

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	TRANSFER OF PUBLIC HEALTH TO LOCAL GOVERNMENT		
<b>DATE OF DECISION:</b>	21 <sup>ST</sup> MARCH 2013		
<b>REPORT OF:</b>	DIRECTOR OF PUBLIC HEALTH		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

### **BRIEF SUMMARY**

Local authorities will become responsible for a number of public health functions from April 2013. This report summarises the key local authority public health functions and it highlights some of key activities being undertaken to ensure public health will operate effectively as a local authority service from April.

### **RECOMMENDATIONS:**

- (i) That the progress being made towards the relevant public health functions being transferred to the local authority be noted.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. To update the scrutiny panel on actions being taken to transfer a range of public health functions to the council from 1<sup>st</sup> April 2013.

### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None

### **DETAIL (Including consultation carried out)**

3. The Health and Social Care Act 2012 transfers public health from the NHS to local authorities and a new body called Public Health England from April 2013. A significant amount of work has been undertaken in both the council and the PCT to ensure the smooth transfer of staff and the seamless transition of the service and activities. A transition plan, approved both by the PCT and SCC Cabinet, was submitted to South Central Strategic Health Authority in March 2012.
4. Political leadership for public health in Southampton will be with the Cabinet Member for Communities, reflecting the cross-Council nature of public health. The ring-fenced public health grant will be in the cabinet member's portfolio. The Council's Director of Public Health will be its principal adviser on health, fulfil a range of statutory responsibilities, be the senior officer lead responsible

for ensuring all the new public health functions are delivered, and for the Health and Wellbeing Board. The Health and Social Care Act also makes it a statutory requirement for the Director of Public Health to produce an annual report on the health of the local population, and for the City Council to publish it. The Cabinet has approved in principle a scheme of delegation to the Director of Public Health. The scheme of delegation will be considered by the Governance Committee on 19<sup>th</sup> March, and then be presented to Council for determination on 20<sup>th</sup> March.

5. Public Health will be a function that needs to input into and influence work across the Council. With the function being located in the People Directorate there will be strong connections to the work of children's and adult social care, housing services, and port and environmental health. To ensure opportunities to tackle wider determinants of ill health are maximised, Public Health will work with the new Place Directorate to co-design and support work programmes that link health improvement with private sector housing, transport, community safety and economic development. Through the Communities portfolio, Public Health will contribute to work on tackling poverty, Families Matter and equalities. The overall public health programme will be shaped by the Joint Health and Well-being Strategy, and deliver improvement across a range of prioritised outcomes, drawn from the national Public Health Outcomes Framework, which has links to, and a number of shared outcomes, with the frameworks for adult social care and the NHS.
6. Public Health Southampton comprises 20 posts representing 16.9 whole time equivalents. It is a multi-disciplinary public health team with support staff transferring from NHS Southampton which will continue to deliver public health functions and responsibilities (the "core team"). These functions include:
  - health surveillance and needs analysis
  - health protection (including emergency preparedness)
  - population health care advice (including effectiveness and priority setting)
  - commissioning health improvement services

collaborative programmes to tackle causes of ill health

#### **Transfer of Public Health Staff**

7. To assist with the smooth transfer of the function, public health staff were relocated from PCT premises to the civic centre in March 2012. The transfer of staff to the Council will be covered by a Transfer Scheme drafted by lawyers acting for the Department of Health. This is consistent with arrangements for other Public Health Services and staff across the country, transferring to Local Authorities on 1st April 2013.

#### **Local Authority Public Health Responsibilities**

8. Local Authorities will be specifically responsible for commissioning the following services. Those marked \* are mandated services in legislation,

however, many of the others are required to make delivery of those mandated services a reality.

- NHS Health Check assessments\*
- The national child measurement programme\*
- Comprehensive sexual health services - including testing and treatment for sexually transmitted infections, conception outside of the GP contract and sexual health promotion and disease prevention\*
- A new expanded local authority role for public health - health protection including assurance of infection control, incidents, outbreaks and emergencies with a specific leadership role for Emergency Planning, Resilience and Response\*
- Public health leadership, advice and support to NHS commissioners\*
- Tobacco and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5 to 19 (and in the longer term all public health services for children and young people)
- Interventions to tackle obesity, such as community lifestyle and weight management services
- Locally led nutrition initiatives
- Increasing levels of physical activity in the local population
- 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 and screening programmes
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

## **Public Health Protection**

9. From April 2013 the local authority will become responsible for all aspects of public health protection, supported by Public Health England. This will include community infection prevention and control. Other issues where public health may be called on would include chemical spills, natural disasters and the covert deliberate release of biological and chemical agents. The local authority will be expected to provide public health leadership in such circumstances and action to mobilise the NHS response.

## **Partnership with the Southampton CCG: The Local Public Health Advisory Service**

10. One component of the new LA responsibilities for public health includes a Public Health Advice Service or “Core Offer” to Clinical Commissioning Groups (CCG). As the council is co-terminus with Southampton City CCG, the Public Health Advice service is with a single CCG, which helps align partnership planning and shared programmes. The elements of public health advice have been laid out in a memorandum of understanding that has been negotiated as part of the NHS transition into CCGs and new public health accountabilities and responsibilities. This was initially termed the “Core Offer”, but is now known as the public health advice service. The Southampton memorandum of understanding covers two years to include the transition year 2012-13 and the first year of health act implementation in 2013-14. It is under active review by the PH team and the CCG in the transition year.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

11. Public Health transfers to the local authority with a budget that is ring-fenced for a period of 2 years. With a number of public health functions transferring to Public Health England, it is not simply a case of transferring the existing PCT public health budget to the local authority. The Department of Health published the 2013/14 and 2014/15 budget allocations to enable local authorities to fulfil the public health function on 10<sup>th</sup> January 2013. The budget allocation announced for Southampton is £14.313m for 2013/14 and £15.050m for 2014/15. The final Public Health spending plan for 2013/14 is currently being compiled and from work completed to date is not expected to exceed the grant allocation announced. From April the budget will be subject to the standard council budget reporting and monitoring processes, and public health will be fully included in the budget setting process for 2014/15.
12. The Public Health Grant is ring-fenced for public health activities in local authorities in the next 2 years. Details of the grant conditions have been published. The key points from the conditions are:
  - The DH will monitor grant spending against identified responsibilities and outcomes.
  - Three quarterly returns will need to be made to the DH followed by a “Statement of Grant Usage” to be signed by the Chief Executive after the year end.
  - External auditors will be examining grant spending.

13. Approximately 230 existing contracts/agreements/services will be transferred to the council. These have a total value of £12.6m, which includes one very big contract with Solent with a value of approximately £4.5 million.

**Property/Other**

14. None.

**LEGAL IMPLICATIONS**

**Statutory power to undertake proposals in the report:**

15. Local authority public health responsibilities are set out in the Health and Social Care Act 2012.

**Other Legal Implications:**

16. None.

**POLICY FRAMEWORK IMPLICATIONS**

17. None.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	None
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**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	/No
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**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None.	
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