Public Health Team function and structure **23 February 2015**

1.0 Summary

1.1 This report sets out the rationale for review and restructure of City of York Council Public Health Team, and presents the outcomes of the discussion and consultation.

2.0 Background – the existing staff

2.1 From 1 April 2013 local authorities assumed new responsibilities as detailed in the Health and Social Care 2012. With these new responsibilities came resource, a Public Health Grant of nearly £7M and four staff TUPE transferred from North Yorkshire and York PCT on its dissolution. A number of existing Council staff were brought together to form a Public Health Team:

- the Substance Misuse Team (4 staff),
- the Sport and Active Leisure Team (5 permanent and 14 on fixed-length externally-funded contracts),
- 2 staff from Children's Services,
- one from Central Policy Support
- one on secondment (from Scrutiny Services) shared with CCG joined at the end of May 2013,

2.2 Two apprentices joined later in the year. Towards the end of 2013/14 the appointment of a Health and Wellbeing Service Development Officer was completed and a contractor was brought in to develop Strategic Business Intelligence. As 2013/14 closed the existing Consultant in Public Health left, and an Interim Consultant in Public Health was brought in to review the situation and the team's fitness for purpose in delivering an effective public health function for the local authority and to provide the Vale of York CCG with a "core offer" of Public Health support. In October 2014 the Director of Public Health (DPH) left, and the Interim Consultant in Public Health has been the Acting DPH since.

3.0 Strategic context

3.1 The Council Plan pre-dated transition of Public Health responsibilities and staff from NHS to local authority. The principal priorities that Public Health work contributes to are Protecting Vulnerable People and Building Stronger Communities.

3.2 The Health and Wellbeing Board developed and adopted the Health and Wellbeing Strategy 2013 - 2016, which gives direction for the Public Health endeavour. All of the priorities are relevant to Public Health:

1. Making York a great place for older people to live
2. Reducing health inequalities
3. Improving mental health and intervening early
4. Enabling all children and young people to have the best start in life
5. Creating a financially sustainable local health and wellbeing system

3.3 The other key driver is “Rewiring the Public Sector” – the Transformation agenda. Public Health leads on the “Early Identification and Prevention” work stream, identifying opportunities to prevent dependency by keeping older people, people with mental and physical health conditions and people with disabilities active and engaged, and as healthy as possible. This in turns reduces demands on health services and on social care.

3.4 York is an affluent city which is one of the healthiest places to live in England. If compares well to most other local authorities and the national average on the vast majority of indicators. However it doesn’t compare well in terms of death rates of the under 75s when compared to other *affluent* local authorities. There is a very clear and direct relationship with wealth – the rich live longer. The gap in life expectancy between the richest 10% and the poorest 10% is over 8 years for men and over 5 years for women. The gap seems to be narrowing in men, yet widening in women.

4.0 Mandated functions

4.1 The mandated duties of local authorities in terms of the Public Health function as detailed in the Health & Social Care Act 2012 include:

- provision of free access comprehensive sexual health services (commissioning these services)
- provision of NHS Health Checks (commissioning these services)
- participation in the National Child Monitoring Programme (commissioning the measuring service and overseeing the programme)
- assuring that adequate health protection arrangements are in place to provide resilience and response to threats to health
- provision of a Public Health advisory service to CCGs, including health intelligence and supporting prevention and health improvement activities
- provision of Healthy Start vitamins if the local authority commissions or provides a maternal and child health clinic.

4.2 Not mandated that Public Health delivers but the Health and Wellbeing Board has statutory requirements which in practice fall to Public Health:

- produce and publish Joint Strategic Needs Assessments
- produce and publish a Pharmaceutical Needs Assessment

4.3 The Director of Public Health must publish an Annual Report.

4.4 The local authority must ensure that data returns on the outcome of drug treatment services are made to the National Drug Treatment Monitoring System, although the provision of the service itself is not mandated.

5.0 Delivery

5.1 The Public Health function will be achieved by:

- assessing health need and current activity targeting that need

- finding / evaluating evidence on the effectiveness of interventions
- commissioning services
- engaging partners and the public
- influencing policy and practice
- securing resource (partner commitment or external funding)
- delivering lifestyle interventions
- capacity building (raising "health literacy" within organisations through organisational development training staff, and specific skills and knowledge within key groups)
- using expertise to provide assurance to the local authority and Public Health England that arrangements for health protection resilience and response are in place
- providing an advisory service, including accessing specialist advice from Public Health England when required, to the local authority and Vale of York Clinical Commissioning Group (CCG)

5.2 Public Health is multi-disciplinary; staff must be flexible and able to move across professional and service sector boundaries as well as interacting with people in a wide variety of organisations.

5.3 Many of the functions and services provided by other staff within the Council also contribute to the delivery of Public Health functions and achievement of Health & Wellbeing Strategy priorities.

5.4 A Memorandum of Understanding has recently been signed between the Council and the CCG detailing the responsibilities of each party, what is expected and the work plan for the next 6 months.

6.0 Specialist Public Health Staff

6.1 At the highest level Directors of Public Health and Consultants must have completed the required training and be registered by the Faculty of Public Health (part of the Royal College of Medicine). They will be competent in all areas of Public Health, and will know when and how to access expert advice with regard to communicable disease or other external threats to health.

6.2 There will be 2 Consultants in Public Health; aiming for 1.6 full time equivalents. This may be one person full time and one 3 days a week or two part-timers working 3 or 4 days each. This is desirable from a business continuity perspective, as with the Director of Public Health it should be possible to rota so that there is always one fully-trained Public Health Specialist available. Work areas and staff resource is to be apportioned between them once the appointments are made and skills and experience considered; see the list of responsibilities in Appendix I.

6.2 Recruitment to Consultant/Director level posts involves the Faculty of Public Health "Advisory Appointment Committee" process. Draft job

description for the Consultant post has been drafted and evaluated is a paper is going through the internal approval process before the draft job description can go to the Faculty for approval and the recruitment process can begin.

6.3 In the meantime arrangements are being made for locum cover (i.e. another interim post).

7.0 Public Health Practitioners

7.1 This term covers a wide range of the Public Health workforce from senior managers who are not consultants, and may include those with highly specialised specific skills (e.g. Public Health Analysts or researchers) and those with detailed subject knowledge (e.g. infection control or behaviour change).

7.2 Detailed knowledge and experience of working in different settings, such as schools, workplaces, general practices and other NHS settings would be usual.

7.5 Specialist knowledge and experience of working with communities and different population groups would also be usual (e.g. children, women, people with disabilities, various ethnicities, faiths and cultures).

8.0 Wider Workforce

8.1 There are many staff in the wider workforce who have a role in health improvement and reducing health inequalities, although they may not have previously associated themselves with Public Health, particularly staff who have been employed in local authorities before Public Health responsibilities were given to local authorities in 2013. This would include staff working in Sports and Active Leisure and those involved with supporting the democratic process in local authorities.

9.0 Cross-team functions

9.1 In addition to skills and expertise unique to Public Health, we require a range of skills and experience in commissioning and contracting, policy development, performance management, data collection and analysis, communications, community engagement and partnership development and support.

10.0 The Restructure

10.1 It was deemed necessary to restructure the Public Health Team to ensure the service is fit for purpose going forward and meets the Council's ongoing responsibilities as detailed previously.

10.2 The proposal is to move to a matrix way of working organised along topic themes, with cross cutting functions going across the themes. People may move between different projects or programmes without their line management arrangements changing necessarily.

10.3 We created generic job descriptions and job titles for roles of equivalence, with each individual job having a role profile, with specific topic areas, population groups or functions as identified. Public Health priorities change over time, as new threats to health emerge or political emphases change, and it is incumbent on Public Health staff to be able to take on different portfolios when necessary, not least to cover changes when staff leave and others join the team.

10.3 As part of the restructure all staff will be employed on the Council's terms and conditions of service.

10.5 It should be noted that unlike many of the other restructures in the Council the primary objective on this occasion is not to save money but to develop a staffing structure which enables it to rise to the challenge of improving the health and wellbeing of the people of York.

11.0 New roles

11.1 It has been judged that the best way to create a coherent structure is to integrate members of the Sports and Active Living Team with other members of the Team to work on broad topic areas together. This was already starting to happen so the restructure is developing on that. For instance, the Children and Young People activity officer had been working with the Children and Young People Manager on a weight management initiative, bringing together healthy eating and wider health promoting behaviours. This will now be brought together in one management line under the new role of Health Improvement Manager – Children and Young People. This role will work closely with the Consultant with responsibility for Child Health, specifically on commissioning services to deliver the new Healthy Child Pathway (Health Visiting and School Nurses).

11.2 The role of Head of Sport and Active Leisure has been lost from the structure, and the post-holder took voluntary redundancy.

11.3 In addition to the Health Improvement Manager – Children and Young People described above there are three other Health Improvement Manager whole time equivalents: Lifestyle and Sport (part-time), Pharmacist (part-time), Inequalities and Substance Misuse and Addictions.

11.4 The Pharmacist role is to provide Medicines Management advice and support in the local authority. Some other authorities buy in this service, but it was decided to create a post, so that we maintain ownership and can use this person more widely to link with Primary Care, i.e. Community Pharmacists, GPs, Dentists and Optometrists to develop health improvement initiatives in all of these settings. This will include NHS Health Checks and Healthy Living Pharmacies initiatives.

11.5 The Health Improvement Manager –Inequalities will lead on the Health Inequalities agenda for the Council, take responsibility for delivery of the Health and Wellbeing Strategy to reduce health inequalities. Much of this will only be achieved by working in partnership to influence policies and service delivery. This post will also take on management of the Health Improvement Officer –Everybody Active – Keeping Healthy who manages the Health, Exercise, Activity and Lifestyle (HEAL) Team, as well as the targeted programmes for disabled sport and older people. They will also take on responsibility for the commissioning of sexual health services as well as other lifestyle services. This role will encompass specific initiatives to change behaviour, be it services such as Health Trainers, or campaigns such as Stoptober, or policy initiatives such as smoke-free homes. Oral health promotion will also fall under this remit.

11.6 The Health Improvement Manager – Lifestyle and Sport will lead on "Place" – how the social and physical environment impacts on health and opportunities for activity - physical, social, community. The role will include management of the Health Improvement Officer - Active Communities and their team, with its emphasis on sport. The postholder will work closely with Planning, reviewing applications for their impact on use of green space, playing fields and community life, and highlight when more detailed Health Impact Assessments are indicated. The role may include some aspect of client relationship with the new sports and leisure provider, but this is not clear at the moment.

11.7 A new post will be created as HEAL Development Manager to work up new health programme offers for health commissioners, primary care and possibly other markets. One of the existing Exercise Pathway Coordinator posts will go to make room for this post, so there will be no net loss or gain to the HEAL Team.

11.8 The Health Improvement Manager –Substance Misuse and Addictions involves partnership work with NHS, community and voluntary sector. Substance misuse, including drugs, alcohol, tobacco, harm reduction policies and treatment service commissioning falls within this brief. Links with the Child and Young People (YP) Manager on YP substance misuse and addictions, and the recently identified issue of gambling.

11.9 The Health Improvement Officers are expected to be flexible and able to work on a range of projects and topic areas. Although they will be line managed by one person, they will from time to time be working closely with another manager. The Job Descriptions are quite generic but it is intended that the specific expertise of the individuals will be fully developed in a few areas, such as applying for and securing funding, commissioning, managing contracts, being the client for specific contracts, public health intelligence, public health capacity building (training), health impact assessment, critical appraisal. They

will be expected to work in collaboration with internal CYC and external partners.

11.10 The Health Improvement Manager – Children and Young People has a very wide remit around the Healthy Child agenda. The post requires close working with the Children's Directorate and YorOK Board. The portfolio includes commissioning the School Nursing Service and Health Visitor Services. Over 2015 preparation for the re-procurement will be underway with production of a Needs Assessment and the development of service specifications. Close working with NHS England is expected. Responsibility for the National Child Monitoring Programme will rest with this post. As this is such a huge agenda requiring strategic leadership, one of the PH Consultants will spend 2 days per week on this agenda.

11.11 The Public Health Systems Officer will play a vital role in establishing and maintaining systems for recording health intervention activity and outcomes with a wide range of providers. Some of this activity will trigger financial payment, and this post will ensure that claims are verified and processed quickly and efficiently. This post will need to work flexibly with a range of IT systems and be solution focused, as "off-the-shelf" products may need tailoring to individual circumstances. Close working will be required with the Health Improvement Manager – Substance Misuse and the Health Improvement Manager – Pharmacist as many of the providers will be community pharmacies or GPs. There will also be close links with the Public Health Analyst who may be based in the central Policy and Performance Hub to ensure that monitoring returns are completed and submitted.

11.12 Public Health Analysis is an essential part of the Public Health function. As corporate policy does not support teams having their own analysts, Public Health Team members will have to access the analytical capacity they require from the Policy and Performance Hub. Analysts may generate health intelligence wherever they are based, it is more about individual staff who possess those skills rather than where they are located. So there is still a box in the organisation chart for a Public Health Analyst, but it is unlikely that there will be a member of the Public Health Team in this role. Hopefully there will be more than one member of CYC staff who will be able to provide analysis, and possibly we will be able to access support from the NHS or Public Health England to help breach this gap.

11.13 We will be piloting neighbourhood working, and each Consultant, Health Improvement Manager and Health Improvement Officer will be designated two wards in which to link to the existing ward teams in order to take forward community-driven initiatives.

Appendix I Responsibilities of the Public Health Consultants / Director of Public Health

There is a great deal of overlap, and the responsibilities below are not mutually exclusive, but within the senior team one person will lead on the specific key competence or topic and be the link on key partnerships. Will be allocated according to expertise, experience and workloads.

1. Strategic lead (Health & Wellbeing Strategy, Health & Wellbeing Board, CMT, CLG, Cabinet, etc). Provision of advice to Members and Senior Management. Will be Director of Public Health

2. Public Health Intelligence - Surveillance and assessment of the population's health and wellbeing (Needs Assessment including JSNA). Lead for Public Health Analysis, Data Owner.

3. Healthcare Public Health – strategic link with CCG, NHS England and providers including York Teaching Hospitals NHS Foundation Trust and the mental health provider. Effectiveness of interventions, informing commissioning of services and delivery of health improvement initiatives.

4. Health Protection - includes Emergency Planning and Resilience, Communicable Disease Control, Responding to Public Health threats and incidents (Chemical, Biological and Nuclear). Screening and Immunisation Programmes [led by Public Health England] .Assurance that plans are in place and tested to deal with the above.

5. Mental Health – overall lead for mental and emotional health and wellbeing, link with mental health services and voluntary sector. Suicide prevention.

6. Child Health – overall strategic lead for children's health, working closely with Children's Services Education and Skills (CSES) in the Council and with health services, including the Partnership Commissioning Unit. Responsibility for commissioning child health services (0 – 19). Link with Child Safeguarding. Child Death Overview Committee.

7. Academic Public Health. Undertake or commission research (surveys, evaluation, trials, etc), including building relationships with academic institutions and possible joint bids for research funding.

8. Public Health Training. Supervising Registrars in Public Health on placement, involvement in the examination process (national).

Appendix II Role profiles for Health Improvement Managers

The Job Descriptions for these jobs are generic, but they won't all be working on the same areas. In an attempt for greater integration and cross working the Managers will be consulted on the development of the following role profiles:

1. HIM – Inequalities
2. HIM – Children and Young People
3. HIM – Substance Misuse and Addiction
4. HIM – Pharmacist
5. HIM – Lifestyle and Sport

In addition to these main roles, each HIM will have a contact and communication role with a Directorate:

- Communities and Neighbourhoods (the non Public Health parts)
- Adult Social Care (ASC)
- Children's Services, Education and Skills (CSES)
- City and Environmental Services (CES)
- Customer and Business Support Services (CBSS)

Other lead areas and responsibilities

(will be allocated according to expertise, experience and workloads, not an exhaustive list)

- Staff health and wellbeing
- Business continuity
- Research projects (specific to brief)
- Commissioning and contracting coordination
- Housing liaison (including Homelessness)
- Health and Justice (prison, criminal justice system)
- Customer engagement
- Local initiatives (specific)

Appendix III Role profiles for Health Improvement Officers

The Job Descriptions for these jobs are generic, but they won't all be working on the same areas. In an attempt for greater integration and cross working the Managers have come up with the following Role Profiles for consultation:

1. HIO – Everybody Active - Communities
2. HIO – Everybody Active - Keeping Healthy
3. HIO – Vulnerable People
4. HIO – Public Health Capacity Building
5. HIO – Health Intelligence

The expectations of work to be covered by these roles are detailed on page 12.
In addition to these main roles, each HIO would have a contact and communication role with a Partnership. There may not be a seat involved, as this may be with a more senior member of staff, but the HIO would attend:

- Mental Health and Learning Disabilities
- Safer York Partnership
- Collaborative Transformation Board
- YorOK
- Active York
- Fairness and Equalities Board / Health Inequalities

These partnerships are not fixed in stone, and the degree to which Public Health chooses to be involved may vary.
There are also a range of other lead areas or tasks which can be mix and matched to suit individual strengths.

1. HIO – Everybody Active - Communities

This role would cover engaging local communities in how to be active, both physical activity, but also social and community engagement. This role will have expertise in sport, and manage a number of the staff delivering the Activation projects. This role would be the lead within Public Health for mass participation events. They would be involved with community use of space, be it designated sports facilities, green space or other public open space.

2. HIO – Everybody Active - Keeping Healthy

This role would cover interventions aimed at keeping people healthy and preventing illness, right across the population, including targeted groups, such as older people, disabled people and people with sensory impairment. This will cover primary prevention and early identification programmes such as the NHS Health Check.

3. HIO – Vulnerable People

This role would be the lead within Public Health identifying the needs of people in groups that may experience barriers to achieving good health

status, across the Council and working with partners to address them. A significant part of the role will be influencing policy within the Council, other public sector, community and voluntary organisations. The role would cover Safeguarding issues for the Team (but not necessarily the operational safeguarding role within Sports and Active Leisure).

4. HIO - Public Health Capacity Building

This role would be responsible for organisational development, as well as up-skilling the workforces of many organisations which have the potential to improve people's health. It would involve undertaking a Training Needs Analysis within the Team, the Directorate and the organisation, working with the Workforce Development Unit to devise and deliver training and Training the Trainer.

6. HIO – Healthcare

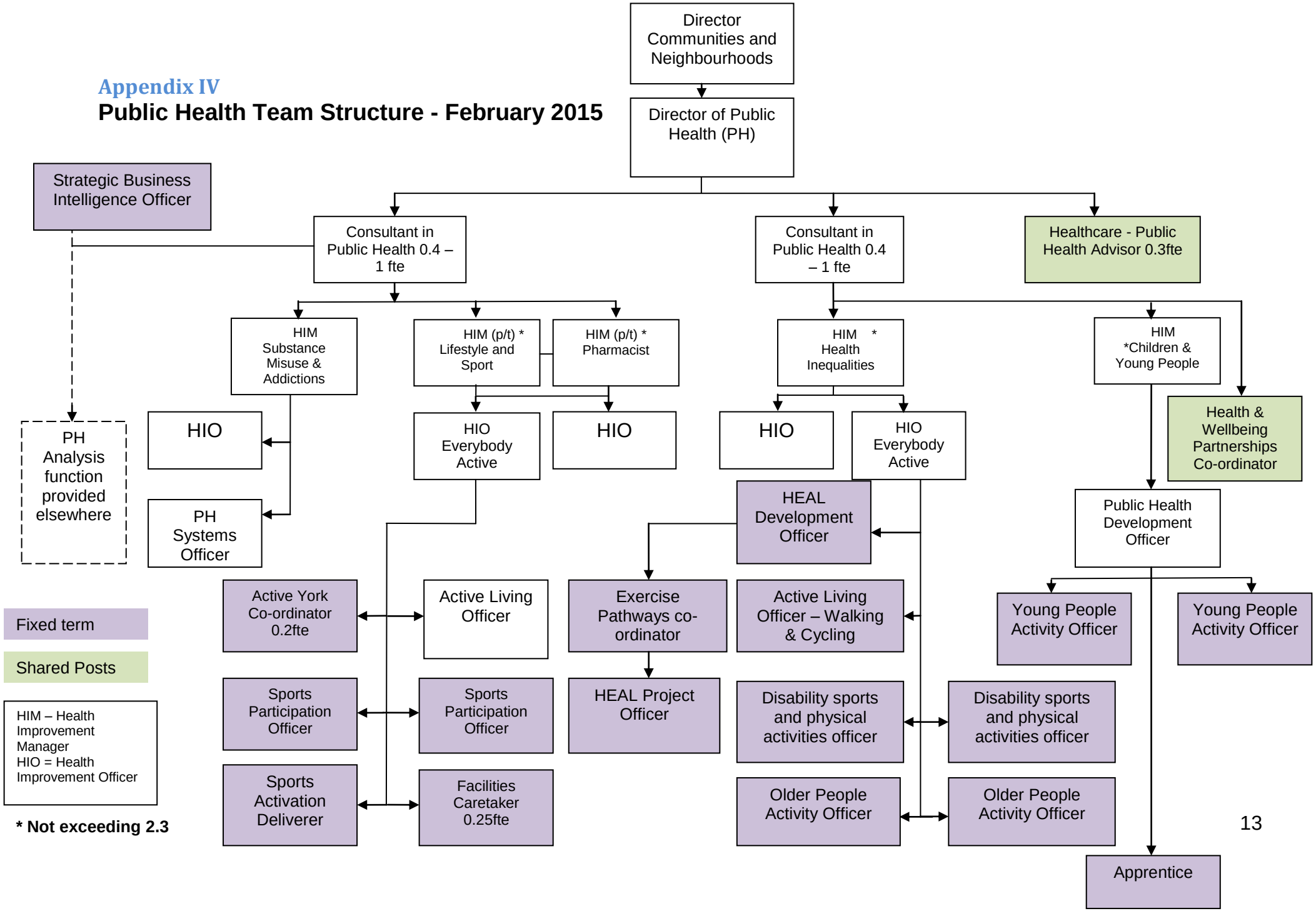
This role would be responsible for health improvement work in healthcare settings or delivered by healthcare professionals; primary care (GPs, practice nurses, practice managers, healthcare assistants), general dental practitioners and their staff and will work closely with the Health Improvement Manager – Pharmacist to develop the Healthy Living Pharmacy initiative. The work would also include work with the hospital Trusts (general and mental health) and any non-NHS providers of health services on health improvement / prevention initiatives.

Other lead areas and responsibilities (not exhaustive)

- Information Governance
- Research projects (specific projects)
- Evaluation (of specific projects)
- Risk assessment
- Men's health
- Women's health
- Black and Minority Ethnic Populations
- Disability and sensory perception
- Local initiatives (specific)

Appendix IV

Public Health Team Structure - February 2015



Appendix V Role changes since beginning of Restructure process

Role	Change
Head of Service - Sport and Active Leisure	Voluntary redundancy – role no longer in the structure
Everybody Active Programme Co-ordinator	HIO (Everybody Active) Vacant post
Not part of restructure	
Older People Activity Officer	Vacant Recruitment underway.
Aquatics Activity Officer	Redundancy as a result of expiry of fixed term contract