

Cabinet

25 January 2012



**Transfer of Public Health Functions to
Local Authority**

**Report of Corporate Management Team
Report of Anna Lynch, Director of Public Health, County Durham
Councillor Lucy Hovvels, Portfolio Holder for Safer and Healthier
Communities
Councillor Morris Nicholls, Portfolio Holder for Adult Services**

Purpose of Report

1. This report is to provide an update on recent developments related to the transition of some public health functions to local authorities from 1 April 2013.

Background

2. The Public Health White Paper: Healthy People, Healthy Lives, Strategy for Public Health England (November 2010) sets out a vision for the future of public health and also the role of the Director of Public Health (DPH) in local authorities (LA).
3. The "Update and Way Forward" paper published in July 2011 provides some clarity on the public health responsibilities for LAs and the role of the Director of Public Health.

This includes the requirement for LAs to deliver the following:

- appropriate access to sexual health services;
- steps to be taken to protect the health of the population in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population;
- ensuring NHS commissioners receive the public health advice they need;
- the National Child Measurement Programme;
- NHS Health Check assessment;
- Elements of the Healthy Child Programme.

Subject to further engagement new responsibilities of local authorities would include local activity on:

- tobacco control;
 - alcohol and drug misuse services;
 - obesity and community nutrition initiatives;
 - increasing levels of physical activity in the local population
 - assessment and lifestyle interventions as part of the NHS Health Check Programme;
 - public mental health services;
 - dental public health services;
 - accidental injury prevention;
 - population level interventions to reduce and prevent birth defects
 - behavioural and lifestyle campaigns to prevent cancer and long term conditions;
 - local initiatives on workplace health;
 - supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes;
 - comprehensive sexual health services;
 - local initiatives to reduce excess deaths as a result of seasonal mortality;
 - role in dealing with health protection incidents and emergencies as described in Annex B of the Update and Way Forward paper;
 - promotion of community safety; violence prevention and response; and local initiatives to tackle social exclusion
4. Department of Health guidance in relation to the Operating Model for Public Health and Public Health in Local Government were received in December 2011. Further guidance is awaited in respect of the Public Health Outcomes Framework, Workforce Strategy and funding.
 5. The Department of Health published the Public Health Human Resources Concordat on 16 November 2011 in collaboration with the Local Government Association. This provides guiding principles and Human Resources standards for the transfer of PCT public health commissioning activity and functions to local authorities. The Concordat outlines the indicative timescales for change and the obligations on the NHS and local government employers and trade unions in managing the change process.
 6. It is important to note that Local Authority public health teams will be expected to work closely with Public Health England (PHE), which will be statutorily established in April 2013 to ensure the health of the public is improved, protected against serious health risks and threats and that health inequalities are reduced.

Transition Plans

7. The management processes and assurance frameworks related to the NHS transition are inter-related and complex as a result of the number of organisations involved. Current NHS organisations, including PCTs, are identified as “sender” organisations and local authorities and new NHS infrastructure organisations are classed as “receivers”.

8. The former North East Strategic Health Authority, prior to its inclusion in the new North Strategic Health Authority cluster, established the NE NHS Transition Board with 5 workstreams, one of which was dedicated to public health and chaired by the NE Regional DPH. The Corporate Director for Adults Wellbeing and Health (AWH) is a member of the NE NHS Transition Board.
9. Subsequent to this the Regional DPH has established the NE Public Health Transition Board which reports into the NE NHS Transition Board. The NE PH Transition Board is supported by six workstreams:
 - Local Public Health Transition Planning
 - Communication and Engagement
 - Intelligence and data
 - Public Health Workforce
 - Local Public Health England
 - Health Improvement Legacy

Programme Board and Workstream documentation has been completed with milestones to enable tracking of progress. The inaugural meeting of the NE PH Transition Board took place on 12th December 2011. Membership of the Board includes the NE Directors of Public Health and each Workstream will include a local authority representative.

10. NHS County Durham and Darlington established the County Durham and Darlington NHS Transition Board in June 2010 with workstreams mirroring those of the NE NHS Transition Board, including public health. PCT programme and project improvement documentation enables progress to be tracked. The Corporate Director for AWH and the DPH County Durham are members of this board.
11. The DPH for County Durham is leading the PH Transition, operating through the PH Senior Management Team (PHSMT) and reporting to County Durham and Darlington NHS Transition Board.
12. DCC has established a NHS Transition Board chaired by the Corporate Director of AWH. A programme management approach with agreed workstreams reports into the Board.
13. As detailed in 8-12, there are several PH transition plans, milestones and reporting arrangements. To facilitate synchronised reporting, a master copy, high level County Durham and Darlington PH transition plan has been developed providing read across milestones for populating organisations' project documentation.

Timescales

14. The Department of Health (DH) requires PH transition plans to be signed off by the PCT and respective “receiver” local authority by 31.3.12 with first drafts completed by 31.1.12 and endorsed by the NE Regional DPH.
15. A toolkit is being developed to support the transition describing best practice and new opportunities for transformed public health functions together with the publication of the Local Government Transition Guide by the end of January 2012.
16. Assessment and feedback of the public health transition plan submitted by 31 March 2012 will be provided by the end of April 2012 with a formal assessment of progress in October 2012.

Development Locally

17. The current public health commissioning team works across County Durham and Darlington, led by the two directors of public health, both jointly appointed with the respective local authority.
18. There have been on-going discussions between Durham County Council and Darlington Borough Council (DBC) regarding the shared team and it is anticipated that DBC will align its public health functions with Tees Valley local authorities from April 2013. Relevant changes related to this decision will be managed as part of the transition process.

Recommendations

Cabinet is recommended to:

- Receive the update in relation to the public health functions that will transfer to the local authority in April 2013.
- Note the on-going discussions with Darlington Borough Council.
- Note the timescales for transition
- Note that a further report regarding the public health transition and in particular ‘receiver’ sign off in respect of the public health transition will be reported to Cabinet on 7th March 2012.

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Appendix 1: Implications

Finance

A PH ring-fenced budget will be allocated to DCC by Public Health England.

Staffing

Impact on both PH Staff and DCC health improvement team is likely but not quantified until PH ring fenced budget is clarified.

Risk

Risk register for transition completed and will be updated monthly.

Equality and Diversity/Public Sector Equality Duty

No impact

Accommodation

Accommodation for new PH will be required and managed through the transition process.

Crime and Disorder

No impact.

Human Rights

No impact.

Consultation

Transition process will include full consultation with relevant staff in PCT PH team and DCC staff.

Procurement

DCC will be mandated under the Health and Social Care Bill to commission health improvement services utilising the ring fenced PH budget.

Disability Discrimination Act

No implications.

Legal implications

Likely that some leases will need to transfer to DCC from PCYT and contracts with provided novated. These issues are detailed in the PH transition plan.