

Report Title:	Future Public Health Arrangements for Royal Borough of Windsor and Maidenhead, Slough and Bracknell Forest Councils
Contains Confidential or Exempt Information?	No - Part I
Lead Member:	Councillor Carroll, Lead Member for Adult and Children's Services, Health and Mental Health
Meeting and Date:	Cabinet – 24 th September 2020
Responsible Officer(s):	Duncan Sharkey, Managing Director
Wards affected:	None

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Royal Borough
of Windsor &
Maidenhead

REPORT SUMMARY

1. To lay out the rationale for altering the current arrangements for public health across Slough, RBWM and Bracknell-Forest.
2. To confirm new arrangements for the delivery of public health services and the statutory Director of Public Health (DPH) post.
3. To seek in principle approval for the new collaborative arrangement and confirm indicative funding allocations subject to the 2021-22 Budget being approved.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That Cabinet notes the report and:

- i) **Approves the creation of the post of Director of Public Health for East Berkshire in collaboration with East Berkshire Clinical Commissioning Group and Bracknell Forest and Slough Borough Councils.**
- ii) **Delegates authority to the Managing Director in consultation with the Lead Member for Adult and Children's Service, Health and Mental Health and the Director of Adult, Health and Commissioning, to finalise and approve the partnership arrangements with relevant organisations.**
- iii) **Notes the inclusion of an additional £65,000 per annum to fund the new arrangements is to be added to the 2021-22 base budget and funded from the public health grant.**

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Options

Table 1: Options arising from this report

Option	Comments
<p>To create an east Berkshire public health system with a shared Director of Public Health leading a small east Berkshire hub with larger spokes in each Authority.</p> <p>This is the recommended option</p>	<p>This option increases the capacity of the public health system to integrate public health into Council and NHS systems.</p> <p>Whilst this option costs more per authority than the current model it is significantly less expensive than moving to a single DPH per Council. This option offers the ability to align better the public health system to the Frimley ICS.</p>
<p>To move to a single public health team and DPH for the Royal Borough of Windsor and Maidenhead.</p>	<p>This model would increase strategic capacity but would require a significant proportion of the Public Health Grant to support. This would necessitate reducing spend on service contracts. Further this option would not fully align the public health system with the Frimley ICS footprint.</p>
<p>To continue with the current system of a Berkshire public health system and a single shared Director of Public Health. This is the 'do nothing' option.</p>	<p>This option is not viable as the west Berkshire Councils have already determined to move to a west Berkshire model</p>

Background

- 2.1 Since 2013 the Berkshire Public Health System has operated on a hub and spoke model with Public Health teams within in each of the six unitary authorities supported by a Shared Strategic Director of Public Health and a Shared Team hosted by Bracknell Forest Council.
- 2.2 The overall aim of the Berkshire Public Health System is to deliver the core public health duty for local authorities which is to take steps to improve the health of residents and decrease health inequalities. To meet the needs of our residents, this will require action, not only from Councils but across our system of public services, on the wider determinants of health, health improvement, health protection and the design of health and care services.
- 2.3 National policy supports the importance of prevention of ill health – through the green paper for prevention and the NHS Long Term Plan. Locally the Joint Health & Wellbeing Strategies support increased activity to promote good health and prevent ill health. Action to prevent and manage risks for ill health

have become more urgent with the recognition that risks for heart disease and stroke increase the likelihood of harm from COVID-19.

- 2.4 Upper tier Local Authorities receive a per capita ring fenced grant for public health of circa £38m across Berkshire. In the three authorities in the East of the county, this totals around £17m, around half to Slough and smaller grants to RBWM and Bracknell Forest. Each authority spends different proportions of its allocation on staffing local public health teams with varying contract values and investments in broader services and programmes for public health.
- 2.5 Berkshire Chief Executives collectively oversee the functioning of the public health system through the Public Health System Board. Increasingly, they have been concerned about the capacity of the public health system to deliver fully on the wider objectives whilst leading across organisations to improve health, preventing illness and decreasing demand for health and care services. More recently the global pandemic has emphasised these concerns further.
- 2.6 In 2019 Berkshire Chief Executives requested a review. They considered the effectiveness of the current model, the changing context and opportunities for public health, current costs, and alternate models. They recommended dissolving the current arrangement and moving to two hub and spoke arrangements across 3 borough geographies.
- 2.7 As the recommendation was made COVID-19 arrived and halted much of the progress in shifting to a new model. With increasing responsibility at a local level and the current DPH planning to move on in the New Year, there is an urgency in progressing the new arrangements and appointing a Director of Public Health for the three Local Authorities in the East of Berkshire.

Consideration

- 2.8 Whilst other authorities share public health teams, Berkshire's is the only public health system in the country with 6 upper tier Authorities sharing one Director of Public Health. 30/152 local authorities (LAs) have shared arrangements the majority are between 2 LAs, one between 3. Our joint arrangements have lasted longer than most, with many councils across the country dissolving joint roles in recent years.
- 2.9 There are some strengths in our shared set up, particularly the local leadership of public health teams in each LA supported by a hub team. Improved health and reduced health inequalities cannot be delivered by public health teams alone and the most effective public health approaches work across council services to create 'places' where it is easy to be healthy and deliver services that prevent ill health and promote resilience. The hub and spoke set up reduces duplication and shares costs but allows for different local priorities across each council area to meet the needs of varied populations.
- 2.10 The Director role is particularly stretched across six LAs. The capacity of the role is reduced by the practicalities of delivering across the county and responding to the number of required boards and partnership meetings.
- 2.11 Recruitment to DPH roles is challenging and the current postholder is leaving in the New Year. This provides a natural opportunity to change the role in Berkshire to make the system more efficient and the DPH role more attractive.

- 2.12 Berkshire Authorities attract limited grant support for public health. Operating separate teams for each authority would require a significant proportion of the grant and significantly reduce the funding for contracts that support for example sexual health, health visiting and substance misuse. On that basis a smaller shared team would retain some of the efficiencies and resilience of the current model but increase senior capacity and locality links.
- 2.13 The Berkshire model was designed at a time when Public Health services were largely commissioned on a Berkshire wide footprint and CCGs were coterminous with Boroughs. This is no longer the case, with Public Health capacity spread across 2 quite different systems, Frimley Health & Care in the east of the County and Berkshire West ICP, part of the Buckinghamshire, Oxfordshire and Berkshire West ICS. These ICS/Ps offer real opportunities to further improve health and wellbeing which are not being maximised in the current set up as the capacity to link up the systems is very constrained.
- 2.14 As well as the public health teams in Berkshire, Frimley Integrated Care System (ICS) works with Surrey and Hampshire County Councils for Surrey Heath and North East Hants & Farnham. There is a need to coordinate a shared public health input into Frimley to ensure all the teams contribute effectively and that Frimley receives coherent support.
- 2.15 Public Health Services (including Health visiting, School Nursing, NHS Health Checks; Healthy Lifestyles; Substance Misuse; Sexual Health) are commissioned on a mix of single county and multi borough partnerships, primarily divided between the East and the West of the County. Other services are commissioned on single borough footprints.
- 2.16 Under the Health and Social Care Act, Directors of Public Health are responsible for the local authority's contribution to Health Protection, including the LAs roles in planning for and responding to incidents that present a threat to the public's health such as coronavirus.
- 2.17 A key statutory role for LA public health is supporting NHS commissioners with the design and evaluation of health services to meet local need. Co-terminosity of any arrangement with NHS organisations is seen as a common sense requirement.
- 2.18 There was recognition that incorporating more public health thinking into LA and NHS services could improve demand management and inequalities as well as health and wellbeing outcomes for residents.

Proposal

- 2.19 The proposal is to dissolve the current arrangement between the six LAs and move to an arrangement between Slough Borough Council, RBWM and Bracknell Forest Council and the Frimley ICS.
- 2.20 A shared Director of Public Health role for East Berkshire will lead the public health system, working closely with the local authorities and partners across the integrated care partnership. There will also be a hub team providing health intelligence, health protection and commissioning support to support public health teams in each local authority.

- 2.21 The shared team commissioning function will sit within Bracknell Forest commissioning team with a view to individual LAs taking on the commissioning of particular services (either individually or jointly) in the future.
- 2.22 The opportunity presented by working in partnership is to:
- Improve the health of our population and reduce inequalities to improve outcomes for our residents and reduce demand for services.
 - Retain the local nature of public health, enabling local needs to be prioritised.
 - Improve the value from our investment in public health capacity – to make Public Health more visible, engaged, integrated and most importantly, effective, across the Local Authorities.
 - Enable more coherent support to the ICS, coordinating PH engagement across the ICS.
 - Improve value for money from Public Health contracts.

Director of Public Health role

- 2.23 Bracknell Forest Council will lead the recruitment of this role, with full engagement from all parties. They will provide line management for the DPH but accountability will be to all 4 chief executives through a new DPH accountability Board. This body will sign off an annual work programme and undertake the Director's appraisal.
- 2.24 The role will have Director level influence in each Local Authority. The DPH will have a seat at the 'top table', access to lead Members and senior officers and be party to resource and priority decisions for public health programmes, including those funded from the public health grant, the Better Care Fund and the Health and Wellbeing Board.
- 2.25 While the DPH may not line manage all the local Public Health Consultants, they will provide professional supervision, influence their work programmes and participate in their appraisal.

3. FINANCIAL DETAILS / VALUE FOR MONEY

- 3.1 This new model will increase the costs of provision of the public health hub compared to the current set up by £65k per Local Authority per annum. This will make the Councils total contribution to the public health shared team £200k per annum. The East Berkshire Clinical Commissioning Group will also start making a contribution of £100k per annum. This NHS contribution will part fund the DPH role, analytical and programme support. Final costs will not exceed this sum but will not be known until the detailed structures are designed. The additional costs will be met equally by the three LAs.
- 3.2 The Council will include base budget cover to this amount in the Medium-Term Financial Strategy, subject to the Budget being agreed and is funded by the Public Health Grant.

Table 2: Financial Impact of report's recommendations

REVENUE COSTS	2020/21	2021/22	2022/23
Additional total	£0	£65,000	£65,000
Reduction	£0	£0	£0

Net Impact	£0	£65,000	£65,000
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CAPITAL COSTS	2020/21	2021/22	2022/23
Additional total	£0	£0	£0
Reduction	£0	£0	£0
Net Impact	£0	£0	£0

4. LEGAL IMPLICATIONS

- 4.1 The Council has already exercised its powers under section 101 of the Local Government Act 1972 (arrangement for discharge of functions by local authorities) and section 113 of the Local Government Act 1972 (placing of staff of local authorities at the disposal of other local authorities) to operate shared services with other Authorities. This arrangement is being altered but the legal position is not different.

5. RISK MANAGEMENT

- 5.1 The main risk in the new arrangement is that there will be no suitable candidates for the new DPH post. This risk cannot be avoided by not proceeding as the current DPH is already leaving. The mitigation of this risk is partly the purpose of this report. By clarifying the budget, structure and responsibilities of the new DPH it is believed this proposal makes the post more attractive than a six way partnership or individual council proposal.

Table 3: Impact of risk and mitigation

Risks	Uncontrolled risk	Controls	Controlled risk
Failure to recruit a DPH	High	Clarity of budget, accountability and structure.	Medium

6. POTENTIAL IMPACTS

- 6.1 Equalities. There are no identified equality impacts. The Equality Impact Screening Assessment is published on the [Council's website](#).
- 6.2 Climate change/sustainability. Not relevant
- 6.3 Data Protection/GDPR. Not relevant

7. CONSULTATION

- 7.1 Other Berkshire Council and the East Berkshire Clinical Commissioning Group have been involved in the preparation of these proposals and support them.

8. TIMETABLE FOR IMPLEMENTATION

- 8.1 Implementation date if not called in: Work will start immediately on the recruitment of the DPH.

9. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
Cllr Carroll	Lead Member for Adults, Children, Health and Mental Health	13/9/20	14/09/2020
Duncan Sharkey	Managing Director	-	-
Russell O'Keefe	Director of Place	13/9/20	
Adele Taylor	Director of Resources/S151 Officer	13/9/20	14/09/20
Kevin McDaniel	Director of Children's Services	13/9/20	
Hilary Hall	Director Adults, Commissioning and Health	13/9/20	14/09/20
Andrew Vallance	Head of Finance	13/9/20	
Elaine Browne	Head of Law	13/9/20	14/09/20
Mary Severin	Monitoring Officer	13/9/20	
Nikki Craig	Head of HR, Corporate Projects and IT	13/9/20	14/09/20
Louisa Dean	Communications	13/9/20	
Karen Shepherd	Head of Governance	13/9/20	15/09/20
Lynne Lidster	Head of Commissioning	13/9/20	

REPORT HISTORY

Decision type: Non-key decision	Urgency item? No	To Follow item? No
Report Author: Duncan Sharkey, Managing Director		