Report for ACTION by the Health & Wellbeing Board
Item Number: 5

Contains Confidential or Exempt Information	No
Title	Update on the National and Local Transfer of Public Health Responsibilities
Responsible Officer(s)	Christabel Shawcross, Strategic Director for Adult and Community Services
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Member reporting	Cllr Simon Dudley
For Consideration By	Shadow Health & Wellbeing Board
Date to be Considered	18th May 2012
Implementation Date if Not Called In	
Affected Wards	All
Keywords/Index	Health and Social Care, Public Health, Healthy Lives Healthy People

Report Summary

1. This report deals with the impact of public health becoming a function of councils from April 2013, and the preparations for the transfer.
2. It notes that the Shadow Health & Wellbeing Board (SHWB) receive updates on local developments in preparation for April 2013, when the SHWB will have full statutory powers as a board and the transfer of public health responsibilities to councils will come into effect
3. It proposes, in order to meet the DoH timescales for confirming transfer arrangements with NHS Berkshire that authority is delegated to the Leader, Lead Member and Chief Executive for final decision on Public Health arrangements in RBWM.
4. If adopted, the key financial implications for the Council are that it will have responsibility for the public health budget, subject to a DoH formula and final allocations in November 2012. Berkshire unitaries have made representation to the DoH over concern about the allocation and potential gap in funding. Discussions are ongoing
5. An additional point to note is the local public health decisions are going to have a wider impact on local residents, improving health outcomes and will give local people more say in setting priorities through the health and well being strategy.

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. Residents will influence priorities for improving health and wellbeing	April 2013
2. Improved health outcomes for Residents	April 2014

1. Details of Recommendations

RECOMMENDATION:

That the Shadow Health & Wellbeing Board:

1.1 Notes the progress on the public health transfer of responsibilities and receives updates at future meetings.

2. Reason for Recommendation(s) and Options Considered

2.1 The DoH has set a timeline for the transition which details that the agreement on the formal transfer of HR and finance processes will take place through the "shadow" year of 2012 / 2013. There is a requirement that each area will have a transition plan for the shadow year that covers the formal management of the transfer of public health functions.

2.2 Locally there is a Public Health Transition Plan developed through the Berkshire CEO Programme Board, which is looking at all aspects of the transfer of public health into local authorities. The Transition Plan has been discussed on a Berkshire wide basis and each unitary plan reflects the complexity of the current financial arrangements with the previous Berkshire East and West PCTs. The first was returned to the DoH in January and the second in March.

2.3 Local Transfer of Public Health

The RBWM NHS Changes Programme Management Board, chaired by the Director of Adult & Community Services, links with the Berkshire sub- groups to ensure involvement and engagement to influence key areas. These are HR, IT and systems, emergency planning and protection, finance and contracts and communications. The DoH with the LGA issued in April a series of resource sheets to assist local authorities with the issues.

2.4 Promoting Health and Well Being

In RBWM the Shadow Health and Wellbeing Board is taking forward the formation of a local Health and Well Being Strategy for April 2013. However the SHA expects a shadow strategy to be agreed with partners by September to inform GP Commissioning intentions. However as guidance will not be issued until the summer, the draft will be ratified through Cabinet by February 2013. Consultation and engagement commenced last October on the framework using

the Marmot social determinants of health and focus on the life course approach from birth to old age detailed in the JSNA as reported in the December cabinet update. These are being put on the Council website.

2.5 Public Health Structures

The DoH resource sheet shows local authorities are adopting different models of integrating public health functions. A key message is that promoting health and well being applies to all Council functions. The statutory DPH role varies from sharing with another local authority, to a combined or sole director role reporting to the Chief Executive. The arrangements have to be approved by the SHA and comply with DoH guidance. Specifically the DPH role, qualifications and experience is prescribed as a statutory function and the job description and interview process has to be agreed with the institute of Public Health. RBWM is still considering Berkshire options but will need to make a decision by end June 2012 to meet the SHA transfer requirements and timetable. There is a Berkshire Leaders meeting May 15th to consider unitary views on options. Formal consultations with affected NHS staff have to commence by October to ensure statutory consultation and TUPE arrangements are completed for transfer by April 2013.

2.6 The Berkshire Transition Plan to the SHA proposes the option of one DPH across Berkshire unitaries with a designated assistant director post for each unitary with public health staff. As with other services the Berkshire unitaries are committed to working collaboratively to ensure efficiencies and economies of scale are maximised. This model ensures a clear focus on public health responsibilities and budget control for each unitary. As RBWM is still considering options prior to June Cabinet, in order to meet timescales for transfer of functions, it is proposed that final decision is delegated to the Leader, Lead Member and Chief Executive, following consideration of Berkshire proposals or other options.

Option	**Comments**
That RBWM does not keep up to date on the local and national changes for public health	This is not a realistic option due to the public health changes having a wide impact on all of the other business of the council
The RBWM does keep up to date on the local and national changes for public health **RECOMMENDED**	This will ensure the Council can take on the full statutory powers for public health and the HWB come into effect. This will include setting the strategic direction for public health in the future subject to Cabinet agreement

3. Key Implications

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Residents	Residents	Residents	Residents	Residents	April 2013

are fully informed of the progress of the public health transfer and able to support the duties of the council when statutory powers come into effect	are not aware of the impact of the public health transfer and are not able to give strategic direction for public health, thus health inequalities widen throughout the Borough	are informed of the progress of the public health transfer, strategic direction is not altered and health inequalities stay the same or have little reduction	actively contribute to the way that that the public health transfer is being undertaken and have good knowledge of public health. Health inequalities are markedly improved	pro-actively contribute to the way that that the public health transfer is being undertaken and have excellent knowledge of public health. Health inequalities are drastically improved	

4. Financial Details

a) Financial impact on the budget (mandatory)

The public health transfer of responsibilities does come with a ring-fenced budget that has been announced, as set out in 4.1.

Example	**Year1 (*state year*)**	**Year2 (*state year*)**	**Year3 (*state year*)**
	Capital £000	Capital £000	Capital £000
Addition			
Reduction			

Example	**Year1 (*state year*)**	**Year2 (*state year*)**	**Year3 (*state year*)**
	* Revenue £000	Revenue £000	Revenue £000
Addition			
Reduction			

b) Financial Background

4.1 The financial aspects of the public health transfer were released in January based on local financial information that was submitted to the Department of Health for East Berkshire and reported to Cabinet in December 2011. The allocation for RBWM is estimated to be £3.24m based on £21 per head and based on the Berkshire East declared spend for 2010/11 of £10.027m for 3 unitaries. They did not have spending amounts per unitary. The total estimated allocation across East Berkshire is £8.74m leaving a gap of £1.785m. Details in Appendix 1. A finance sub-group is looking to understand how each unitary budget will be built up and commissioning and contracting commitments. One issue being explored is to confirm activity levels per unitary as traditionally

services have been provided for patients across East and West Berkshire, so individual take up by unitary residents is not always known. In addition the focus is on 2011/12 budget as the DoH return for baseline was 2010/11 and NHS Berkshire are spending more on public health 2011/12.

4.2 The gap has been subject to continual interrogation with NHS Berkshire and the SHA. About £600,000 is accounted for by functions that will not transfer. This still leaves a gap of £1.185m. The Department of Health are allowing representations to be made, but final allocations will not be announced until November 2013. The financial allocations were created through a national formulae and it has just been announced that the national formulae use to calculate the amounts will be disclosed due to the number of concerns that have been expressed nationally.

5. Legal Implications

It will be a statutory requirement for the local authority to take on public health functions from April 2013.

6. Value For Money

Work is being undertaken to look at commissioning and contracts to determine value for money issues.

7. Sustainability Impact Appraisal

N / A

8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
Not accepting recommend-ation to keep up to date on the national changes for public health	If the council is not aware of the developments regarding the public health transfer, then RBWM may not complete statutory requirements, or risk not getting the best value of the limited resources due to limited planning time	There is a Berkshire coordinated collaboration that is supporting the transfer of the responsibilities, this is combining resources, specialisms and reducing duplicating work for the Berkshire UA's	Having controls will ensure that local implementation is correctly managed and any risks are reduced.

9. Links to Strategic Objectives

Public health as a discipline meets the strategic objectives through sustainably improving the health of all of the population for long term health improvement. The strategic coordination of the transfer allows for the best use of resources and value for money.

Our Strategic Objectives are:

Residents First

- Support Children and Young People
- Encourage Healthy People and Lifestyles
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

Value for Money

- Deliver Economic Services
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future

Delivering Together

- Enhanced Customer Services
- Deliver Effective Services
- Strengthen Partnerships

Equipping Ourselves for the Future

- Equipping Our Workforce
- Developing Our systems and Structures
- Changing Our Culture

10. Equalities, Human Rights and Community Cohesion

This report does not require an Equalities Assessment as this concerns national and local process.

11. Staffing/Workforce and Accommodation implications:

There are complex issues to consider due to the public health transfer of responsibilities as there will be possible TUPE implications of staff transfer. However, these need considering alongside the totality of public health responsibilities of the services to be offered, costs and contracts, as well as cross Berkshire options. These will be agreed on a unitary basis and in RBWM by a Cabinet decision or delegated authority. A nationally issued HR Framework for staff affected by this change is due to be published by Central Government shortly. Discussions were held to determine options on Public Health across Berkshire and the shape of the Public Health function per unitary led by the Berkshire Chief Executives Group reporting to the Berkshire Leaders Group.

There are many factors still to be determined on how the whole transfer will take place, including staff and TUPE issues, service provider contracts, and commissioning, within the overall budget, as set out in the finance section of this report.

12. Property and Assets

This will depend on where the Public Health staff are based and is not yet known.

13. Any other implications:

N / A.

14. Consultation

Overview & Scrutiny - tbc

15. Timetable for Implementation

- May 2012 - Berkshire participating authorities agree to model
- June - agreed job description and recruitment process
- September - appoint DPH
- October - NHS staff consultation
- March 2013 - transfer of staff

April 2013

- Public health will be the responsibility of Councils
- The national body of Public Health England will be fully established
- Health and Wellbeing Boards will have full powers
- Healthwatch functions will commence (this has been changed from October 2012)

16. Appendices

Appendix 1 - Total estimated allocation across East Berkshire
Appendix 2 - Berkshire programme board work-streams looking at the specific areas regarding the different elements of the public health transfer

17. Background Information

National Information

17.1 Factsheets have been issued by the DoH that cover the local government new public health function, including the role to monitor or commissioning responsibilities for:

- Tobacco control
- Drug and Alcohol misuse services
- Public health services for children aged 5-19 (including Healthy Child Programme)
- The National Childhood Measurement Programme
- Obesity – to include lifestyle and weight management solutions
- Nutrition initiatives
- Physical activity
- NHS health check assessments
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle changes to prevent cancer
- Local initiatives on workplace health
- Support, review and challenge delivery of key public health functions such as immunisation and screening programmes
- Sexual health services
- Reduce excess details due to seasonal mortality

- A role in health protection incidents, outbreaks and emergencies
- Public health aspect of promotion of community safety, violence prevention and responses
- Public health aspects of social exclusion
- Reduction of environmental risks to health

17.2 In addition to the above there is a requirement for local authorities to be able to act as the public health advisors to NHS commissioners

17.3 The staffing aspects of the transfer are being addressed through central government guidance including a *Public Health Human Resources Concordat* (issued November 2011) and *Public Health Workforce Issues, Local Government Guidance* (issued January 2012) and guidance on the appointments of the DPH role.

17.4. There have been several guidance documents from the Department of Health regarding the roles and responsibilities of Public Health England (PHE) and public health in local government.

17.5 PHE will be established from April 2013 and will be the authoritative national voice and expert service provider for public health. The core purpose of PHE is described as

- To deliver, support and enable improvements in health and wellbeing in the areas set out in the PHOF (Public Health Outcomes Framework)
- Lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health

17.6 PHE three main functions will be

1. Delivering services to national and local government, the NHS and the public
2. Leading for public health
3. Support the development if the specialist and wider public health workforce

17.7 Nationally the Public Health Outcomes Framework (PHOF) has now been finalised. The way that the PHOF will work with the NHS and the Adult Social Care Outcome Frameworks has been reported to the Health & Wellbeing Board for the Feb 2012 meeting. The key areas for which local authorities will be paid a new health premium for progress include indicators on:

- fewer children under 5 will have tooth decay
- people will weigh less
- more women will breastfeed their babies
- fewer over 65s will suffer falls
- fewer people will smoke
- fewer people will die from heart disease and stroke

And new measures will look at tackling causes of ill health, such as school attendance, domestic abuse, homelessness and pollution.

<u>Local Transfer Process</u>

17.8 The Berkshire CEO's have formed a Programme Board to look at the most effective ways of managing / commissioning the public health functions now the key information is issued in regard to finances available and the priorities of each locality stemming from the JSNA. Options to be considered are the potential of sharing posts, functions and some commissioning across Berkshire unitaries and determining key functions for each unitary. These will be discussed at the Berkshire Leaders Group prior to options for each unitary agreement and Cabinet approval. A key function to consider is the requirement for the DPH to arrange clinical advice for the Clinical Commissioning Group which the DH has issued draft guidance on, showing this can be 25 – 44% of DPH time.

17.9 There is a co-ordinated approach across Berkshire to managing the implications of the transfer of public health, under which there are work-streams looking at the specific areas regarding the different elements of the transfer details in Appendix 2.

Report History

Decision type:	**Urgency item?**
Non – Key Decision	No

Full name of report author	Job title	Full contact no:
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NHS BERKSHIRE

PUBLIC HEALTH OUTTURN 2010/2011	
Public health leadership	£1,003,000
Information and intelligence functions	226,000
Nutrition, obesity and physical activity	670,000
Drug misuse	3,134,000
Alcohol misuse	355,000
Tobacco	876,000
Dental public health	0,000
Fluoridation	0,000
Children 5 – 19	846,000
NHS Health Check Programme	0,000
Misc health improvement and wellbeing	310,000
Sexual health (STI testing and treatment, contraception, abortion, prevention)	2,607,000
TOTAL – East Berkshire	**£10,027,000**

Public Health Shadow Allocations 2012/13

The shadow allocations (http://www.dh.gov.uk/health/2012/02/baseline-allocations/) for Berkshire Unitary Authorities are:

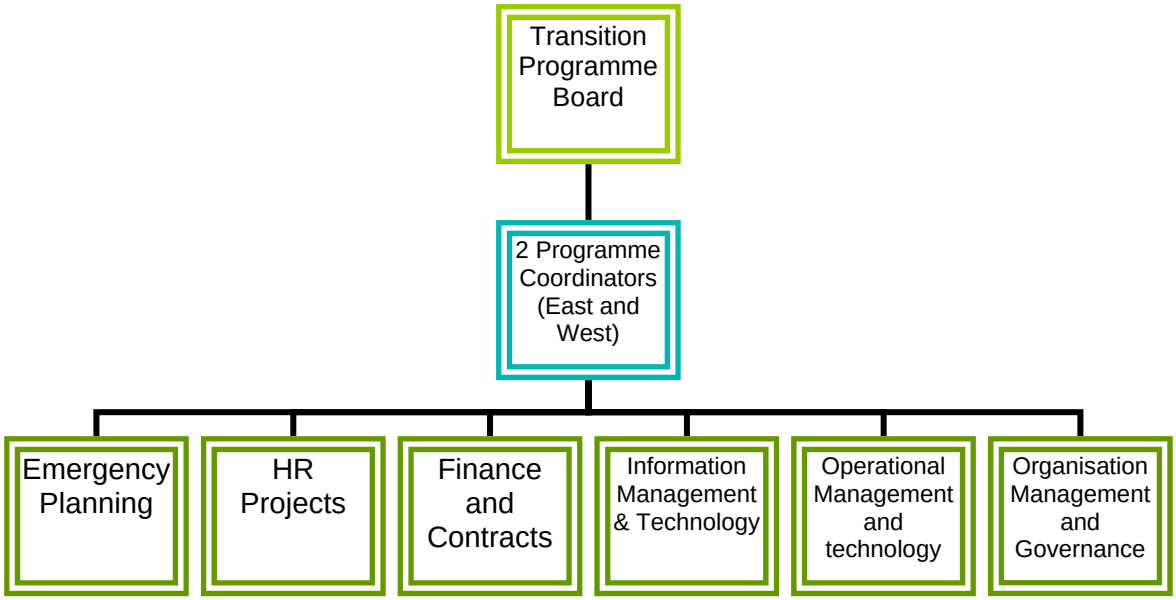
	12/13
Bracknell Forest	2,579
West Berkshire	4,132
Reading	4,150
Slough	2,925
Windsor & Maidenhead	3,240
Wokingham	4,357
	21,383
Berkshire East	8,744
Berkshire West	12,639

This compares to original submissions from the PCTs of their 10/11 Public Health spend of:

Berkshire East PCT	10,529
Berkshire West PCT	13,350
	23,879
Minus	21,383
Gap of	2,496
Estimated gap for East PCT	1,785
Costs not transferring	600
	1,185

APPENDIX 2

BERKSHIRE TRANSITION GOVERNANCE ARRANGEMENTS



There is an additional element that has a focus throughout the 6 work-steams which is around communication.