



Briefing Paper: *Public Health in Local Government*

December 2011

Context

The Public Health White Paper, 'Healthy Lives, Healthy People: Our strategy for public health in England' outlined the Government's proposal to transfer public health functions from the NHS to local government. The recent publications, 'Public Health in Local Government' and 'Public Health England's Operating Model' provide further detail on this transition. This briefing paper summarises these key documents.

KEY POINTS:

- Local government will take on the responsibility for improving public health and will: be population focussed; be 'shapers of place'; be focussed on the social determinants of health; tackle health inequality.
- The majority of responsibilities and resources for commissioning public health services will be devolved to local government.
- The local authority will have responsibility across the three domains of public health: health improvement; health protection; and healthcare.
- Mandated responsibilities include the appointment of a Joint Director of Public Health and ensuring that the following services are provided or commissioned:
 - Sexual health services
 - Duty to ensure plans in place to protect the health of the population
 - Provide NHS commissioners (NHS Commissioning Board, Clinical Commissioning Groups) with public health advice
 - National Child Measurement Programme
 - NHS Health Check Assessment.
- The Local Authority will take on other commissioning responsibilities, including, for example, smoking cessation services; alcohol and drug misuse services.
- The Joint Director of Public Health will be:
 - Responsible for exercising the local authority's public health functions
 - A statutory chief officer directly accountable to the local authority Chief Executive
 - A statutory member of the Health and Wellbeing Board
 - Accountable for the provision of public health advice
 - Required to produce an annual report on the health of the local population
 - Responsible for the public health ring-fenced grant on a day-to-day basis.
- Clinical Commissioning Groups will have a duty of co-operation with local authorities.
- The NHS Commissioning Board and Clinical Commissioning Groups will be accountable for making appropriate use of public health advice.
- NHS Commissioning Board will be accountable for the delivery of national screening and immunisation programmes and will initially lead the commissioning of public health services for under fives e.g. health visiting.

Introduction

'Public Health in Local Government' outlines the Government's vision that local government will take on the responsibility for improving public health and will:

- Be population focussed
- Be 'shapers of place'
- Focus on the social determinants of health
- Tackle health inequalities.

The Government believes that local authorities, through democratic accountability, breadth of role – including housing, education and regeneration offers an opportunity to deliver improvements in population health and wellbeing. This is supported through political leadership, existing partnership working and opportunities for innovation.

The document outlines some of the key roles and responsibilities that will take effect following Royal Assent of the Health and Social Care Bill.

Roles and responsibilities: local authority

The local authority will take on a duty "to take steps as it considers appropriate for improving the health of the people in its area". There is an expectation that commissioned services will meet the needs of disadvantaged and vulnerable, promote choice, focus on outcomes (including testing approaches to payment by outcomes), allow provider competition within the market and be informed by the Joint Strategic Needs Assessment and engagement with Health and Wellbeing Boards. The majority of responsibilities and resources for commissioning public health services will be devolved to local government. Those services, however, that are integrated within the delivery of clinical services or are part of the primary care contractual arrangements, will be commissioned through the NHS Commissioning Board (e.g. national screening and immunisation programmes).

1.1 Mandated responsibilities

The local authority must appoint (jointly with the Secretary of State for Health) a Director of Public Health who will have responsibility for its public health functions. Directors of Public Health will become one of the statutory chief officers. Specific guidance on their responsibilities will be published following Royal Assent. The Director of Public Health will be required to produce an annual report on the health of the local population and for the local authority to publish it.

The local authority will have responsibilities across the three domains of public health: health improvement; health protection; and healthcare. It will be mandated to ensure that the following services are provided or commissioned:

- Appropriate access to and commissioning of comprehensive sexual health services
- Duty to ensure plans in place to protect the health of the population
- Provide NHS commissioners (NHS Commissioning Board and clinical commissioning groups) with public health advice including on good population outcomes, reducing health inequalities through health improvement, health protection and on the quality of healthcare services. Public health advice to NHS commissioners is planned to cover the areas of:
 - strategic planning: assessing needs
 - strategic planning: reviewing service provision
 - strategic planning: deciding priorities
 - procuring services: designing shape and structure of supply

- procuring services: planning capacity and managing demand
- monitoring and evaluation: supporting patient choice, managing performance and seeking public and patient views
- National Child Measurement Programme
- NHS Health Check Assessment.

1.2 Other commissioning responsibilities

In addition to the above, local authorities will become responsible for:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19
- Interventions to tackle obesity
- Locally-led nutrition initiatives
- Increasing levels of physical activity
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population 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 (e.g. immunisation and screening programmes)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The local authority role in dealing with health protection incidents, outbreaks and emergencies
- 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.

Commissioning of these services will be discretionary. The local authority will be free to commission services beyond those outlined above in meeting their health improvement duty. These decisions should be guided by the Public Health Outcomes Framework, Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

1.3 Planned responsibilities

Further work is underway across a number of areas. These include:

- Healthy Child Programme: it is not intended that any element of this programme will be mandated for 2013, although work is ongoing in this area
- The aim is to unify responsibility for public health funded children and young people services within local government by 2015 when increased health visiting workforce and new service model and Healthy Child Programme offer to families should be in place
- Proposal to require that local authorities take steps to ensure that plans are in place to protect the local population (ranging from minor outbreaks to full scale emergencies).

1.4 Director of Public Health

The Health and Social Care Bill makes clear that the Director of Public Health will be responsible for exercising the local authority's public health functions. They will be a 'critical player' in ensuring integrated health and wellbeing services. The role will need to be fully engaged in the redesign of services, influence and support colleagues, facilitate innovation and contribute to the work of NHS commissioners. They will:

- Be a statutory chief officer as described in the Local Government and Housing Act 1989
- Be directly accountable to the local authority Chief Executive
- Be statutory members of the Health and Wellbeing Board
- Have direct access to elected members
- Be specialist trained, with appropriate technical, professional and strategic leadership skills (from a wide range of disciplines, including, but not limited to, medicine) and reflect the highest possible standards as set out by the Faculty of Public Health
- Accountable (along with Public Health England) for the provision of high quality public health advice
- Be the person elected members and senior officers will consult on a range of issues including emergency preparedness and access to local health services
- Promote opportunities for action across the "life course", working together with local authority colleagues such as the Director of Children's Services and Director of Adult Socials Services, and with NHS colleagues
- Be statutorily required to produce an annual report on the health of the local population
- Provide a co-ordination role to protect the health of the local population and escalate issues as necessary, providing advice, challenge and advocacy
- A lead Director of Public Health for a local authority within the Local Resilience Forum (LRF) will co-ordinate the public health input into planning, testing and responding to emergencies across the local authorities in the LRF area. Alongside a lead director appointed by the NHS Commissioning Board will act as co-chairs during emergency planning at the Local Health Resilience Partnership (a formalisation of existing health subgroups)
- Work with local criminal justice partners and the new Police and Crime Commissioners to promote safer communities
- Have day-to-day responsibility for the public health ring-fenced grant.

Roles and responsibilities: NHS

- Clinical Commissioning Groups will have a duty of co-operation with local authorities
- NHS Commissioning Board and Clinical Commissioning Groups are accountable for making appropriate use of the advice of Public Health England and Directors of Public Health
- NHS Commissioning Board will be accountable for the delivery of the national screening and immunisation programmes
- Provisionally, abortion services will remain in the NHS and be commissioned by Clinical Commissioning Groups
- NHS Commissioning Board will lead commissioning of public health funded services for children under five in the first instance, including health visiting, Healthy Child Programme and Family Nurse Partnership. From 2015 it is proposed that this responsibility will transfer to the local authority and Director of Public Health.
- Responsibility for sexual assault services (SARCs) will, in the short to medium term rest with the NHS Commissioning Board
- Both Public Health England and the NHS Commissioning Board will have a clear responsibility to promote early diagnosis (e.g. cancer)
- The NHS Commissioning Board will take responsibility for commissioning effective Child Health Information Systems with Public Health England retaining an interest in its specification. This will be reviewed in 2015.

Public Health England

Public Health England will be established in April 2013 and will be 'the authoritative national voice and expert service provider for public health'. It will provide expert evidence, intelligence and cost-benefit analysis to enable: effective investment; public protection; commissioning and delivery of safe and effective healthcare services and public health programmes; and ensure interventions and services are designed to meet the needs of different groups and reducing inequalities. It will have three key national and specialist functions:

- Delivering services
- Leading for public health
- Developing the workforce.

It is anticipated that it will have a national office including centres of expertise and four hubs overseeing locally facing services and support local authorities and other organisations. There will also be a 'distributed network' for some functions such as information and intelligence and quality assurance to allow location alongside NHS and academic partners. Public Health England will be an executive agency of the Department of Health and will have operational autonomy to advise Government, local authorities and the NHS in a 'professionally independent manner'.

Next steps

A number of further publications (expected early 2012) will support the transition of public health functions to the local authority. These include:

- A Public Health Workforce Strategy which will be accompanied by a formal public consultation
- Public Health Resources (Staff and Ring-fenced "Hypothecated" Budgets)
- Public Health Outcomes Framework.

Local considerations/ implications

1. To ensure that the local authority is able to meet its mandated responsibilities by 2013, a detailed transition plan will be required to provide assurance of progress.
2. By April 2013, the local authority will need to have in place appropriate planning and commissioning arrangements to meet its mandated responsibilities. These will need to be supported by robust and transparent reporting, governance and accountability structures.
3. Clarity of understanding will need to be achieved locally. This will include commissioning remits and responsibilities, particularly of the local authority and clinical commissioning group(s). This will also need to include clarity around what constitutes 'public health advice' and which of this advice is provided locally through the Director of Public Health and team and what will be delivered via Public Health England.
4. Although the NHS Commissioning Board will have national responsibility for screening and immunisation programmes, there will be an expectation that local plans are in place to implement and monitor these.
5. Taking on the planned focus on the social determinants of health and reducing health inequalities will require that the local authority will not only have operational requirements and duties, but will also have a strategic leadership and co-ordinating responsibility across partners.
6. In discharging these new responsibilities, the local authority will need to ensure close working relationships are in place with the clinical commissioning group (who will have a duty of co-operation) and wider partners.
7. To meet these new requirements, the local authority may need to review its reporting arrangements and structures.
8. It is likely that further responsibilities will be passed to the local authority over the coming years. There will therefore need to be a forward-looking and flexible approach to ensure these are identified and plans put in place.

For further information see the full documents – these are presented as a series of factsheets and are therefore very accessible.

References

Department of Health (2010) *Healthy Lives, Healthy People: Our strategy for public health in England*. HMSO, London. Cm. 7985. Link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

Reviewed document details

Title	Public Health in Local Government Factsheets/ Public Health England's Operating Model Factsheets
Publisher	Department of Health
Date	20 th December 2011
Gateway No.	16747; 16912
Link	http://healthandcare.dh.gov.uk/public-health-system/

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