Agenda item:

Decision maker:	**Employment Committee** **Governance and Audit and Standards Committee**
Subject:	**Public Health in Portsmouth - up-date on transition arrangements**
Date of decision:	**15 January 2013** **24 January 2013**
Report by:	**Chief Executive and Director of Public Health**
Wards affected:	**All**

Key decision (over £250k): No

1. Purpose of Report

This paper describes how Portsmouth City Council will deliver its public health role from April 2013 following transfer of responsibilities from the NHS and the progress that has been made towards this transition. A public health strategy for the City will set out in further detail how the vision will become a reality.

2. Recommendation

That Members note the content of the report.

3. Vision for Public Health in Portsmouth

The vision is that:

'Public Health will be at the heart of everything that the City Council does in working to shape our Great Waterfront City and will provide leadership and influence across all Council services and activities to improve the overall health and well-being of the people of Portsmouth, concentrating on improving the health of the poorest, fastest.'

Key principles

To achieve the vision we will:

- Build on the successful citywide collaborative and cooperative model of working across agencies to prioritise Public Health in Portsmouth
- Develop a remodelled, enhanced and locally led Public Health approach
- Focus firmly on the needs of the residents of Portsmouth, working together to shape the environment in which local people live, work and play, as well as challenging and tackling inequality and deprivation to improve health outcomes and reduce health inequalities in the City.
- Lead and influence across the full range of services, functions and activities to improve health and reduce inequality to tackle the underlying wider social determinants of health

4. Background

The new public health system for England sees local leadership for health moving to local authorities, supported by a new national agency – Public Health England (PHE). People and resources will transfer from the NHS to the Council to complement the programmes and services that it already provides.

The statutory and other public health responsibilities of the Council are set out in the Health and Social Care Act 2012 (H&SCA 2012).

On 1 April 2013, existing Public Health staff currently employed by the NHS will transfer their employment to Portsmouth City Council. There are 20 staff (17.05 fte) currently employed to deliver the public health function who will be transferred. It has been determined across the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust (SHIP PCT) that the transfer will use the Cabinet Office Statement of Practice on Staff Transfers in the Public Sector 2000 (COSOP). This sets out policy in relation to transfers. It protects the rights of public sector staff involved in transfers, ensuring continuity of employment and of terms and conditions. In effect, COSOP will be applied and the principles of TUPE will be adhered to. In order to safeguard the terms and conditions of NHS staff, the Government will use a Transfer Order, defined by the H&SCA 2012, the contents and detail of which have not yet been released to the NHS or local government.

Staff transferring into the City Council are currently engaged in one month's consultation, led by the SHIP PCT, the details of which are largely focused on some differences in employment terms which the City Council is aware of and would need to change from the outset, such as the day on which staff are paid and the start and end dates of the annual leave year.

Since August 2012 the role of Portsmouth DPH has been provided by Dr Andrew Mortimore, the Southampton DPH, on an interim basis. This has been working very well and it is proposed that this will continue beyond the

1 April 2013 transfer of public health functions. A formal review process will be designed to evaluate the views of the two City Councils, the CCGs and Public Health England to establish long-term arrangements.

The Council will have a leadership role in:

- tackling the causes of ill-health, and reducing health inequalities
- promoting and protecting health
- promoting social justice and safer communities.

The Council will be responsible for six mandated and 17 other services, set out in Appendix 1.

In the new system, the NHS Commissioning Board will be responsible for immunisations, GP contracted services, screening, and under 5s public health. PHE support to local authorities will include specialist dental public health advice.

The Council will also develop holistic approaches to improving health and well-being, and to tackling wider determinants of health.

With the Portsmouth Clinical Commissioning Group and through the Council's Health and Wellbeing Board, the City's health needs will be assessed (a Joint Strategic Needs Assessment (JSNA) is published annually[1]) and an overarching partnership strategy developed (the Joint Health and Wellbeing Plan). The draft Plan has recently been out to consultation.

Through the Public Services Board, wider engagement and support for health improvement initiatives will be sought.

5. The Council's approach

In 2011, the Council and the former PCT prepared a Transition Plan for the transfer of functions. The Plan was well regarded nationally, and progress implementing the Plan has been good. Political leadership for public health in Portsmouth will be with the Cabinet Member for Health and Social Care. The ring-fenced public health grant will be in Health and Social Care portfolio.

The Council's Director of Public Health will be its principal adviser on health, fulfil statutory responsibilities and be the Executive lead responsible for ensuring all the new public health functions are delivered. The DPH will also be a member of the Council's Strategic Directors Board and the Health and Well-being Board, and is required to report directly to the Chief Executive.

[1] The JSNA is available at www.jsna.portsmouth.gov.uk

The Health and Social Care Bill 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.

Public Health in the Council will include a multi-disciplinary public health team with support staff who have transferred from NHS Portsmouth to continue to deliver public health functions and responsibilities (the "core team"). These functions include:

- health surveillance and needs analysis
- health protection
- population health care advice (including effectiveness and priority setting)
- commissioning health improvement services
- collaborative programmes to tackle causes of ill health

The skills and expertise of the public health intelligence team are an integral and essential part of the core team, underpinning all areas of work.

In Portsmouth there is a unique opportunity to develop a public health service that builds on a strong track record of delivery, and combines a specialist public health team transferring from the NHS with a children and young people health improvement team in the Council (HIDS). The NHS team commissions services, as well as carrying out a range of functions that will become the responsibility of the Council. The health improvement team deliver a range of interventions as well as contracting with other providers. Its funding is from a variety of sources, including the NHS (public health).

The collective skills of the two teams will enable the Council to take public health to the next level, with ambitious plans to lead a City-wide drive to tackle deep-seated health inequalities and raise the health and well-being of Portsmouth people. In advance preparation for the transfer of responsibilities, these teams have been co-located in the Civic Offices since 23 Feb 2012.

Although the delayed details of the ring-fenced budget transferring to the Council will not be known until January 2013, the indicative grant for Portsmouth published in early 2012 (estimated at £14.8M) was the highest in the South of England, and allows the Council to be cautiously optimistic that the existing public health programmes can be sustained. The ambition is to review and redesign services, and achieve more with the resources available, adding value to the Council's overall offer and that of partner organisations. The delay in publication of the grant is to allow a two-year allocation to be approved by ministers, including an element of growth.

Over the past 18 months there has been some re-shaping and downsizing of the NHS public health team, in anticipation of the transfer and integration with

the Council HIDS team (25 individuals, equivalent to 21.16 fte). The core public health team of 20 individuals (equivalent to 17.05 fte) who will transfer across to the City Council will continue to deliver the functions that become the responsibility of the Council within a new multidisciplinary service, which will both commission and provide services.

The combined team – Public Health Portsmouth - will work alongside other existing functions within the Council. Key programme support will be provided by the Council's communications team (which includes one public health funded post), legal services and procurement. Other support services will include HR, IT, and financial accounting.

A range of other public health responsibilities are currently delivered elsewhere in the Council, some of which are funded, either wholly or in part by the NHS (public health); these include:

- Substance misuse - Integrated Commissioning Unit
- Domestic violence - Community Safety Service
- Alcohol - Community Safety Service
- Mental health - Integrated Commissioning Unit
- Children's prevention and inclusion - Children's social care / education
- Emergency planning - Civil Contingencies Team

The Council and the CCG intend to further develop integrated commissioning to include children's services and public health, building on the experience of having established an adult's integrated commissioning team in 2008. The aim is to ensure more services are provided in a "joined-up" way (e.g. pathways of care), and to improve children and families' experience and outcomes. The Council is also reviewing its commissioning of "people's services" to ensure internal processes are effective and efficient. 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 (Appendix 2)

6. Working with others

The Council will work with others to deliver an effective public health function, including:

- Portsmouth Clinical Commissioning Group (CCG) – TB control, hepatitis
- The NHS Commissioning Board Wessex Local Area Team - immunisations, GP contracted services, screening and under 5s public health services

- The Public Health England Wessex Local Area Centre – health protection, knowledge management, quality assurance and outcomes, dental public health
- SHIP local authority public health teams – collaborative work on public health intelligence, health care advice services, and specialist PH commissioning
- Wessex Academic Health Sciences Network – innovative wider area programmes to improve care and population health
- University of Portsmouth – health services
- Portsmouth Voluntary Services and HealthWatch – community engagement

7. Other opportunities

Public Health will identify and take opportunities to work in wider collaboration to maximise its impact, and to gain national and wider recognition of the work in Portsmouth. Current opportunities include

- European Integration Fund – health, employment and education of migrant communities
- UK Healthy Cities Network – learning, capacity building, collective voice

8. Developing skills and capacity

The Public Health Portsmouth service will continue to develop the existing, future and wider workforce, ensuring that there is the capacity and there are the skills to deliver the public health function. Training of specialists, attached staff and other practitioners will be in conjunction with the Wessex School of Public Health, and in line with national accreditation standards.

Recognising that public health and improving wellbeing are “whole Council” functions, the Service will raise awareness throughout the Council of how its other activities contribute to health improvement. Through engagement with other council services, there are ambitions for the City Council to become a learning organisation in the field of public health, through formal training opportunities developed and led internally, as well as with the Wessex School of Public Health.

9. Delivering the public health function

To ensure that the Council’s public health responsibilities are delivered, Public Health Portsmouth will work in new and innovative ways; an operating model has been developed and will continue to be refined, to support new ways of working. Eight programmes of work have been defined, each comprising of a range of projects that will tackle key threats to health and open up opportunities for people to make healthy choices. Recognising the mix of

generic and specialist skills available and required, and the need for flexibility and future-proofing, the operating model proposes matrix working, with a mixture of short-life project teams and longer term initiatives. These will address the six Marmot[2] themes:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

Changes to the existing structures will be needed as the model is developed.

With respect to the transferring functions, it is proposed that these are delivered as two themes, each led by senior leaders, alongside senior leadership for service delivery. The City's health improvement strategy will be a cross-directorate theme.

[2] 'Fair Society Healthy Lives' (The Marmot Review) Strategic Review of Health Inequalities in England post 2010.

Senior / consultant lead roles (to be finalised)

	Health protection and children's services	Health needs and population health care
Lead	Health Protection Surveillance and children services	Needs assessment Effectiveness, prioritisation and clinical governance
Key Council relationships	Children's Social Care Education Emergency planning Place Agenda	Adults' Social Care
Client interface lead	Public Health England	Clinical Commissioning Group NHS Commissioning Board NICE
Outcomes	Health Protection	Healthcare public health
Commissioned services	Children's public health services (5-15yrs) Sexual health services Tobacco control	Healthy weight and NCMP Mental Health Dental public health Drug and alcohol services Health Trainers Health Checks
Other	Accident prevention Antenatal and neonatal screening assurance	Seasonal mortality Adult screening assurance

The senior leaders, who are consultants (accredited specialists) in public health, will continue to work flexibly to ensure that, with the limited capacity of the core team, the full programme is delivered. They will deputise for the Director of Public Health as needed.

The eight work programmes and related projects are summarised in diagram form in Appendix 3.

10. Conclusion

The changes to the public health system in England are the most fundamental since the 1970s. The City Council is well-prepared to assume its new responsibilities, and will focus over the next 12 months on ensuring that there is continuity and no system failure. As part of its ongoing transformation programme it will be developing a remodelled, enhanced and locally-led Public Health approach.

11. Equality impact assessment (EIA)

A preliminary equality impact assessment has been carried out which has revealed that the contents of this report do not have any relevant equalities impact and therefore a full assessment is not required.

12. City Solicitor's Comments

The City Solicitor has considered the report and is satisfied that the recommendation is in accordance with the Council's legal requirements and the Council is fully empowered to make the decisions in this matter.

13. Head of Finance & S151 Officer Comments

Whilst the Council has yet to be informed of the amount of funding that will be allocated to Portsmouth for the delivery of Public Health, it is currently assumed that it will be sufficient to provide for existing services. In the event that the funding provided is not sufficient, this will be addressed as part of the Annual Budget report to the City Council in February 2013.

14. HR comments

The HR Team at Portsmouth City Council have been involved in the process for the transfer of Public Health staff into the Local Authority for the transition period. As a result of the working relationship Public Health staff have been informed as a formal requirement of any potential changes to non- contractual working practices, such as leave year dates and pay dates and HR are continuing to work with the service for any future changes in the delivery of public health as it further integrates into the Local Authority structure

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Signed by: David Williams, Chief Executive

Appendices:

Appendix 1 – Local authority responsibilities in the new public health system (England)

Appendix 2 – Outcomes framework

Appendix 3 - Public Health Portsmouth Work Programmes

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
NIL	

Appendix 1

Local authority responsibilities in the new public health system (England)

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- 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
- NHS Health Check assessments
- 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
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- 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

Appendix 2

Outcomes framework

Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.
Outcome measures
Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
- *School readiness (Placeholder)*
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have a mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty/ disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social connectedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (Placeholder)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (Placeholder)*
- *Smoking prevalence – 15 year olds (Placeholder)*
- Hospital admissions as a result of self-harm
- *Diet (Placeholder)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (Placeholder)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*

Appendix 3

Public Health Portsmouth Work Programmes