

Report of the Director of Public Health & Wellbeing

An Update Report on the transfer of Public Health Functions to the City of York Council, the establishment of the City of York Health & Wellbeing Board and the commissioning of Healthwatch for the City of York

Summary

1. This report updates Members on:
 - the transfer of Public Health functions to the City of York Council
 - the establishment of the City of York Health & Wellbeing Board
 - the commissioning of Healthwatch for the City of Yorkpursuant to the Health & Social Care Act 2012

Background

2. The 2010 White Paper “Healthy Lives, Healthy People” set out an ambitious vision for Public Health in the 21st Century based on an innovative approach to protecting and improving the health of everyone in England, led by Local Government.
3. The Health & Social Care Act 2012 subsequently set out those functions that would transfer to Local Authorities and how Local Government would be supported in its delivery of these new responsibilities by a new national body called Public Health (England).
4. The Health & Social Care Act 2012 also gave Local Authorities the responsibility to establish a Health & Well-being Board that should ensure that a comprehensive Joint Strategic Needs Assessment was undertaken and that a consequent Joint Health & Wellbeing Strategy should be developed to set out how health outcomes would be improved and health inequalities reduced in each local area.

5. The Health & Social Care Act 2012 also gave Local Authorities the responsibility to establish a local Healthwatch

Transfer of Public Health Functions

6. The new Public Health role for Local Authorities is set out in the Department of Health document "*The New Public Health Role for Local Authorities*" (October 2012) which is available online as a background paper to this report. The document sets out how upper tier and unitary authorities will take on these new responsibilities from 1st April 2013 to protect and improve the health of their populations, backed by a ring fenced budget and a specialist public health team led by a Director of Public Health.
7. Broadly speaking the Health & Social Care Act 2012 gives responsibility for Health Improvement to Local Authorities and Health Protection to the Secretary of State. However, many Health Protection functions will be delegated to Local Authorities to add to their already existing functions in this area. The Act specifically requires each Local Authority to appoint a Director of Public Health and gives the Secretary of State new powers to publish guidance to which the Local Authority must have regard; an example of this is the Public Health Outcomes Framework.
8. There are five functions that are to be specifically mandated – not to indicate in any way their relative importance – but to ensure that there is a need in these areas for a greater uniformity of provision and/or a need to ensure there is an effective local public health system. These five mandated or compulsory areas are:
 - steps that need to be taken to protect the health of the population
 - ensuring the local Clinical Commissioning Group gets appropriate Public Health support
 - appropriate access to Sexual Health Services
 - the National Child Measurement Programme
 - NHS Health Check Assessments
9. In order to be able to take on these new responsibilities with effect from 1st April 2013, there are four key elements that need to be in place and are critical to transition. An update on each of these elements follows:

Director of Public Health (DPH).

- The DPH will be the Local Authority's lead adviser, will be a statutory chief officer and will have a number of statutory responsibilities that exactly mirror the corporate public health duties of their local authority with the exception of the requirement for the DPH to write an Annual Report and for the Local Authority to publish it. A full explanation of the Roles, Responsibilities and Context of Directors of Public Health was published this month by the Department of Health and is available online as a background paper to this report.

Update: City of York Council appointed a Director of Public Health, Dr Paul Edmondson-Jones, who took up appointment on 20th August 2012.

Specialist Public Health Team.

- As a consequence of the transfer of Public Health functions from the NHS to Local Authorities, any staff undertaking those functions will also transfer. Locally, public health staff who are working at NHS North Yorkshire & York have been divided 75:25 between North Yorkshire County Council and City of York Council. It is anticipated that the Public Health Consultant and 3 specialist support staff that have been identified will be transferred by TUPE to City of York Council on 1 April 2013 but will start taking on their new responsibilities over the next few months. These staff will form part of the new Public Health Team in City of York Council.

Update:

The four "assigned" public health staff will begin to take on their new duties immediately although the formal TUPE transfer will be on 1 April 2013. Now that the DPH is in place and specialist staff "assigned" work can begin to determine the overall structure needed to deliver the functions. It is anticipated this will be agreed by 30 November 2012.

Contracts for Commissioned Services.

- There are currently a number of contracts with NHS Acute and Community Provider Trusts, Voluntary Organisations, GP practices and Pharmacies across the City. All these need to be transferred to the City of York Council by "novation" or assignment or new contracts need to be established.

This is not very straightforward as many NHS contracts cover a wide range of services and so the public health elements need to be “unbundled” from the rest of the contract. A small working group, led by the City of York DPH, has been established and comprises legal, contract and procurement staff from City of York Council, North Yorkshire County Council and NHS North Yorkshire and York.

Update:

The working group is confident that it will have established the exact service specification, activity details and costs for each of the current contracts by the end of November 2012 in order that the most appropriate new contracting mechanism can be identified. This will ensure that all contracts can be in place by 1st April 2013.

Ring-fenced Grant.

- In February 2012, the Department of Health published a report entitled “*Baseline Spending estimates for the new NHS and PH Commissioning Architecture*” and this is available online as a background paper to this report. This set out the minimum baseline allocation for City of York Council to be £5.620 Million, using 2011-12 as the base year for the calculation. That sum is intended to cover the safe transition of all existing contracts and staff to the Local Authority and to provide an element of resource to fund support functions. This works out at £26 per head of the population. Some technical adjustments will be made to this to take account of updated information and the final allocation for 2013-14 should be announced on or around 18 December 2012. We do not expect it to be less than £5.620 million. For the future, a better needs-based formula will be used, hopefully for 2014-15 and beyond, which should result in some small increase to the overall resource allocated to York.

Update:

The anticipated baseline allocation of £5.620 Million (or more) should adequately cover all existing contracts, staff costs and support costs after transfer of the Public Health Functions on 1st April 2013. A more definitive assessment will be done by 31 December 2012, assuming allocations are announced on or around 18 December 2012.

10. The responsibility to date for performance management of the transition has been the Strategic Health Authority on behalf of Department of Health. They visited York on 26 September 2012 and were extremely complimentary of our progress to date.

They summarised their findings as “There is a clear understanding of how public health will operate within the Council, including working across Directorates, DPH involvement in the senior management team – and through DPH direct accountability to the Chief Executive. You have a good grip of the issues to be resolved and we will be working with you on all aspects over the next few months”. The lead responsibility for performance management has now transferred to the Local Government Association; it has issued a new stock-take that needs to be completed by 17 October 2012.

11. Overall, the transition appears to be going well and all actions are on schedule. There are still risks involved around contract transfer and staff transfer as well as an underlying risk that the baseline allocation will be insufficient to meet all the expected commitments. These risks will be monitored and mitigated on an on-going basis. A report is made regularly to the Corporate Management Team and to the appropriate Cabinet Members.

Health & Wellbeing Board

12. The Health & Wellbeing Board has been established in shadow format and has met several times, most recently on 3rd October 2012. It has reviewed the Joint Strategic Needs Assessment and it established a clear vision and five key priority areas which are:
 - Making York a great place for older people to live
 - Reducing Health Inequalities
 - Improving Mental Health and intervening early
 - Enabling all children and young people to have the best start in life
 - Creating a financially sustainable local health and well-being system
13. A draft Health & Wellbeing Strategy was approved in October 2012 following initial consultation with over 200 stakeholders; a copy is available online as a background paper to this report. There will now be a further period of consultation across the City with the final Strategy expected to be approved by the Health & Wellbeing Board in January 2013. The Board will cease to be “in shadow” on 31 March 2013 and is expected to meet for the first time formally in June or early July 2013.

14. The Shadow Health & Wellbeing Board has established four Strategic Delivery Boards to take forward the first four priorities listed above. Chairs have been agreed for each one and the Boards are currently being set up. The most advanced of these is the one to “Ensure all Children and Young people have the best start in life” as this will be led by the current YorOK Board. The final priority area – financial sustainability – will be led by the Health & Wellbeing Board itself initially.

Healthwatch

15. There have been regular reports to Health Overview and Scrutiny Committee on HealthWatch and so the following few paragraphs are by way of update only.
16. Tender specification for HealthWatch was sent out on Wednesday 19th September. Organisations have 6 weeks to respond to the tender, which closes on 31st October. City of York Council is the first authority in the Yorkshire and Humber to go out to full tender. Most authorities are currently tendering the Pre-Qualification Questionnaire (PQQ) stage; however, we are doing both the PQQ and full tender simultaneously. Our tender is a single tender, including both HealthWatch and independent complaints advocacy services. Providers can bid for one of the services or both. So far, over 27 organisations have registered to view the tender.
17. Once the invitation to tender has expired, the assessment panel will begin a series of meetings, from 6th-15th November to review received tenders. The panel will be comprised of council officers and an independent panellist. It is anticipated that the organisations who responded to the tender will know the result of their bids by late November. We expect that from December the organisation awarded the tender will begin some development work alongside the current providers of these services, to prepare them for when the contract commences in April 2013.

Council Plan

18. The transfer of Public Health Functions to the City of York Council will help to support all the key themes of the Council Plan; indeed, one of the key aims of the transfer is that “local authorities should embed all these new public health functions into all their activities, tailoring local solutions to local problems”.

Similarly, the five key priorities of the Health & Wellbeing Strategy for the City of York will complement and support all the key themes of the Council Plan.

Implications

19. There are a number of key implications for the Council outlined in this report around the transfer of Public Health functions, the establishment of a Health & Well-being Board and the procurement of Healthwatch. These have been outlined in the body of the report.

Risk Management

20. A number of risks have been identified. Mitigation has been taken for each risk and they are monitored carefully by Corporate Management Team.

Recommendations

21. Members are asked to note the Update Report and to comment as appropriate.

Contact Details

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Report Approved

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Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

- 1. The new Public Health Role of Local Authorities (DH 2012)**
- 2. Directors of Public Health in Local Government (DH 2012)**
- 3. Baseline spending estimates for the new NHS and Public Health Commissioning Architecture (DH 2012)**
- 4. Draft Health & Well-being Strategy for the City of York (CYC 2012)**