

Report to: Portsmouth HOSP

Subject: Transfer of Public Health Functions from the NHS to Local Government on 1 April 2013.

Report by: Paul Edmondson-Jones, Director of Public Health

Date: 22nd March 2012

Introduction

1. As part of the wider NHS reforms and the Health & Social Care Bill 2012 (which is still going through Parliament) the Government is intending to return responsibility for leadership for Public Health to Local Authorities on 1 April 2013.

Responsibilities Transferring

2. The key public health functions that are transferring are set out clearly in the Health & Social Care Bill and other supporting guidance. They are, in essence:

- the commissioning of specific public health services,
- the provision of advice and support to NHS and other commissioners,
- the provision of data and information support and analysis
- the provision of health protection advice and assurance.

3. A number of these functions will be mandatory and will be defined in statute, such as commissioning a comprehensive, open access sexual health service. Others will be able to be shaped in time according to local need and circumstance. The attached Factsheets provide the background. They are:

- Local Government leading for public health
- Local Government's new public health functions
- The role of the Director of Public Health
- Local Government's new commissioning responsibilities

Resources Transferring

4. From 1 April 2013, funding for these responsibilities will be taken out of the NHS Budget at a national level and transferred to Local Authorities by way of a ring fenced Public Health Grant. The Government will ensure that the initial transfer is based on historical spend although over a period of years there will be a move towards a needs based formulaic allocation.

5. Portsmouth has a strong history of collaborative working between the City Council and NHS. The City's high health needs and health inequalities have led to public health and prevention having a high priority. This is reflected in the baseline allocation for Portsmouth announced last month of £14.9 Million. This equates to £68 per capita, the highest in the South of England which has an average of £27 per capita. Southampton has £50, IOW £33 and Hampshire £21 per capita.

6. There is a small, skilled, experienced and specialist workforce that is wholly funded out of this allocation and which will be transferred to ensure that these new functions and responsibilities can be carried out safely, within budget and without reputational risk to the Council. The exact size and shape of the team transferring is still to be determined but is currently around 25 staff. These staff are now located in the Civic Offices alongside staff from the Council's Health Improvement and Development Service (HIDS).

Transition Year (2012-13)

7. There will be a transition year in 2012-13 during which the Local Authority is required to prepare for the formal transfer of the functions and responsibilities, the transfer of the ring fenced public health budget (£14.9M) and the transfer of staff. The Public Health team will also have to work with the SHIP Cluster PCT to manage the transfer of some of its current responsibilities that are not coming over the Local Authority to the NHS Commissioning Board.

8. Government has dictated that, during this transition year public health should be increasingly led by Local Government although the SHIP Cluster PCT will be formally accountable for the £14.9M budget. The specialist staff will remain employed by the NHS although located in Civic Offices from 23 February 2012. We are encouraged to transfer de facto leadership to the Local Authority as soon as possible although legally it cannot happen until 1 April 2013.

Transition Plan

9. As part of the process of transfer, there is a requirement for every PCT and Local Authority to have a joint Transition Plan that sets out the respective and joint responsibilities of the PCT (sender organisation) and Local Government (receiver organisation). This has to be finally agreed by 16 March 2012 and an initial draft was submitted to the Strategic Health Authority at the end of January. The Plan is on the list of Corporate Plans and is reviewed regularly by the Corporate Projects Board. A copy can be made available if required.

10. The Plan has been favourably received and is regarded as one of the best in the South of England. It has been submitted to Department of Health and circulated to other Local Authorities as an example of good practice. They are particularly impressed by the evident joint work, leadership by the Council and the excellent governance that we have in place.

Public Health Strategy and Business Plan

11. As part of the Transition process, we are committed to producing an outline Public Health Strategy for 2012-14 and an associated Business Plan for 2012-13. There will be other supporting documents which include a Manpower Plan, Communications Plan, Stakeholder Engagement Plan and a Strategic Risk Register. We have made a very early start on these and we will now work with Members, Officers and our other partners to take them forward and ensure they are what are needed.