

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 31 May 2012

Agenda item: 3

Wards: All

Subject: Transition of Public Health to the London Borough of Merton

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Forward Plan reference number:

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Recommendations:

- A. Members are asked to note the new local authority public health functions and responsibilities, and the arrangements for the transition of Public Health to the London Borough of Merton
 - B. Further detail will be available in advance of the Scrutiny Panel on 31st May 2012
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. At the last meeting of the Healthier Communities and Older People Overview and Scrutiny Committee, Panel members expressed some concern about the transition to public health in Merton. The Chair has asked for an additional meeting to be held in order to look at this process in more detail.

2 DETAILS

2.1. Local authority public health functions and responsibilities

- 2.2. The Health and Social Care Act 2012 includes a transfer of responsibilities for public health from NHS Primary Care Trusts to local authorities from April 2013. The new public health responsibilities are intended to clearly demonstrate the leadership role for local authorities in:

- Tackling the causes of ill health, and reducing health inequalities
 - Promoting and protecting health
 - Promoting social justice and safer communities

- 2.3. The vision for local government leadership of public health is that health and wellbeing is integral to everything the council does, and that health impact and maximising health benefit are systematically assessed during policy development.

- 2.4. Specifically, local authority responsibilities for public health leadership, commissioning and delivery will include mandatory functions and services, including:

Production of the Joint Strategic Needs Assessment (JSNA), jointly with the Clinical Commissioning Group
Leadership of the Health and Wellbeing Board and production of the Joint Health and Wellbeing Strategy
Appointing a Director of Public Health to be responsible for its public health functions, including the planning and response to emergencies that involve a risk to public health
The Director of Public Health must produce an annual report on the health of the people in the area of the local authority which must be published

2.5. Commissioning or providing certain mandatory services, including:

Appropriate access to sexual health services
Services to protect the health of the population
The National Child Measurement Programme
NHS Health Check assessment
Commissioning a range of other public health and health improvement services, including those addressing smoking and obesity
Provision of public health advice to NHS commissioners – the ‘core offer’ to Merton Clinical Commissioning Group.

2.6. Local authorities will be expected to ensure that they have the appropriate resources in place to deliver this function to the appropriate quality standards. This resource includes not only the Director of Public Health and Public Health Consultants, but also wider intelligence and analytical resources.

2.7. **Public Health Vision and Outcomes**

2.8. In delivering its new public health functions, the Council will be mindful of the need to set a vision for public health and to achieve improvements in the health and wellbeing of the people of Merton, including reducing health inequalities. The overarching outcomes set out in the new Public Health Outcomes Framework are increasing healthy life expectancy and reducing the differences in life expectancy and healthy life expectancy between communities.

2.9. These outcomes are supported by detailed indicators in four domains – improving the wider determinants of health, health improvement, health protection and healthcare public health and preventing premature mortality.

2.10. **Arrangements for the Transition of Public Health to the London Borough of Merton**

2.11. In order to effect the transfer of public health responsibilities to the London Borough of Merton, a Public Health Transition Task Group has been established jointly with NHS SW London, Sutton and Merton, and a detailed Transition Plan has been agreed.

2.12. In order to fulfil their public health responsibilities, a ring-fenced Public Health Grant will be made to the Council by the Department of Health. Estimates of baseline spending for public health functions were published by the Department of Health in February 2012. The minimum Grant for Merton is expected to be £7.469m.

- 2.13. In Sutton and in Merton, transition has the added complexity of requiring decisions and possible consultation about the distribution of the public health arrangements between the two boroughs. There is a history of joint commissioning and delivery of public health functions across Merton and Sutton.
- 2.14. The Council must appoint a Director of Public Health to take responsibility for its public health functions which include duties to improve the health of the people in the borough. The decision about local arrangements will be made by Cabinet on 11th June 2012.
- 2.15. In meeting its Public Health responsibilities, local authorities will need access to a balance of generalist and specialist public health resource to support the DPH and ensure that statutory responsibilities are met. Some of this expertise will be available at no cost from Public Health England.
- 2.16. Public health expertise will be of greatest benefit when it is combined with strong corporate networks and a good understanding of the politics, policies and procedures of the council, as well as detailed knowledge of the people and places served. Strong relationships with partner agencies, in addition to those across council directorates and with the local Clinical Commissioning Group, will help to ensure public health advice is fit for purpose and value for money.

3 ALTERNATIVE OPTIONS

- 3.1. The transition of public health functions from the NHS to Local Authorities is not an option under the Health and Social Care Act 2012. However, a number of options for the service structure and design are currently being considered

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. None, apart from that relating to the staff who may be transferred

5 TIMETABLE

- 5.1. The timetable and key milestones for the transition of public health functions are covered in the Transition Plan and include:
Public Health responsibilities will transfer to the Council on 1 April 2013.
The Public Health ring-fenced Grant is expected to be announced in December 2012, for 2013/14

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. Public health functions and staff will be funded by the Public Health Grant. There are concerns that this will be sufficient to fully fund the functions. There are also concerns that the proposed baseline funding allocation for Merton at £34 per head of population is below the average England spend of £40 per head.
- 6.2. In addition, any decision to appoint a sole Director of Public Health will have costs implications, and an agreement to make 3% of the Public Health Grant available to the Mayor for London-wide public health delivery (£210,000 approximately), will need to be funded. Detailed analysis of the Public Health spend and the on-going commitments against the likely Public Health Grant is underway.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. In preparation for the transition year 2012/13, Primary Care Trusts are required to agree a Memorandum of Understanding (MoU) with their local authority covering working arrangements during the transition year. The MOU between NHS SW London and the London Borough of Merton has been agreed. The MoU makes clear that the continuing legal, professional and clinical accountability for public health functions and staff remain with NHS SW London, Sutton and Merton, until 1 April 2013, unless any formal legal agreement to transfer any responsibilities to the London Borough of Merton is put in place. It also sets out the role of the Public Health Transition Programme Board for the oversight of the transition, as well as the monitoring of performance and outcomes of public health functions, including finance and activity to ensure transparency between the PCT and the Council during the transition year.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. The statutory duty on the Council for public health will include the reduction of health inequalities

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. A risk log is attached to the Transition Plan identifying potential risks to transition. The Transition Project Board will agree mitigation plans and monitor the risks regularly.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Latest updates on the public health transition

12 BACKGROUND PAPERS

1. Health and Social Care Bill: Public Health provisions as applicable to local authorities
2. Improving outcomes and supporting transparency; A Public Health Outcomes Framework for England, 2013-2016

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf