.1.1 The Public Health team and functions formally transferred from Wolverhampton City PCT (WCPCT) to Wolverhampton City Council (WCC) on 1st April 2013. The Council is now responsible for the five mandated services, drug and alcohol services and many other services, as set out in Appendix 1. On the same date WCPCT was abolished.
- 2.1.2 On 1st April 2013 some Public Health commissioning functions were transferred to NHS England (previously known as the NHS Commissioning Board) rather than to the LA, 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 panel expressed a wish to understand further the impact this fragmentation of children's public health services may have and how those responsible for these services will work together to maximise the benefits for children and minimise any risks.

2.2 **Children's Public Health services**

- 2.2.1 From 1st April 2013 two bodies are now responsible for the commissioning of children's public health services, NHS England are responsible for services from pregnancy to age 5 and the Local Authority through Public Health for 5 to 19 years (including the healthy child programme). NHS Wolverhampton (CCG) (previously known as Wolverhampton City CCG) also commission children's health services; these services have many interfaces with children's public health services.

2.2.2 With such a complex landscape it is important that there are robust communication channels between the three responsible agencies in order to avoid duplicity but also to maximise the beneficial outcomes these services can provide for children and young people in this City.

2.2.3 By way of an introduction and to maximise the opportunities that collaborative working arrangements could provide, all agencies including the Council's children's commissioning team are meeting in the form of a workshop on 21st May 2013. A joint work programme is a desired outcome from this workshop.

2.2.4 It is proposed that an update paper on these collaborative working arrangements is brought to the September panel meeting.

2.3 **Health Improvement**

2.3.1 Public health seeks to improve health primarily through the public health services it commissions. Currently the contracts and grants commissioned and allocated by Public Health form the majority of the financial commitments transferred to the LA and these take the form of contracts and grant agreements. These account for £15.1M of the £18.770M allocation. These had all been reviewed by Council officers and the Public Health colleagues ahead of the transition to identify any potential liabilities and the action taken to reduce these.

2.3.2 There are now 46 contracts with a wide range of contract values from £3,000 up to £5,500,000 for a single contract and also several grants. Providers include NHS Trusts, the Local Authority, the private sector and the voluntary and third sector organisations. They also vary in nature from services such as sexual health, substance misuse, smoking cessation, weight management, school nursing and TB services.

2.3.3 Commissioning effective services is fundamental to the improvement of health in Wolverhampton, and as a result an area of risk for the new team as we move from a point of transition to integration. There are areas of particular focus for the public health service during 2013/14, these being:

- Child weight management services
- Review of sexual health services
- Implementation of the new drugs and alcohol contract

2.3.4 It is proposed that an update paper regarding these three critical areas of public health commissioning is brought to the December panel meeting.

2.4 **Health Protection**

2.4.1 In relation to health protection specifically and the statutory functions of the local authority and role of the DPH:

- The Health & Social Care Act 2012 reinforces the Secretary of State's (SoS) core duty to protect the health of the population, through the promotion of a comprehensive health service. However the SoS will delegate some health protection functions to Local Authorities.
- Local Authorities (LA) will maintain responsibility for their existing environmental regulatory health protection functions such as those under the Public health (Control of Disease) Act 1984 (as amended), Health and safety at Work Act 1974 and the Food Safety Act.
- The Government intends to mandate Local Authorities for "steps to be taken to protect the health of the local population", and the Local Authorities (Public Health

Functions and entry to Premises by Local HealthWatch Representatives) Regulations 2013 make provision for local authority functions to provide public health advice services to clinical commissioning groups and protecting the health of the local population. This will include ensuring that all the relevant organisations locally are putting plans in place to protect the population against the range of threats and hazards.

- In addition the DPH will hold the statutory responsibility to exercise their Local Authority's functions in planning for and responding to emergencies that present a risk to public health.
- To do the above the DPH will have to provide strategic challenge to health protection plans produced by partner organisations; scrutinise and challenge performance; escalate concerns; receive information on all local incidents and take action in partnership with Public Health England and the NHS; provide input into the Local Authority emergency plans and contribute to the work of the newly formed Local Health Resilience Partnerships (LHRP)
- The Public Health Outcomes Framework will also include an indicator requiring 'Comprehensive interagency plans for responding to public health incidents'.

2.4.2 We are currently in the process of establishing an effective infrastructure to comply with these new statutory functions. It is proposed that an update in relation to the new infrastructure and key health protection matters are discussed in the paper being brought to the December panel meeting.

2.5 **Transformational change**

2.5.1 As reported in the March paper in order 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. A process design, ensuring that key decisions are Member led and that all major 'transformation initiatives' seeking funding from the transformation budget are approved by the Health & Wellbeing Board, is nearing completion and will be subject to appropriate approval.

2.5.2 It is proposed that an update in relation to this new process is discussed in the paper being brought to the September panel meeting.

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

2.6.1 The first meeting of the Public Health Delivery Board (PHDB) is taking place on the 14th May 2013. This sub-board of the H&WBB, which sits alongside the Adult and Children's Delivery Boards, will oversee the delivery of all public health functions including transformational change.

2.6.2 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 is being 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 £18.770 million. Activity arising from any of the key stands and priorities for public health throughout the year will be delivered within the approved budgets held under Public Health from the ring-fenced allocation.

[AS/14052013/K]

4. LEGAL IMPLICATIONS

- 4.1 There are legal implications arising from the transition of public health functions to and from local authorities. The Public Health service is now responsible for the delivery of several new statutory responsibilities for the council and as a result need to be able to assure compliance. There is also a complex statutory framework underpinning public health.

[FD/14052013/E]

5. EQUAL OPPORTUNITIES IMPLICATIONS

- 5.1 Health improvement through effective commissioning strategies is a key priority for Public Health. As these strategies are developed through the year they 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.

7. 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.

Report to Health Scrutiny Panel – Transition of Public Health Services to the Local Authority 28 March 2013

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.