

**PUBLIC HEALTH REFORMS**

*To:* **Cabinet**

*Date:* **25 October 2011**

*From:* **Acting Executive Director, Community and Adult Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **The purpose of the report is to brief Cabinet on the progress of the Council in implementing the requirements of the Government's public health reforms and seek Cabinet direction regarding how the Council will exercise its new responsibilities as a public health authority.**

*Recommendation:* **Cabinet is asked to:**

- (a) Note the Government's reforms of the public health system and the progress of officers in implementing the Council's new responsibilities for public health.**
- (b) Endorse the design principles of the Council's public health function at paragraph 2.5.**
- (c) Endorse the ongoing work of the Public Health Management Team to ensure public health and the wider determinants of health are considered in service delivery.**
- (d) Note the ongoing work to develop the Networks around the Health and Wellbeing Board and Children's Trust to achieve outcomes on behalf of Cambridgeshire's residents.**

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## **1. BACKGROUND**

- 1.1 The Government announced its plans for a radical transformation of the public health service in England in November 2010.
- 1.2 The white paper “Healthy Lives, Healthy People” set out the Government’s vision for how they will respond to the major public health challenges of the 21<sup>st</sup> Century through a redefined public health service.
- 1.3 The white paper saw the creation of a new, integrated, national public health service, Public Health England, and a return to local authorities for Primary Care Trust (PCT) Public Health Teams, bringing with them a new imperative to put public health at the heart of public services.
- 1.4 The Government aims to put Localism at the heart of the new system with devolved freedoms, responsibilities and funding. The Health and Social Care Bill provides that upper-tier local authorities will have a duty to take steps to improve the health of their population. These new functions will formally begin in April 2013.

## **2. THE COUNCIL AS A PUBLIC HEALTH AUTHORITY**

### **Responsibilities under the Government’s Public Health Reforms**

- 2.1 The Government’s reforms to the public health system are in response to the range of challenges we face to the public’s health such as obesity, health inequalities or the ageing population. Within the new system local authorities will take on new responsibilities for public health. By taking on this role the Council should be able to develop holistic solutions to health and wellbeing embracing the full range of local services (e.g. health, housing, leisure, planning, transport, children and young people’s services and adult social care).
- 2.2 These new public health responsibilities will be supported by a ring-fenced budget and the Director of Public Health will lead on this work, as the principal adviser on health to the Council. NHS Cambridgeshire and Cambridgeshire County Council have carried out a detailed accounting exercise to identify spend on public health by the NHS in the financial year 2010/11. This information has been returned to the Department of Health and will be subject to further checks and validation before it is used to inform the setting of the national shadow Public Health Ring Fenced budget for 2012/13 which is expected to be announced in December 2011.

### **Designing the Council’s Public Health Function**

- 2.3 As the County Council takes on responsibility for public health we have the opportunity to ensure greater integration and coordination between public health and other public services. Officers need to be aware that all Council services may impact either directly upon public health or on the wider determinants of health.

- 2.4 Internally officers have established a Public Health Management Team including representatives of Children and Young People's Services, Community and Adult Services and Environment Services as well as colleagues from the Primary Care Trust to ensure the public health implications of council activities are considered and to ensure a successful transition, seeking greater integration, collaboration and coordination where appropriate. As well as County Council services, officers are also mapping public health links to District Council services and other relevant partners.
- 2.5 The Public Health Management Team is currently working on the design of the public health function ready for the transfer from the PCT to the County Council. To support the design process officers have developed a series of principles:
- Any 'structure' should enable public health staff to engage with and support a range of external partners e.g. GP commissioners, district councils in order to improve and protect population health.
  - It should enable the public health staff to engage across the range of county council functions for the same purpose.
  - The structure should enhance our capacity to act as a public health authority.
  - Consideration of any structure should be based on likely impact on population health outcomes.
  - It should fit with the localism agenda.
  - It should enable ongoing leadership and development of a strong Joint Strategic Needs Assessment (JSNA).
  - Arrangements should complement existing expertise within the County Council and should aim to build capacity of the local authority to become a truly public health organisation.

### **3. THE ROLE OF PUBLIC HEALTH IN COMMISSIONING**

- 3.1 Effective delivery of the Health Reforms is crucially dependent on the input and expertise of public health professionals. If clinical commissioners are to carry out their role effectively they need to have access to the right information and it is not necessary or appropriate for clinicians to have the time or skills to do this themselves. Therefore the role of public health is to help commissioners to make the best value commissioning decisions.
- 3.2 Public Health professionals at the Primary Care Trust (PCT) have been working on developing a local model for public health input into clinically led commissioning. This was originally developed by GP commissioners and public health consultants but can be applied more generally.
- 3.3 Within the model there is the 'Core' support which the public health team can provide to commissioners, for example, health needs assessments through the JSNA or giving advice on commissioning health services. Secondly there is 'Transitional' support, this is the support the public health team provides to Clinical Commissioning Groups (CCGs). This is designed to assist them as they take on responsibility for leadership of commissioning activity, for example, supporting the development of working relationships between CCGs

the County Council and other partners. Finally there is 'Optional' support which can be negotiated between public health specialists and commissioners as required.

#### **4. ROLE OF THE SHADOW HEALTH AND WELLBEING BOARD AND NETWORK AND THE CHILDREN'S TRUST**

- 4.1 The Health and Wellbeing Board (HWB) and Network will bring the whole system together at the local level and maximise the opportunities for integration between the NHS, public health, adult social care and children and young people's services. The HWB and Network will promote joint commissioning and drive improvements in the health and wellbeing of Cambridgeshire's residents
- 4.2 The HWB and Network will provide an opportunity for the Council and its partners to work closely with Clinical Commissioning Groups to develop a comprehensive Joint Strategic Needs Assessment (JSNA) and robust joint health and wellbeing strategy. The JSNA and joint health and wellbeing strategy provide a local framework form the commissioning of health care, social care and public health services.
- 4.3 Following a range of stakeholder consultation, it is recognised in Cambridgeshire that the Health and Wellbeing Board should be embedded in and responsive to a wider Health and Wellbeing Network, in order to involve the range of people and organisations which contribute to health and wellbeing in the county. Work to further develop the Health and Wellbeing Network is being taken forward, recognising the important role of existing local Health Partnerships at district level and the potential to strengthen these further.
- 4.4 Colleagues in the Children's Trust are undertaking similar work to develop their networks, partnership working is already well embedded across partner organisations delivering and commissioning services for Children and Families within Cambridgeshire. It is still a statutory requirement for Local Authorities to have a children's trust board in some form. Equally, the new Ofsted inspection framework outlines there should be a strong multi-agency focus with more joint inspection activity between different inspectorates.
- 4.5 The Children's Trust is considering how it can align helpfully with the Health and Wellbeing Network to ensure the Children's agenda can be taken forward strategically. Already, local commissioning and delivery is developing via the three children and families Area Partnerships. The children's trust will be identifying needs and priorities to feed into the HWB and plan, commission and monitor activity linked to outcomes. Key areas of work identified in the JSNA include:
  - Sustaining, enhancing and integrating Tier 2 Mental Health Services for young people
  - Integrating the delivery of health services with locality children's services provision
  - Supporting families with disabled/complex needs children through the implementation of a single plan and lead professional and

- Reducing health inequalities experienced by the children of vulnerable families.

The Children's Trust network will develop and drive these areas of work, including those identified through the HWB. These proposals will be discussed and considered by the Children's Trust Board on 31 October 2011.

4.6 When developing the model for the Shadow HWB and Network the views of partners were key throughout. Those views helped set the foundations for the HWB and Network and recommended we:

- Set a clear, unifying vision for Health and Wellbeing with a small number of strategic priorities (short and long term) and 'quick wins'.
- Maximise total resources available through combined budgets from mainstream/core revenue funding not just marginal budgets and grants.
- Focus on the outcomes that can only be achieved through collaboration i.e. where the HWB and Network can add value.

4.7 In Cambridgeshire we have made good progress in establishing a Shadow Health and Wellbeing Board and Network, the first meeting of the Board was due to be held 14 October 2011. Bearing in mind the above aims, the Board was due to agree a number of priorities to take action against. In deciding on those priorities the HWB aimed to ensure:

- That the issue cannot be addressed by a single agency carrying out its core business.
- That the issue requires partnership working by two or more organisations (including organisations that do not have a seat on the HWB).
- That the HWB and network will be adding value and making a difference to the lives of local people.

By adhering to these principles it is expected that the HWB and Network will be successful in achieving positive health outcomes for Cambridgeshire's communities.

## 5. RECOMMENDATIONS

5.1 Cabinet is asked to:

- (a) Note the Government's reforms of the public health system and the progress of officers in implementing the Council's new responsibilities for public health.**
- (b) Endorse the design principles of the Council's public health function at paragraph 2.5.**
- (c) Endorse the ongoing work of the Public Health Management Team to ensure public health and the wider determinants of health are considered in service delivery.**
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## **6. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING**

### **6.1 Supporting and protecting vulnerable people when they need it most**

There are no significant implications for this priority.

### **6.2 Helping people live healthy and independent lives in their communities**

There are no significant implications for this priority.

### **6.3 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **6.4 Ways of Working**

The report above sets out the implications for ways of working in sections 2, 3 and 4.

## **7. SIGNIFICANT IMPLICATIONS**

### **7.1 Resource and Performance Implications**

The report above sets out details of significant implications in paragraph 2.2.

### **7.2 Statutory, Risk and Legal Implications**

There are no significant implications for any of the prompt questions within this category.

### **7.3 Equality and Diversity Implications**

There are no significant implications for any of the prompt questions within this category.

### **7.4 Engagement and Consultation**

There are no significant implications for any of the prompt questions within this category.

<b>Source Documents</b>	<b>Location</b>
White Paper – “Healthy Lives, Healthy People” <a href="http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm">http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm</a>	See weblink
Health and Social Care Bill 2011 <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm">http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm</a>	See weblink