

NORTH LINCOLNSHIRE COUNCIL

CABINET

PUBLIC HEALTH TRANSFER

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To receive details of the transfer of the public health function from North Lincolnshire NHS to North Lincolnshire Council.
- 1.2 To consider the development of public health in 2013/14 and the financial and organisational impact of the changes

2. BACKGROUND INFORMATION

- 2.1 The formal transfer of responsibility for the local delivery of public health from the NHS to Local Authorities will take place on 1 April 2013. The Director of Public Health (DPH) and relevant staff will transfer on their existing terms and conditions which are protected. The Council has been given a two year ring fenced financial settlement for public health. This budget will cover the identified staff and associated costs, existing contracts and will give some potential for service development.
- 2.2 The opportunities for whole organisation engagement in improving the health and wellbeing of the local population together with a more direct relationship with local democracy strengthen the role of Public Health going forward. The role is important in the national public health system. Some of the key responsibilities, e.g. in health protection, form part of a direct link to regional and national structures. The council will have a new statutory duty to take steps to protect the health of the population from all hazards, ranging from relatively minor outbreaks and contaminations to full scale emergencies; and to prevent, as far as possible, those threats arising in the first place.
- 2.3 There is general agreement (both locally and nationally) that the move to local authorities should not be about the same programmes being offered from a different organisation but a complete transformation of the delivery agenda. The most important element is the capacity to develop a local public health system in which public health is integrated across all council directorates and all partner organisations. To this end the proposed model is for significant integration but with a Public Health Hub.

- 2.4 It is important to ensure that sufficient public health capacity and capability is retained to ensure a viable public health service and focus. This will require some element of individual posts having a link back into the Public Health Hub, even though they are located within a Council Directorate. Professional accountability of public health staff would remain with the Director of Public Health, but line management and objective setting would be within the relevant service team
- 2.5 This integrated model at Appendix 1 sets out where high level functions would sit within this model. This model is based on a “best match” between public health functions and the three Directorates. The aim is for transformation and to add value to the respective Council directorates in order to maximize opportunities to achieve health and wellbeing outcomes across the Council.
- 2.6 Staff will be managed within the respective council Directorate (see appendix 3) with professional (public health) accountability direct to the DPH via the appropriate Public Health consultant. This reflects the current successful working arrangement within the council health improvement function and the substance misuse team. This is vital to provide the necessary capacity to deliver the functions associated with the Hub and to maintain appropriate lines of accountability and governance for those public health functions forming the DPH’s role as a Statutory Chief Officer.
- 2.7 Effective joint working between council directorates and the public health hub will be underpinned by clear objectives and work plans to ensure delivery of the health and wellbeing strategy and the Adult Social Services, Public Health, NHS and Children’s Services Outcome Frameworks.
- 2.8 The role of the Director of Public Health (DPH) has been detailed in statutory guidance. The DPH needs to:
- be directly accountable to the Chief Executive.
 - lead locally on the three public health domains – health improvement, health protection and public health advice to core services.
 - be an active member of the Health & Wellbeing Board, advising on and contributing to the development of Joint Strategic Needs Assessment and joint health and wellbeing strategies, reviewing commissioning strategies and receiving and reviewing Public Health England’s programme for the area.
 - have professional accountability for the effectiveness, availability and value for money of the council’s public health services.
- 2.9 The most fundamental duties of a DPH are set out in statute. They should:
- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to

improving local people's health and concerns around access to health services.

- know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health.
- provide the public with expert, objective advice on health matters.
- be able to promote action across the life course, working together with local authority colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues.
- work through local resilience forums to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.
- work with local criminal justice partners and police and crime commissioners to promote safer communities.
- work with wider civil society to engage local partners in fostering improved health and wellbeing.
- play a full part in their authority's action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board.
- contribute to and influence the work of NHS commissioners, ensuring a whole system approach across the public sector. This will require a substantial element of the future public health capacity and skills to deliver.

2.10 Officers from North Lincolnshire NHS and North Lincolnshire Council have been working, through a Transition Group, on potential structures following transfer. Having regard to the guidance and the strategic aim of embedding health and wellbeing across the organisation, the recommended option involves the establishing of a public health hub headed by the DPH who would report directly to the Chief Executive, with the remaining staff being integrated into the directorates within the Council. This option has been widely consulted on with senior officers, affected staff and trade unions and there is broad support for this approach. The proposed structures are contained in Appendix 3.

2.11 A number of posts currently in existence within the council are funded by NHS North Lincolnshire; the functions covered by these posts are Tobacco Control and Obesity. These functions were developed in this way to reduce duplication and enable more effective use of resources in terms of delivering outcomes. As they are existing NLC posts they are not specifically included in the structure diagrams. However there will be a review of all such posts and functions to ensure that the most effective use of resources and developments are gained.

3. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

3.1 Financial

3.1.1 The ring fence grant provided is £8.078m for 2013/14 and £8.463m for 2014/15. These amounts are higher than the baseline estimates and will allow some service development.

3.2 Staffing

3.2.1 The list of staff that will statutorily transfer is shown in Appendix 2 and the proposed integration into council structures is shown in Appendix 3.

3.3 Property

3.3.1 The staff will be accommodated within existing council property. The Public Health Hub and the Research & Intelligence staff will be based in the Civic Centre on the third floor and lower ground floor respectively to work alongside existing council teams to aid integration and rapid convergence. The Health Improvement team will be based in Hewson House alongside staff in the Public Health Commissioning and Partnership Team, where there will be common management. The health trainers deliver services out in the community. The Substance Misuse team have for several years been based at Shelford House fully integrated in the Safer Neighbourhood hub.

4. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

4.1 Statutory

4.1.1 The transfer of public health is covered by the Health and Social Care Act and associated regulations. There is still some statutory guidance to be produced. The main elements are covered in the detail of this report.

4.2 Environmental

4.2.1 The transfer of public health responsibility to local authorities will have environmental and other implications. The work of public health will be covered in the Health and Well Being strategy and related to the Public Health Outcomes Framework that will provide a range of positive economic, environmental and social outcomes for all residents of North Lincolnshire.

5. OUTCOMES OF CONSULTATION

5.1 Consultation is ongoing with all staff involved in the transfer of Public Health. The Department of Health and the Local Government Association have been monitoring the transfer. At each stage the council has been given green ratings for the transfer progress. There is currently consultation with staff and trade unions on the transfer process.

6. RECOMMENDATIONS

- 6.1 It is recommended that the report be noted
- 6.2 It is recommended that the proposed structures and assimilation of the public health staff be noted
- 6.3 It is recommended that the financial implications of the transfer be noted and that further work is undertaken on the potential development areas for public health in 2013/14.
- 6.4 It is recommended that a full review of the staffing and service commitments in relation to public health be carried out within six months of the transfer to ensure the best possible provision and increased benefits to the area and that a report thereon be submitted to the relevant Cabinet Member.

CHIEF EXECUTIVE

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Background Papers used in the preparation of this report:

Department of Health guidance:

- The new public health role of local authorities
- Directors of Public Health in Local Government, Roles, responsibilities and context
- Health protection and local government

Appendix 1: A New Model for Public Health in North Lincolnshire

External PH Relationships:

Core offer to NHS

Local Resilience Forum (LRF)

Support & challenge of NHS services (vaccinations/screening etc.)

PH Hub

DPH assurance functions (health protection/screening/emergency planning/immunisation/delivery of PH outcomes framework)

Health & Wellbeing Strategy/Policy Development

Professional Leadership

PH input to JSNA

Close links to Health & Wellbeing Board

PH Communications/FOI Lead

People Directorate

Commissioning lead: sexual health

 health checks

 PH Mental health services

 nutrition services

Behavioural and lifestyle programmes to prevent long term conditions

Birth defect prevention

Seasonal mortality initiatives

Places Directorate:

Tobacco control

Increasing physical activity

PH Intelligence

Local role in health protection incidents

Community safety

Injury prevention

Obesity policy and strategy

Alcohol & drug misuse

Healthy communities

Emergency planning

Policy and Resources

Workplace health

Public health law

Integrated impact assessment

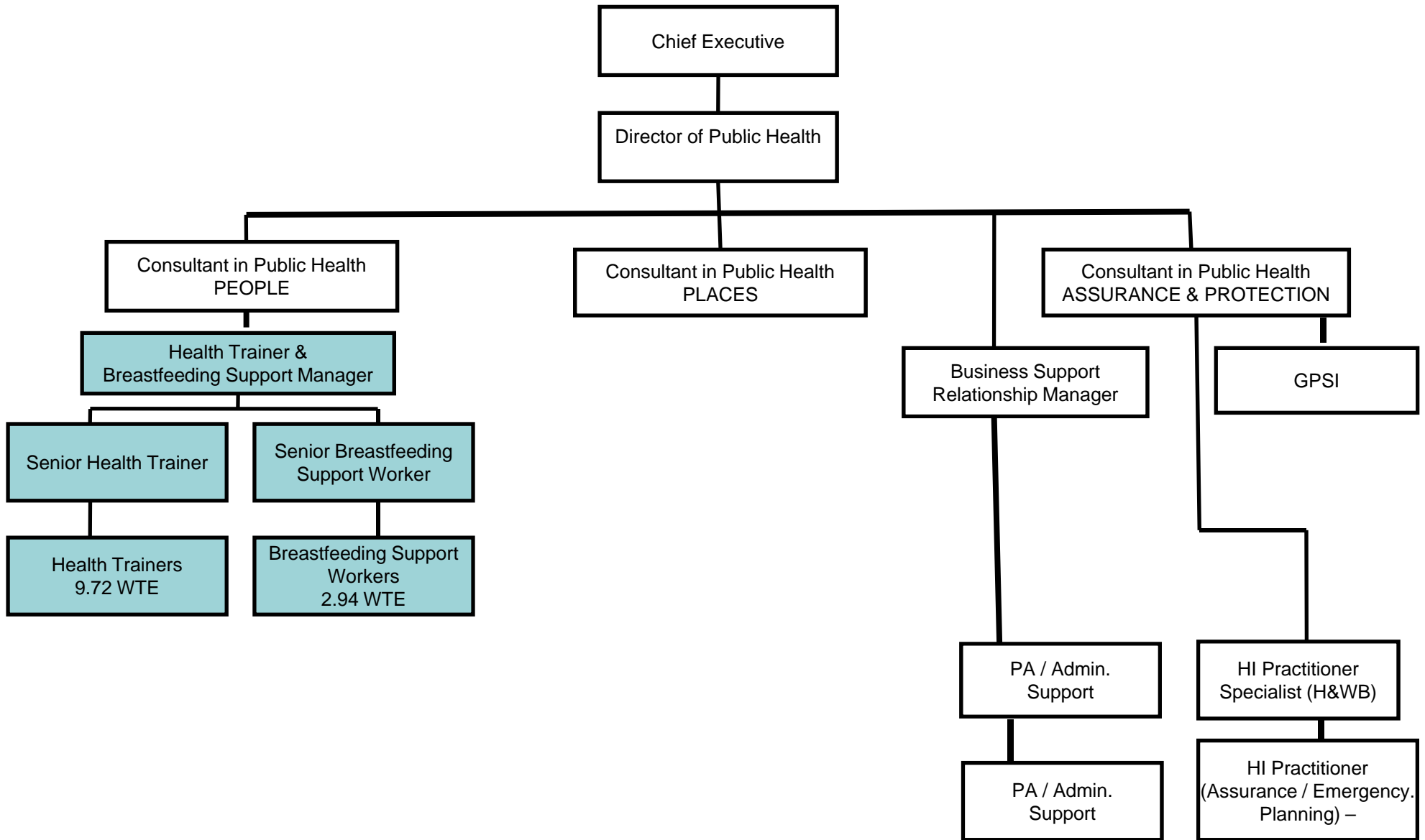
Health scrutiny

EXISTING NORTH LINCS NHS POSTS

TITLE	BAND	WTE
<u>Public Health Hub:</u>		
Director of Public Health	VSM	1.00
GP Special Interest in Public Health	Sessional	0.21
Health Improvement Practitioner (Emergency Planning)	5	1.00
Health Improvement Practitioner Specialist (H&WB)	6	1.00
Personal Assistant	4	2.00
Public Health Consultant	8d	3.00
Business Support/ Relationship Manager	8c	1.00
		9.21
<u>Research & Intelligence:</u>		
Head of Public Health Intelligence	8a	1.00
Senior Public Health Analyst	6	3.00
Knowledge Management Officer	5	1.00
		5.00
<u>Health Trainers:</u>		
Health Trainer & Breastfeeding Support Manager	6	1.00
Senior Health Trainer	5	0.80
Health Trainer	3	9.72
Senior Breastfeeding Support Worker	5	1.00
Breastfeeding Support Worker	3	2.94
		15.46
<u>Health Improvement:</u>		
Health Improvement Principal	8a	1.00
Health Improvement Practitioner Advanced	7	4.61
Health Improvement Practitioner Specialist	6	3.53
		9.14
<u>Substance Misuse:</u>		
Substance Misuse Strategy Manager	8a	1.00
Joint Commissioning Manager	7	1.85
Secretary	3	1.00
Office Manager	6	1.00
Information Analyst (DIP Specialist)	6	1.00
Substance Misuse Workforce Development Officer	6	1.00
		6.85
TOTAL		45.66

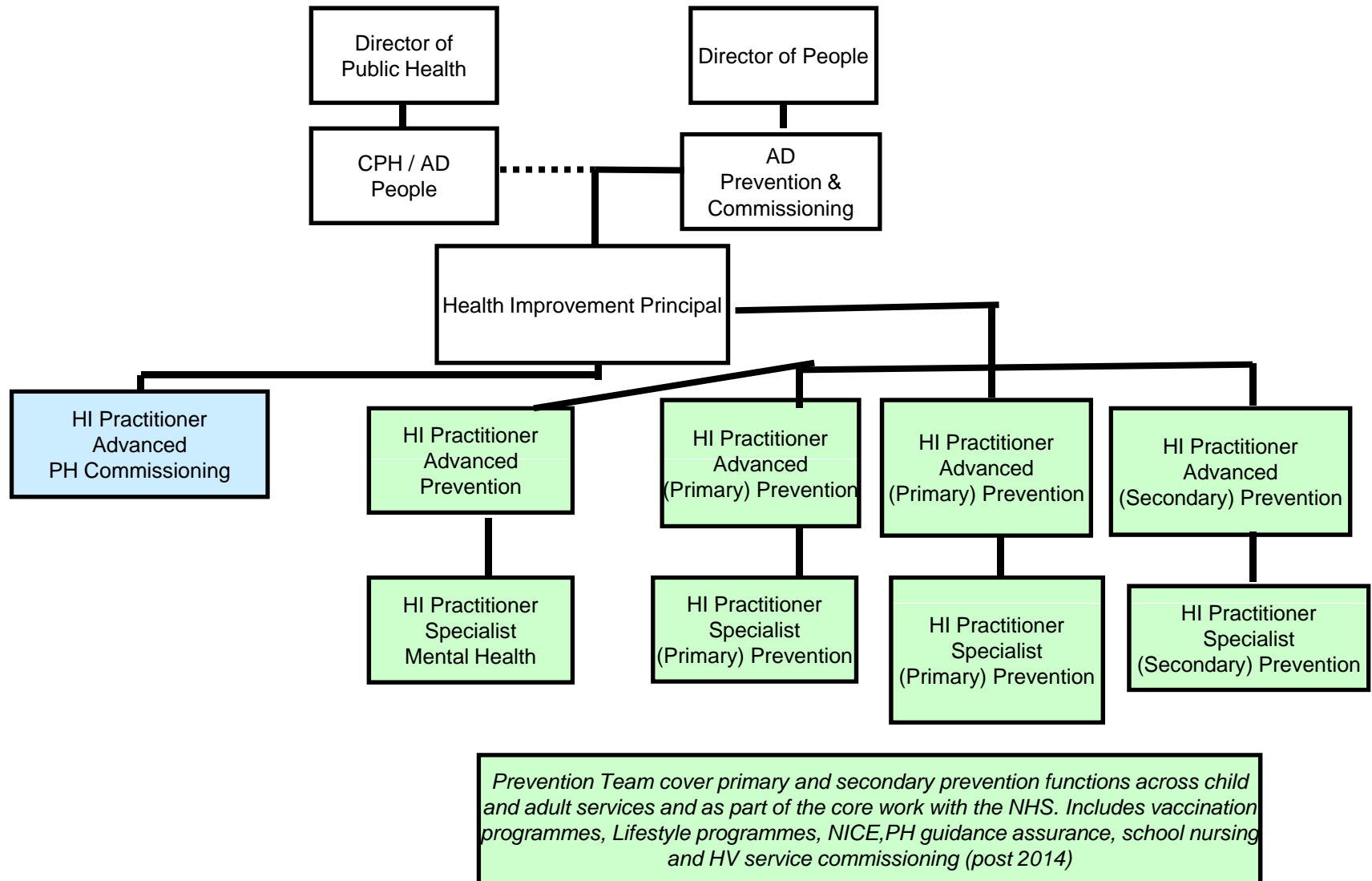
Public Health “Hub”

Appendix 3(i)



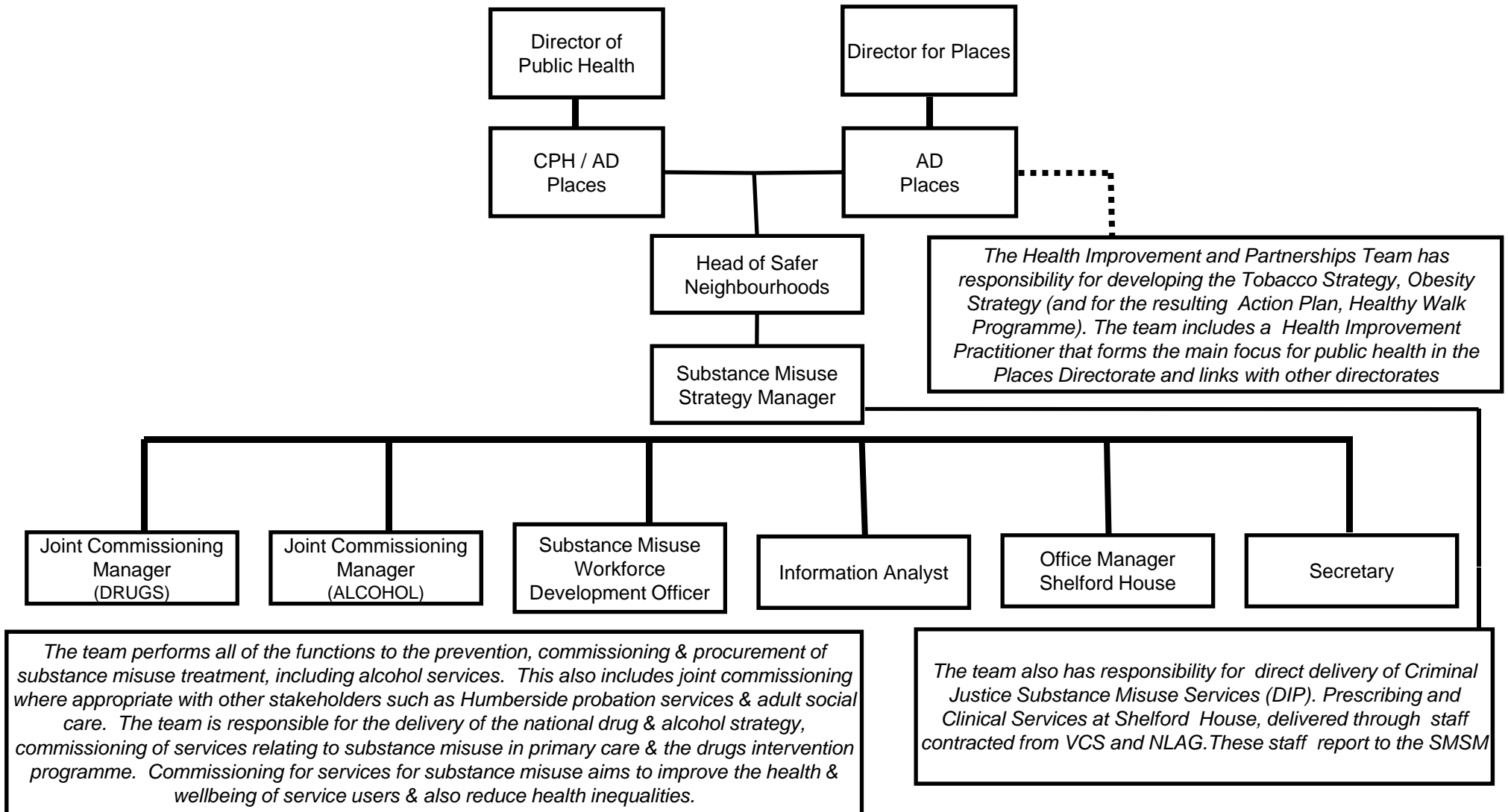
People Directorate

Appendix 3(ii)



Places Directorate (1)

Appendix 3(iii)



Places Directorate (2)

