Cabinet **7th May 2013**

Report of the Cabinet Member for Health, Housing and Adult Social Services

Implementing additional Public Health duties within City of York Council: An update for Cabinet Members

Summary

1. This report provides Cabinet with an overview of how the council have and are implementing the additional public health duties that came into effect on 1st April 2013.

Background

2. Following the introduction of the Health and Social Care Act 2012, the structure of the National Heath Service has gone through major change. These changes came into effect on 1st April 2013. Please see **Annex A** for an illustration of the health and care system from 1st April 2013. As part of these changes, City of York Council will take on additional public health responsibilities which are intended to clearly demonstrate the leadership role for local authorities in:

    - Tackling the causes of ill health, and reducing health inequalities
    - Promoting and protecting health
    - Promoting social justice and safer communities

3. The Cabinet Member for Health, Housing and Adult Social Services, Chief Executive and Director of Public Health and Wellbeing have contributed to local, regional and national debate and policy development. For example:

    - The Director of Public Health and Wellbeing has been appointed by the Secretary of State to be a Member of the Advisory Committee for Resource Allocation, informing Clinical Commissioning Group and Public Health funding and the Pharmacy and Public Health Forum. They also Chair the Healthy

Living Pharmacy Task Group, overseeing the evaluation and national roll out of healthy living pharmacies.

- The Cabinet Member for Health, Housing and Adult Social Services is a member of the regional group for Chairs of Health and Wellbeing Boards and is establishing a Health and Wellbeing group across North Yorkshire, York and the East Riding.
- The Chief Executive is a member of the newly established Health and Social Care Leadership group.

4. The vision for local government leadership of public health is that health and wellbeing is integral to everything local authorities do, and that health impact and maximising health benefit are systematically assessed during policy development. Specifically, local authority responsibilities for public health leadership, commissioning and delivery will include the following mandatory functions and services:

    - Production of the Joint Strategic Needs Assessment (JSNA), jointly with the Vale of York Clinical Commissioning Group
    - Leadership of the Health and Wellbeing Board and production of the Joint Health and Wellbeing Strategy
    - Appointing a Director of Public Health to be responsible for its public health functions, including the planning and response to emergencies that involve a risk to public health
    - The Director of Public Health must produce and publish an annual report on the health of the people in the area of the local authority
    - Provision of public health advice to the Vale of York Clinical Commissioning Group
    - Commissioning or providing certain mandatory services, including:
        - Appropriate access to sexual health services
        - Services to protect the health of the population
        - The National Child Measurement Programme
        - NHS Health Check assessment
    - Commissioning a range of other public health and health improvement services, including Sexual Health, Substance Misuse, Child Health for 5-19year olds, Smoking Cessation and Healthy Weight services

From 2015, the following additional responsibilities will be transferred:

- Production of the Pharmaceutical Needs Assessment (PNA), to be published by 1st April 2015, to identify the pharmacy needs of the local population
- Children's services, aged 0-5 (health visiting)

5. To prepare for and deliver these new duties six public health staff have transferred from the NHS into the council and a number of staff and teams have been brought together from within the council to create York's Public Health Team. The Public Health team now comprises of:

    - Director of Public Health and Wellbeing
    - Public Health Consultant
    - Health Improvement Managers x 2
    - Health Improvement Practitioner Specialist
    - Sports and Active Leisure Team
    - Drug and Alcohol Action Team
    - Health and Wellbeing Strategy and Development Officer
    - Health and Community Consultant
    - Strategic Commissioner for Teenage Pregnancy, Substance Misuse and Risky Behaviours
    - Public Health Communications Officer

Consultation

6. This report has been drafted in consultation with the Director of Public Health and Wellbeing and the Cabinet Member for Health, Housing & Adult Social Services.

7. A report outlying the Constitutional Changes relating to public health was taken to the Audit and Governance Committee on 19th March. The recommendations from the Audit and Governance Committee that constitutional amendments be made were approved by Council on 28th March. This is in order to ensure that the Council has made an appropriate response to the transfer of public health powers. Previous relevant reports to Cabinet include:

    - 10th October 2011 – Establishing York's Health and Wellbeing Board

- 3rd April 2012 - Recruitment to the role of Director of Public Health and Wellbeing

This report will now go on to provide more information on the:

- Transfer of Public Health
- Health and Wellbeing Board
- Health and Wellbeing Strategy

Transfer of Public Health into the Council

Finance

Public Health Allocations

8. To deliver their additional public health duties, for the first time, from April 2013, local authorities will be granted protected public health budgets. The budget allocations are set by the Department of Health based on the recommendations of an independent expert group, the Advisory Committee on Resource Allocation (ACRA). At the invitation of the Secretary of State, City of York Council's Director of Public Health Dr Paul Edmondson-Jones is the sole local authority director of public health to sit on ACRA.

9. York's opening baseline allocation for 2013-14, based on historical spending in 2010-11, was £6.037 million which equates to £30 per head of the population. But this has since been revised to take account of changes to the functions transferring to local authorities. York's new allocation has been uplifted by 10% (the maximum permitted for any local authority by the Department for Health). A further 10% uplift has also been applied for 2014-15. This means the actual total allocations are:

    - **£6.641m or £33 per head for 2013-14**
    - **£7.305m or £36 per head for 2014-15**

10. Whilst the baseline allocations for 2013-14 have been based on historic spend patterns in 2011-12 and 2013-14, the Government is moving towards an allocations formula in the future that is based on the actual needs of the local population. This formula has been used to create a 'target' future allocation for every local authority. The 10% uplifts applied to years 2013-14 and 2014-15 will help York reach its target allocation.

11. However, in 2014-15, the city will still be 17.6% away from its target allocation, which represents £1.5m per year of underfunding (our target allocation is £8.86m for 14/15). This is therefore lost opportunity to invest in the health and well-being of our population. But it is anticipated that it will move further towards its target in subsequent years.

Health Premium

12. A health premium is being introduced to reward local areas for improving health outcomes. The health premium will be introduced from 2013-14 but will not be paid until 2015-16 to take account of the time delay between public health interventions and improved outcomes, and the effects of population movement in some areas.

13. The Department of Health will convene an expert group to develop recommendations to the Secretary of State for Health on the criteria for awarding health premium incentives. It is likely that the criteria will include key indicators in the Public Health Outcomes Framework together with some local indicators.

Staffing and resources

14. Over the last 18 months Human Resources representatives from City of York Council (CYC), North Yorkshire County Council (NYCC) and NHS North Yorkshire and York (NHS NYY) have been working collaboratively to ensure the smooth transition of Public Health staff from the NHS into the two local authorities. A Public Health partnership forum was established in October 2012 to ensure NHS, CYC and NYCC union representatives were fully consulted on the transfer. Regular individual and team meetings were also held with both NHS and local authority staff.

15. CYC appointed a Director of Public Health and Wellbeing designate in August 2012 who is one of the six staff who transferred under TUPE regulations on 1st April 2013. NHS NYY Human Resources colleagues have been actively working with colleagues in CYC since summer 2012 on the transfer of Public Health responsibilities, under transitional arrangements prior to the formal TUPE transfer.

Public Health Contracts

16. Council Officers have been in discussion with the Primary Care Trust and the existing providers (including York GP's and pharmacies, voluntary organisations and NHS Foundation Trusts) for a number of months in order to arrange the transfer of the commissioning of relevant services from the NHS North Yorkshire and York to the Council. A significant amount of work has been undertaken over recent months (in collaboration with North Yorkshire County Council (NYCC)) to try to ensure that mandatory services can be performed and the transition of commissioning arrangements is as seamless as possible with minimal disruption to service users.

17. Twenty five sets of contracts for services were identified for transfer to City of York Council and these were categorised into the following groups:

Acute: Community contracts with NHS Foundation Trusts
Primary Care Services: Locally developed services to meet local health needs (some of which are mandatory) provided by GPs and Pharmacies
Voluntary Organisations: Contracts provided by the voluntary and community sector
DAAT: Drug and alcohol treatment and support services provided by a number of providers including the voluntary and community sector.
Private Sector: Single contract for condom distribution, provided by a private sector organisation.

18. The majority of the public health allocation (see Paragraph 4a) is already committed to delivering the public health contracts that have transferred to CYC.

19. Service providers have been informed of City of York Council's intention to maintain existing service provision where possible. Specifications have been refreshed to reflect council processes and to ensure references to legislation and qualifications are up to date. Providers are also being asked to sign up to a contract based on a national template.

20. Once the transferred contracts are operational and population needs are better understood, the Public Health Team will plan a more strategic approach to the commissioning of Public Health Services,

which may include service redesign and joint commissioning with other local authorities.

Public Health Outcomes Framework

21. The public health outcomes framework for England sets out objectives for the public health system in the 3 years from April 2013. It consists of 4 domains and over 60 indicators for measuring progress. City of York Council, as the local lead for public health, will be responsible for monitoring against these indicators and evaluating information to inform the design, planning and commissioning of public health services and influence a broad range of activity across the council that impacts on the wider determinants of health.

22. The domains of the public health outcomes framework are:

    - **Domain 1: improving the wider determinants of health**
      Objective: improvements against wider factors that affect health and wellbeing and health inequalities.
    - **Domain 2: health improvement**
      Objective: people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.
    - **Domain 3: health protection**
      Objective: the population's health is protected from major incidents and other threats, while reducing health inequalities.
    - **Domain 4: healthcare public health and preventing premature mortality**
      Objective: reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

23. A number of indicators within the Public Health Outcomes are shared with the NHS Outcomes Framework and the Adult Social Care Outcomes Framework. This means that the combined efforts of local authorities and the NHS, to reduce premature mortality from cancer and from cardiovascular, respiratory and liver disease, or to improve outcomes for people with mental illness, for example, can be assessed.

Other implications for local authorities following the NHS changes

Emergency Preparedness Resilience and Response

24. The structural changes to the NHS mean that there are new arrangements for protecting health and responding to public health incidents. Local authorities will have a critical role in ensuring that the relevant organisations locally are putting plans in place to protect the population against the range of threats and hazards.

25. In accordance with the Civil Contingencies Act 2004, the Director of Public Health, with Public Health England, will lead the initial response to public health incidents, in close collaboration with the NHS. The introduction of Local Health Resilience Partnerships (LHRPs) formed by NHS and local authority partners will aim to strengthen multi-agency emergency planning.

Public Health Advice

26. Local authorities will be required to provide public health advice to NHS commissioners. York's Director of Public Health and Wellbeing has the responsibility to provide a core offer of public health advice to the NHS locally, particularly the Vale of York Clinical Commissioning Group. NHS Commissioners will need to ensure that local authorities and health and wellbeing boards have access to the information they will need to advise them. Public Health England will provide advice and support to enable Directors of Public Health to fulfil this requirement (see Paragraph 9).

27. A report providing further details about City of York's approach to emergency planning and response and providing public health advice to the NHS will be presented to Cabinet in summer 2013.

The Role of Public Health England

28. Public Health England (PHE) is an executive agency of the Department of Health. Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service. PHE will work with national and local government, industry and the NHS to protect and improve the nation's health, support healthier choices and will address inequalities by removing barriers to good health.

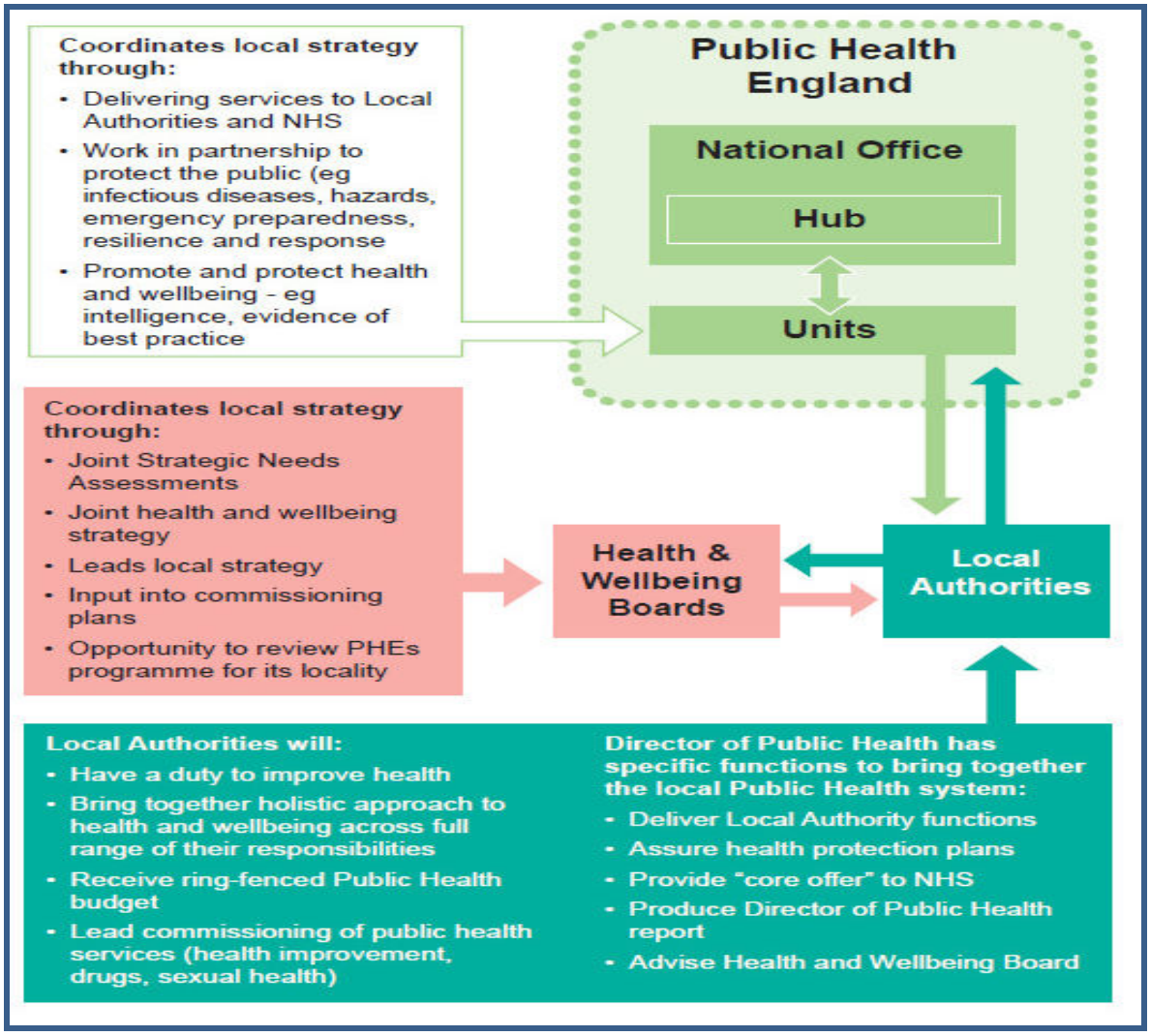
29. Using the new public health outcomes framework to measure our health for the next three years, PHE will help bring about fundamental improvements in the public's health and wellbeing, by focusing its energies on five key priorities:

    1. helping people to live longer by reducing preventable deaths from conditions such as heart disease, stroke, cancer and liver disease
    2. increasing healthy life expectancy by tackling conditions which place a burden on many lives, such as anxiety, depression and back pain
    3. protecting the population from infectious diseases and environmental hazards, including emerging risks and the growing problem of antimicrobial resistance
    4. supporting families to give children the best start in life, through working with health visitors, Family Nurse Partnerships and the Troubled Families Programme
    5. helping employers to facilitate and encourage their staff to make healthy choices

30. PHE is responsible for:

    - making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations
    - supporting the public so they can protect and improve their own health
    - protecting the nation's health through the national health protection service, and preparing for public health emergencies
    - sharing our information and expertise with local authorities, industry and the NHS, to help them make improvements in the public's health
    - researching, collecting and analysing data to improve our understanding of health and come up with answers to public health problems
    - reporting on improvements in the public's health so everyone can understand the challenge and the next steps
    - helping local authorities and the NHS to develop the public health system and its specialist workforce

31. The diagram below illustrates the role of Public Health England, local authorities and Health and Wellbeing Board.



York's Health and Wellbeing Board

An introduction to the Board

32. As well as the additional public health duties outlined in this report, the City of York Council also has a statutory duty to establish a Health and Wellbeing Board.

33. York's Health and Wellbeing Board (HWB) will provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning. York's HWB has been meeting in Shadow form since November 2011 and in public since July 2012. During that time decisions and pieces of work undertaken include:

- JSNA: the production of the assessment was overseen by the Shadow HWB and it was approved in March 2012

- A new structure for strategic Health and Wellbeing Partnership Boards
- The HWB has agreed to be a vehicle for delivering the Fairness Commission principles
- Developing and approving the Health and Wellbeing Strategy

34. York's Health and Wellbeing Board is now a statutory partnership and a Committee of the Council. Over the coming year, York's HWB will explore the following issues in order to progress a joint response and improvements to address some of the key health and wellbeing issues locally:

    - Joint commissioning and shifting resource towards prevention
    - Improving engagement in local health and wellbeing
    - Establishing a peer review for the HWB
    - Carers – their voice and influence
    - The influence of the HWB in commissioning and budget decisions
    - Improving transitions from children's to adults services and between health and social care

Membership of the Board

35. Since its establishment, the Shadow HWB has extended membership to include the North Yorkshire Police Temporary Chief Constable. This is to reflect the strong links between public health, the police and safer communities, for example on issues such as mental health, alcohol and drugs. Due to the changes to health and wellbeing organisations, the following changes to membership have also been made:

    - The North Yorkshire and Humber Locality Team Director for the NHS Commissioning Board is now a member, taking the place of the Chief Executive of North Yorkshire and York Primary Care Trust.
    - HealthWatch now have a representative on the Board, taking over from the York Local Involvement Network representative.

36. We are confident that we now have the appropriate membership for York's Health and Wellbeing Board, in terms of the organisations and sectors represented and the level of membership to allow effective collaboration and achievement of purpose.

York Health and Wellbeing Strategy

37. As mentioned earlier in this report, developing a joint Health and Wellbeing Strategy is a duty of the council, via the HWB. The Shadow HWB has been overseeing its development since July 2012.

38. The Health and Wellbeing Strategy draws upon the evidence collated and the recommendations made in the JSNA published in 2012. Extensive consultation has been carried out with stakeholders, including, staff, volunteers, community groups, health and wellbeing organisations and people who use health and wellbeing services. We asked stakeholder to identify the most important issues that the HWB should address in its Health and Wellbeing Strategy. We then invited proposals and ideas that could address these issues. Following a debate with the Shadow HWB, these issues and proposals have been brought together and form the basis of the Health and Wellbeing Strategy.

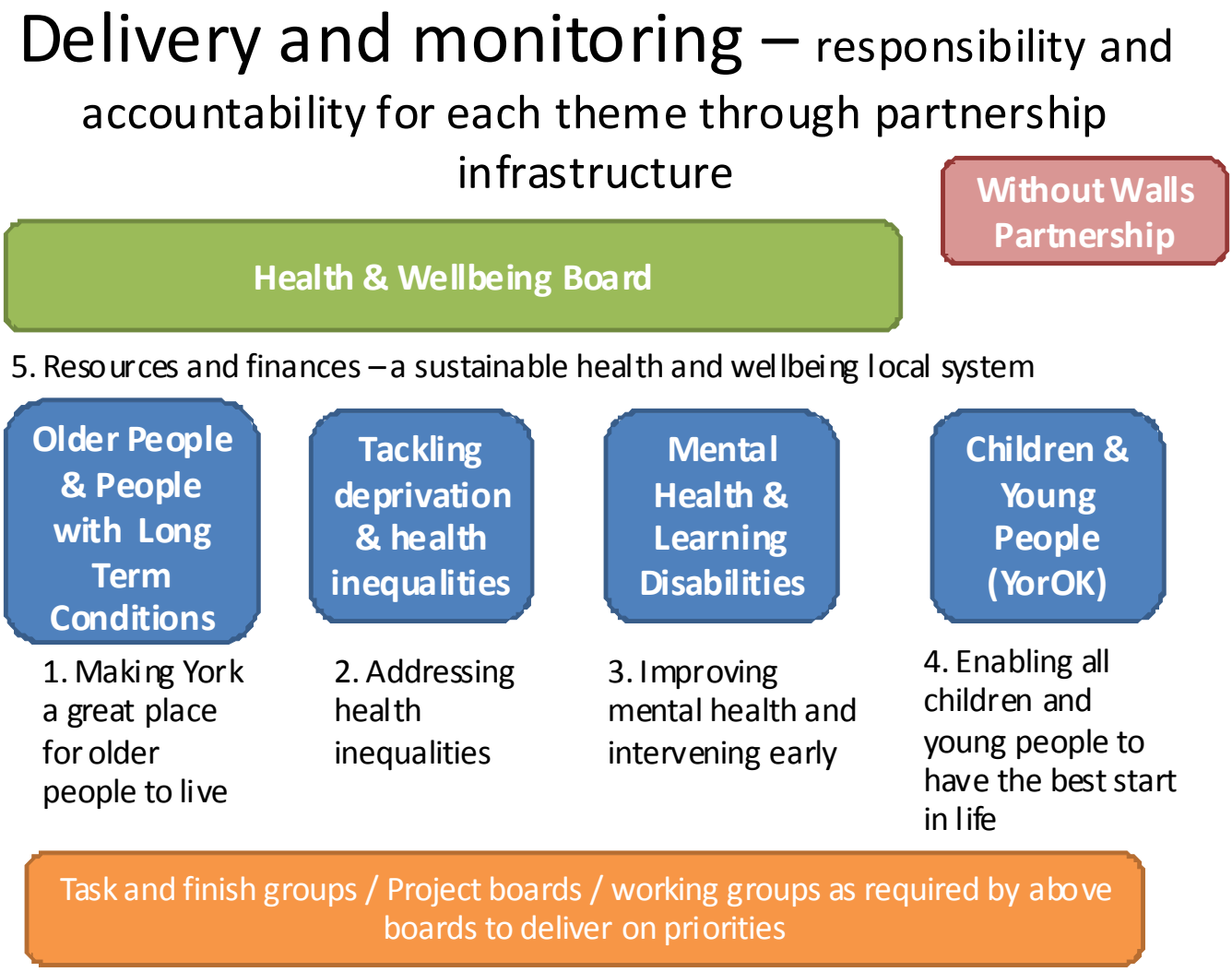
39. The Health and Wellbeing Strategy focuses on the following five priorities:

    a. Making York a great place for older people to live
    b. Reducing health inequalities
    c. Improving mental health and intervening early
    d. Enabling all children and young people to have the best start in life
    e. Creating a financially sustainable local health and wellbeing system

40. It is important to note that this strategy does not cover or impact on all health and social care services in York. Instead, it prioritises the issues requiring the greatest attention and those complex issues that can only be resolved by collaboration at the highest level, through the HWB. We realise we cannot take action on everything at once and we will therefore resist the temptation to have an unachievable ‘wish list’ of everything that might be done. Although the strategy includes many challenges for health and wellbeing organisations to tackle, we want to ensure that this strategy can be delivered over the next three years, and it will have an impact. The HWB will have overall accountability for the delivery of the strategy. The Health and Wellbeing Strategy is attached as Annex B.

Delivery of the Health and Wellbeing Strategy

41. The four partnerships, the sub groups of the HWB, will be responsible for delivering the relevant priorities. There is some cross-over between the five priorities, for example, dementia is both a mental health and older people's issues, however, partnership boards are expected to work with each other, horizontally as well as vertically. The diagram on the next page illustrates the delivery model for the strategy.



Health and Wellbeing Partnerships

42. Three of the four sub groups are currently being established, their scope, remit and membership are being considered. However, the Chairs of the sub groups have been confirmed:

    a. Older People and People with Long Term Conditions
       Chair: Dr. Tim Hughes, Vale of York Clinical Commissioning Group
    b. Tackling Deprivation and Health Inequalities
       Chair: Dr. Paul Edmondson-Jones, Director of Public Health and Wellbeing
    c. Mental Health and Learning Disabilities
       Chair: Dr. Cath Snape, Vale of York Clinical Commissioning Group
    d. Children and Young People – The YorOK Board
       Chair: Councillor Janet Looker

43. Delivery plans are being drawn up to support the development of the sub groups and to ensure a smooth transition from the development phase of the strategy to its delivery.

Health and Wellbeing Strategy Performance Framework

44. Alongside the delivery plans for the strategy, the performance framework is also being developed. The performance framework aims to provide the HWB with and overview of where improvements in health and wellbeing are being made as well as areas where further work is needed. The framework will bring together performance information from across health and wellbeing organisations to provide the HWB with a rounded overview of their collective impact. We are currently working with performance officers across the health and wellbeing system to agree measures, targets and baseline data. The draft performance framework is attached as Annex C and comprises of five elements:

    a. Joint scorecard
    b. Exception reporting
    c. Updates from the four sub groups
    d. Themed discussions as HWB meetings
    e. Peer challenge

Council Plan

45. The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the Council Plan.

Implications

46. The following implications have been identified:

- **Financial:** *The public health allocations for 2013-14 and 2014-15 are below the target allocation for York. Although we are not getting our target allocation, initial indications show that we can continue to deliver public health services. There is however little headroom and the costs will need to be carefully controlled and monitored to be kept within the given allocation.*

- **Human Resources (HR):** *A number of staff have been transferred into CYC from North Yorkshire and York Primary Care Trust following standard TUPE procedures. From 1st April 2013 these staff are formally CYC employees.*

- **Equalities:** *The council's additional public health duties may well affect access to services and service provision. Any decisions about specific services have not yet been taken, as we are currently ensuring services are transferred safely into the council. Any future decisions about public health services will be subject to the usual consultation and democratic process.*

  The priorities within the Health and Wellbeing Strategy have been assessed under a community impact assessment (CIA) prior to its sign off in April 2013. Any decisions about specific services will not be taken by the board. Addressing health inequalities is one of the strategy's priorities, which aims to address the differences in life expectancy that currently exist between some areas in York.

- **Legal***: The Council is obliged to undertake its additional public health duties by virtue of the Health and Social Care Act 2012.*

- **Crime and Disorder:** *There are no specific implications from this report. However, public health is concerned with crime and disorder issues, i.e. hate crime, substance misuse and domestic*

violence. The public health team will work across the council and partners in these areas. North Yorkshire Police are represented on the York Health and Wellbeing Board to facilitate this collaboration at the most senior level.

- **Information Technology (IT):** *No specific implications, however this is linked to the transfer of staff from the NHS into CYC. As part of this transfer CYC and NHS staff have worked collaboratively to ensure that from 1st April public health staff will have the necessary accesses to systems and files.*

- **Property:** *There are no known property implications*

- **Other:** *There are no other known implications*

Risk Management

47. The following risks have been identified:

Capacity

48. York's public health team is one of, if not the smallest in the country. There is significant concern that the public health team does not have the adequate staffing levels to fulfil its duties and requirements and to meet the public health needs of the local population. The public health funding allocation we have received for 2013/14 to deliver our additional public health duties is approximately £1.5m short of what is required to meet the need of the local population.

Fragmentation of services

49. As part of its additional public health duties, the council has a mandatory duty to commission sexual health services and children's public health services. However, the NHS Commissioning Board and the Vale of York Clinical Commissioning Group also have duties to commission various elements of sexual health services and children's public health.

50. With no single organisation taking overall leadership for sexual health services or children's public health to champion a joined-up service across the health and wellbeing system, risks of fragmentation, inconsistency in provision and gaps in services may emerge.

51. The table below summarises the commissioning responsibilities of sexual health and children's public health services.

	Local authorities	**Clinical Commissioning Groups**	**NHS Commissioning Board**
Children's public health 5-19	*Healthy Child Programme for school-age children, including school nursing*	*Treatment services for children, including child and adolescent mental health services (CAMHS)*	*Healthy Child programme (pregnancy to five years old), including health visiting and family nurse partnership Immunisation programmes*
Sexual health	*Contraception over and above GP contract Testing and treatment of sexually transmitted infections (excluding HIV treatment) Sexual health advice, prevention and promotion*	*Promotion of opportunistic testing and treatment Termination of pregnancy services (with consultation on longer-term arrangements) Sterilisation and vasectomy services*	*Contraceptive services commissioned through GP contract Sexual assault referral centres HIV treatment*

Recommendations

52. The purpose of this paper is to update Cabinet Members on the preparations the council has made and is making to prepare for and implement its additional public health duties. There are no specific recommendations, however, Cabinet Members are asked to note the content of the report and the implications and risks associated with the transfer of public health into CYC.

Reason: To ensure that Members are aware of the heightened role of the local authority in public health from 1st April 2013.

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Annexes (online only)

Annex A – An illustration of the new health and care system post April 2013
Annex B – York Health and Wellbeing Strategy
Annex C – Draft performance framework for the Health and Wellbeing Strategy