

PUBLIC HEALTH UPDATE

Relevant Board Members	Councillor Ray Puddifoot Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Nigel Dicker
Papers with report	None

1. HEADLINE INFORMATION

Summary	This report describes progress with integrating Public Health into Council business.
Contribution to our plans and strategies	Health and Wellbeing Strategy
Financial Cost	There is a ring fenced budget for 2013/14 of £15,280k and for 2014/15 of £15,710k, for staffing costs, programme spend and for contracted services in Public Health.
Relevant Policy Overview Committees	N/A
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes progress to date with the integration of Public Health into Council business.

Reasons for recommendation

The transfer of Public Health functions to local authorities is required by the Health and Social Care Act 2012. Public Health staff and their work must be integrated into the business model of the Council to enable it to deliver its new statutory duties intended to improve the health and wellbeing of residents.

3. INFORMATION

Integrating Public Health

- 3.1 An integrated delivery model for Public Health in Hillingdon has been adopted. This is consistent with the Council's operating model and aligns functions, exploits synergies and maximises benefit to residents. Under this approach, common activities such as

finance, contracts, performance management and business support will be incorporated into existing Council services.

- 3.2 Functions that have transferred to the Council include aspects of health protection, health improvement and specialist public health advice. Mandatory elements are:
- National Child Measurement Programme;
 - NHS Health Checks;
 - Core Offer to Clinical Commissioning Groups (CCGs);
 - Public Health responsibilities for Health Protection; and
 - Sexual Health.
- 3.3 Non-mandatory services have also transferred, including:
- School nursing (i.e., Healthy Child Programme for school age children)
 - Local health improvement programmes to improve diet / nutrition, to promote physical activity and prevent / address obesity;
 - Drug misuse and alcohol misuse services; and
 - Tobacco control including stop smoking services and prevention activity.
- 3.4 The following non-mandatory advisory activities relating to existing Council service provision have also transferred:
- Local initiatives to prevent accidental injury including falls prevention;
 - Local initiatives to reduce seasonal mortality;
 - Advice on cremations / death certifications;
 - Advice on licensing;
 - Advice on crime and disorder reduction, promoting community safety;
 - Promotion of healthy environment to prevent risks and promote wellbeing;
 - Health impact assessments; and
 - Port health – Heathrow Airport as a designated "port of entry".
- 3.5 In integrating Public Health, the Council is seeking to ensure that:
- The delivery of Public Health services is centred on the Council's vision of putting residents first, delivering improved outcomes, including improved health;
 - The Council's outcome based model for performance management will incorporate the Public Health outcomes framework;
 - The Council's robust approach to medium term financial forecasting, including value for money, will be applied to the ring-fenced Public Health budget; and
 - The Council's contract management framework incorporating category management will be used for commissioning activities.
- 3.6 The statutory Director of Public Health is a part-time role and leads a specialist Public Health advisory team or hub which includes the Public Health consultant roles. The post-holder will:
- Ensure the development of the Joint Strategic Needs Assessment (JSNA);
 - Produce an annual report on the health of the local population; and
 - Be a member of the Health and Wellbeing Board.
- 3.7 The Department of Health has published a Public Health outcomes framework which provides the scope within which Public Health activity across partners will be undertaken. It covers the broad areas of improving the wider determinants of health, health improvement, health protection and preventing premature mortality. The outcomes

framework will feed into the Joint Strategic Needs Assessment and Hillingdon's Health and Wellbeing Strategy.

- 3.8 Local authorities are also required to provide specialist Public Health expertise and advice to NHS commissioners to support them in delivering their objectives and to improve the health of the population. The "core offer" to the Hillingdon Clinical Commissioning Group is mandatory and the Memorandum of Understanding is intended to clarify what can be expected by the Council and the CCG.

Staffing

- 3.9 Twelve Public Health staff transferred on 1 April 2013 as required through the formal transfer from the Department of Health. The funding for these posts is included within the Public Health grant received.

Assets, liabilities and risks

- 3.10 The assets and liabilities that transfer to the Council are limited. Any ongoing liabilities that arise from Public Health contracts up to 31 March 2013 will fall to the NHS. Any transferring assets relate only to small items of equipment, and not buildings.
- 3.11 Lead responsibility for health emergency planning falls to the NHS Commissioning Board London and Public Health England. However, local responsibilities remain, and these, plus Public Health business continuity planning, will be met by the Council's Civil Protection Service.

Contracts

- 3.12 The integration of Public Health brings opportunities to link related functions and identify synergies in provision and to improve outcomes for residents. The transfer will occur through a formal "Transfer Order" (statutory instrument under the Health and Social Care Act 2012) which specifies the contracts transferring. When finalised, the transfer order is legally binding.
- 3.13 Through this process the responsibility for functions and contracts are transferred to the Council "as is" and it is for the Council to decide how to take forward services. Some functions relate to the mandatory services and there will be other functions which may currently benefit Hillingdon residents and support joint priorities, for example, around early intervention and prevention.
- 3.14 The Council's intention through its integrated approach is to review all services and service specifications, liabilities and commitments and consider future options for delivery. This review will look at potential synergies with existing services. This work is underway and contracts will be reviewed in terms of including their effectiveness and value for money, against agreed Public Health priorities.
- 3.15 Procurement officers have arranged for contracts to transfer on the basis that the existing contract is varied to allow for three or six month termination periods. Contracts will be varied to allow for payment in accordance with the Council's payment policies. Contracts and existing provision are subject to a full BID and category review. The outcomes of

those exercises will be shared with Members through August, pending the retender, cessation or extension of services in September.

Ring Fenced Grant

- 3.16 Additional public health grant funding has been awarded over a two year period for work related to the promotion of public health and wellbeing in Hillingdon. An exercise that included staff from all key service areas has been undertaken to identify projects or schemes that could work in support of the priorities identified in the Joint Strategic Needs Assessment. The outcome of this exercise will be reported to the July 2013 meeting of the Council's Cabinet.

Conclusion

- 3.17 Work is continuing on the integration of the Public Health function into the work of the Council. Following transfer to the Council, contracts are now being reviewed to determine if they continue to be relevant to the identified needs of residents, offer value for money, are effective in providing measurable outcomes and are rigorously and robustly managed. The Council's business model is being applied to the work of the various teams that transferred to the Council on 1 April 2013.
- 3.18 Further updates on progress will be reported to future meetings of the Health & Wellbeing Board.

Background Papers

NIL.