

	
Executive	15 March 2011
Report of Director of Communities and Neighbourhoods and Interim Director of Public Health	

Public Health Update and Response to Consultation

Summary

1. This report updates members on the Public Health strategy, Healthy Lives, Healthy People: our strategy for Public Health in England. It advises Executive on the main policy implications and asks members to agree consultation responses relating to funding and commissioning, and the Public Health Outcomes Framework.
2. In future local authorities will take on major responsibility for improving the health and life-chances of the local population. They will have a lead role in integrating the commissioning of health, social care and public health services. Many councils already undertake a wide range of activities which impact on public health and work in partnership with organizations across their locality.

Public Health History

3. The foundations of public health were developed in local areas. Public health originated in the nineteenth century. The initial focus was on sanitation with Edwin Chadwick's report in 1842 where he concluded that public health could be improved by measures such as drainage, removal of refuse from habitations, streets and roads and the improvement of the supply of water.
4. The Public Health Act of 1848 enabled local authorities to ensure that their localities had safe water supplies and sewage systems. They replaced slum housing, removed waste and introduced preventive and school health programmes. By the end of the nineteenth century, there were local departments of public health in every local government district.
5. Public Health has been a core part of local government since its foundation. The new strategy for Public Health in England re focuses Public Health in local government and local communities however there is still a large element of central control with Public Health England which will organise national programmes such as immunisation and screening.

Background

6. The council responded to consultations on 'Liberating the NHS' proposals earlier this year. In its response agreed by the executive on 5 October 2010 the council welcomed the transfer of Public Health responsibilities and could see the benefits for both the commissioning of services and delivery of Health Improvement services. It was noted that this will be dependent on a satisfactory level of resources and funding being transferred.
7. The Department of Health are now consulting on documents which support the main strategy Healthy Lives, Healthy People: our strategy for Public Health in England and also review of the regulation of Public Health Professionals. As many of the areas covered in the main strategy were part of the original consultation on Liberating the NHS this response focuses on the two consultation documents which have a significant impact on local authorities:
 - Funding and Commissioning for Public Health
 - Outcomes framework for Public Health

The consultation end on 31 March 2011.

8. Health Overview and Scrutiny Committee on 24 January discussed the main strategy and associated consultation documents. The committee also considered the proposed draft response on 2 March. The draft minute which sets out the Committee's comments is attached at Annex 1A to this report. The drafts around funding and commissioning (Annex 2) and also the outcomes framework (Annex 3) are attached for information and comment.

Summary of Policy Implications

9. The new approach will empower local leadership and encourage wide responsibility to improve health and wellbeing. It will focus on key outcomes, doing what works to deliver them. The intention is to strengthen self-esteem, confidence and personal responsibility, positively promote healthy behaviours and lifestyles, and adapt the environment to make healthy choices easier.

The approach will follow a set of guiding principles:

- Individuals should feel they are in the driving seat
- Local government is best placed to influence many of the wider factors that affect health and wellbeing
- The NHS continues to have a crucial role
- Charities, voluntary organisations and community groups already make a vital contribution and this will be encouraged.
- Businesses must take more responsibility for the impact of their practices on people's health and wellbeing.

- Employers from all sectors should support health and wellbeing of their staff
 - Central government will continue to play an active role particularly to protect the population from health threats.
10. The White Paper sets out the cross-government framework to enable local communities to reduce inequalities and improve health at key life stages:
- Empowering local government and communities with new resources, rights and powers
 - Taking a coherent approach to lifestages and transitions. Mental health will be a key element
 - Giving every child the best start. Continued commitment to reducing child poverty, increasing health visitors, Family Nurse Partnership and refocusing Children's centres for those who need them most. An Olympic and Paralympic style sports competition will be offered to all schools from 2012.
 - Making it pay to work through welfare reforms. Working with employers to unleash their potential as champions of public health.
 - Designing communities for active ageing and sustainability. Building more Lifetime Homes, protecting green spaces and launching physical activity initiatives.
 - Working collaboratively with business and voluntary sector through the Public Health Responsibility Deal with five networks on food, alcohol, physical activity, health at work and behaviour change.

A New Public Health System with Strong Local and National Leadership

Public Health England

11. Public Health England will be part of the Department of Health, accountable to the Secretary of State. Subject to the passage of the Health and Social Care Bill it will include the current functions of the Health Protection Agency and the National Treatment Agency. It will also include elements of public health activity currently within the DH and Strategic Health Authorities along with functions of Public Health Observatories and cancer registries.
12. Public Health England's role will include:
- Providing public health advice, evidence and expertise to the Secretary of State and wider system
 - Delivering effective health protection services
 - Commissioning or providing national-level health improvement services
 - Jointly appointing DPH and supporting them through professional accountability arrangements

- Allocating ring-fenced funding to local government and rewarding progress against public health outcomes framework
- Commissioning some public health services from the NHS
- Contributing internationally-leading science to the UK and globally in areas such as biological standards, dangerous pathogens etc.

Public Health Budget

13. The new system will be funded by the new public health budget which will be ring-fenced within the overall NHS budget but still subject to running-cost reductions and efficiency gains. Early estimates suggest it could be over £4billion.
14. Public Health England will allocate ring-fenced budgets, weighted for inequalities to upper-tier and unitary authorities in local government for improving the health and wellbeing of local populations. It will also fund some non-discretionary services such as open-access sexual health services and certain immunisations.
15. To incentivise action to reduce inequalities the government will introduce a new health premium which will apply to the part of the local public health budget that is weighted towards areas with the worst health outcomes and most need. Disadvantaged areas will see a greater premium if they make progress recognising they face the greatest challenge.
16. The public health grant to Local Authorities will be made under section 31 of the Local Government Act 2003. As a ring-fenced grant it will carry some conditions but should enable flexibility. Shadow allocations will be made in 2012/13 with full allocations introduced in 2013/14. Local PCT spending in 2009/10 will be used as the baseline.

The Role of Local Government

17. Local councils will continue to carry out their statutory duties under the Public Health (Control of Disease) Act 1984, including appointing proper officers. Existing functions in local authorities will continue to be funded through the local government grant.
18. The Health & Social Care Bill will provide that upper-tier and unitary local authorities will have a duty to take steps to improve the health of their population. It is proposed that these functions would be conferred from 1 April 2013.
19. The funding and commissioning document sets out the proposed division of functions between Public Health England and Local Authorities (Annex 1).

20. New freedoms open up opportunities for local government to take innovative approaches to public health by involving new partners. Local authorities will be encouraged if they wish to contract for services with a wide range of providers and to incentivise and reward those organisations to deliver the best outcomes. The Department of Health expects that the majority of public health services will be commissioned. Such efforts will be supported by the proposed new right for communities to bid to take over local state-run services and the new Big Society Bank which will level in new social investment for charities and social enterprises.

Directors of Public Health

21. Directors of Public Health (DPH) will be employed by local government and jointly appointed by the relevant local authority and Public Health England. They will be professionally accountable to the Chief Medical Officer and part of Public Health England professional network.
22. The DPH will be a public health professional with the training, expertise and skills needed to enable them to meet the leadership and technical requirements of the role. They would be expected to maintain their professional skills.
23. There will be minimum constraints as to how Local Authorities fulfil their public health role and spend the budget, but DPH will be required to prepare an annual report on the population's health.
24. Directors of Public Health will have a number of critical tasks including:
 - Promoting health and wellbeing within local government
 - Providing and using evidence relating to health and wellbeing
 - Advising and supporting GP consortia on the population aspects of NHS services
 - Developing an approach to improving health and wellbeing locally, promoting equality and tackling health inequalities
 - Working closely with Public Health England Health Protection Units to provide health protection as directed by the Secretary of State for Health
 - Collaborating with local partners on improving health and wellbeing, including GP consortia, other local DsPH, local businesses and others.

Health and Wellbeing Boards

25. Health and Wellbeing Boards will be required in every upper-tier LA. There will be a proposed minimum membership of elected representatives, GP consortia, Director of Public Health, Director of Adult Social Services, Director of Children's Services, local HealthWatch, and where appropriate, the NHS Commissioning Board.

This can be expanded to include voluntary groups, clinicians and providers, where appropriate.

26. GP consortia and Local Authorities, including DPH, will have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment through the arrangements made by the health and wellbeing board.
27. The DH has also proposed a new role for Local Authorities to encourage coherent commissioning strategies, promoting the development of integrated and joined up commissioning plans across NHS, social care, public health and other local partners. Health and Wellbeing Boards will develop concise and high-level health and wellbeing strategies which include consideration of whether existing flexibilities to pool budgets and joined-up commissioning can be used to deliver them.
28. There will be sufficient flexibility in legislative framework for Health and Wellbeing Boards to go beyond minimum statutory duties to promote joining-up of a much broader range of local services for the benefit of local populations' health and wellbeing.

Transition Arrangements in York

29. As agreed by the Executive and NHS North Yorkshire & York Board a transition board has been established which met for the first time on 8 February. Work streams were established to begin work on a number of key areas including public health transition, led by Director of Communities and Neighbourhoods, and the health and wellbeing board, led by Director of Adults, Children and Education. Further updates will be discussed with Executive in due course.

Consultation

30. Consultation has taken place with officers across the council and with the Health Overview and Scrutiny Committee..

Corporate Priorities

31. Healthy City
Effective Organisation

Implications

32. These would need to be further considered following the passing of the legislation.

(a) **Financial:** There are no direct financial issues from this report, however, consideration around the Public Health grant and

allocations will be made subject to further discussion and guidance.

- (b) **Human Resources (HR):** There are no direct HR implications arising from this report however, as part of the transition project there may be implications as staff are transferred between organisations. This will be subject to further reports.
- (c) **Equalities:** Equality Impact Assessments will be completed as part of the transition project.
- (d) **Legal:** No Legal issues.

Recommendations

- 33. Members are asked to:
 - i. Note the report and the transition arrangements.
 - ii. Consider the comments of the Health Overview and Scrutiny Committee (Annex 1A)
 - iii. Approve the responses to the consultations as per Annex 2 and Annex 3.

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Wards Affected: <i>List wards or tick box to indicate all</i>					
					All <i>tick</i>
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Background Papers:

Healthy Lives, Healthy People: our strategy for Public Health in England

Annexes

- Annex 1 - proposed division of functions between Public Health England and Local Authorities
- Annex 1A – Health Overview & Scrutiny Committee comments
- Annex 2 - Draft Corporate response to Consultation Questions on Funding and Commissioning
- Annex 3 - Draft Response to Consultation – Public Health Outcomes Framework