Leeds CITY COUNCIL

Report author: Ian Cameron
Tel: 3057574

Report of Director of Public Health

Report to Executive Board

Date: 20th June 2012

Subject: Public Health in Leeds City Council – New Responsibilities

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. From 1st April 2013, Leeds City Council will have a new duty to take such steps as it considers appropriate for improving the health of the people of Leeds.

2. Although health in Leeds is continuing to improve, there are still populations within the city who suffer unacceptably poor health - with over a 12 year difference in life expectancy for men and over an eight year difference for women across the city.

3. The creation of a new Executive member for the portfolio of Health and Well Being recognises the significance of this agenda and new leadership role for the Council.

4. To help in this new role, public health responsibilities, staff, and funding will transfer from the NHS to the Council

5. The proposal is to create, within the Council, an Office of the Director of Public Health which will operate on a hub and spoke model with staff working in localities, and across all Directorates and Central and Corporate Functions. The Director of Public Health will be accountable to the Chief Executive.

6. There is a Leeds Public Health Transition Plan, jointly agreed by NHS Airedale, Bradford and Leeds and Leeds City Council. This has been endorsed by NHS North of England. National HR guidance is still awaited on the transfer of staff from the NHS to the Council. Clarity on funding transferring to the Council as a ring fenced public health grant from April 2013 is not expected to emerge until December 2012.

7. A fully integrated public health function in the Council at both strategic and delivery level offers an exciting opportunity for the Council to lead new, innovative ways to tackle intractable public health problems at local level and reduce health inequalities across the city.

Recommendations

2. Executive Board is recommended to:

a) Note the new public health responsibilities coming to the Council after April 2013 as a result of the Health and Social Care Act 2012

b) Endorse the creation of the Office of the Director of Public Health as an additional Central and Corporate Function with the Director of Public Health operationally accountable to the Chief Executive

c) Endorse the principles behind the Operating Model of the Office of the Director of Public Health and provide authority to progress the transfer of public health functions, staff resources to the Council

d) Note progress made on the Leeds Public Health Transition Plan, the issues raised, national milestones and NHS assurance process

e) Note that a further report will made to Executive Board in the autumn which will set out the key priorities and actions to be taken within the Joint Health and Well Being Strategy that will reduce health inequalities and improve health and well being citywide and within localities.

1 Purpose of this report

1.1 To update members on the new public health responsibilities coming to the Council after April 2013, as a result of the Health and Social Care Act 2012.

1.2 To update members on progress and issues on implementing the Leeds Public Health Transition Plan which is jointly agreed by Leeds City Council and NHS Airedale, Bradford and Leeds and which has been formally endorsed by NHS North of England.

1.3 To seek endorsement for, and to progress, the proposed Operating Model for public health in Leeds City Council. This involves the development of the Office of the Director of Public Health as an additional Central and Corporate function alongside Customer Access and Performance, Resources and Legal Services.

2 Background information

2.1 Since the proposal to abolish Primary Care Trusts was announced in May 2010 there has been considerable work undertaken locally to understand the implications for public health and to prepare for the new Public Health and NHS arrangements.

2.2 On 24th April 2012, Leeds City Council and NHS Airedale, Bradford and Leeds received formal endorsement from NHS North of England of the jointly agreed Leeds Public Health Transition Plan. Further assurance checks on progress by NHS North of England are planned for July, October and December of this year.

2.3 The various workstreams on the transfer of Public Health responsibilities to Leeds City Council, NHS Commissioning Board and Public Health England continue under a Public Health Transition Programme Board. This is chaired by the Joint Director of Public Health with Council and NHS representation.

2.4 A crucial next step is to agree the working arrangements for Public Health within Leeds City Council. There are significant implications for ways of working both cultural and structural. In addition, for the Public Health Transition Programme Board to make progress there are also hard edged issues including how public health service contracts get managed and how providers get paid as well as where transferring public health staff will be based following PCT closure on 31st March 2013.

2.5 The issues set out below on the Public Health Operating Model are centred, around the new leadership role of the Council and how this new role can be supported by, firstly, the public health responsibilities transferring to the Council, and secondly, by new the organisational systems and relationships that will be in place after 31st March 2013.

3 Main issues

The new leadership role for Leeds City Council

3.1 From 1st April 2013, Leeds City Council will have a new duty to take such steps as it considers appropriate for improving the health of the people of Leeds.

3.2 Improving the health and wellbeing of the public will be critical to achieving the Vision for Leeds to be the best city in the United Kingdom.

3.3 Although health in Leeds continues to improve, there are still populations within the city who suffer unacceptably poor health and wide inequalities in health continue to persist. There is over a 12 year difference in life expectancy for men and a difference of over eight years for women. Leeds is the third worst city for men and fifth worst for women in terms of this gap between the best and worst life expectancy.

3.4 This new leadership role will focus on the vision and priorities set out for Leeds in the City Priorities Plan and the forthcoming Joint Health and Well Being Strategy. The priorities will be based on the Joint Strategic Needs Assessment 2012.

3.5 Improving and protecting health and well being of all while improving the health of the poorest fastest will be central to the Councils new leadership role. This will require a focus on what kills people today; tackling unhealthy lifestyles; tackling enhancing the social determinants of health, assuring equitable and effective health care services; and empowering communities, families and individuals.

3.6 Progress on this new leadership role will be judged against the national Public Health Outcomes Framework plus the Adult Social Care and NHS Outcomes Frameworks and the forthcoming work on Children's Health Outcomes.

3.7 Leeds City Council already does much to improve health. The new duty gives the Council the opportunities to go further. Leeds City Council has the levers, power and influence to create and coordinate innovative ways to tackle intractable public health problems. The Council will aim to become an organisation that advances the health and well being of the people of Leeds across all its roles and spheres of influence. This will build upon and enhance partnership working within localities and neighbourhoods.

3.8 The creation of a new Executive member portfolio for Health and Well Being is a clear statement that recognises the significance of this new leadership role for the Council.

3.9 Elected members will wish to exercise this new leadership role by:

- Harnessing the ambitions, changes and benefits of becoming "Best Council"
- Developing new partnerships and new leadership models at more local level but also citywide and beyond.
- Building public health capacity and capability including for the wider workforce within the Council and elsewhere (e.g planners, leisure centre staff, teachers, social workers, business leaders).
- Fostering an asset based approach to joint working
- Developing new ways of looking at, and using funding across the Council and with partners locally and city wide
- Ensuring delivery is intelligence driven and evidence based

3.10 To support the Councils new leadership role and new duty, the Health and Social Care Act 2012 will:

a) Provide the statutory basis for the transfer of a number of public health functions, staff and funding from the NHS.

b) Create a number of new bodies and structures with a new public health system. The responsibilities of which will impact on the people of Leeds e.g.

Public Health England, Clinical Commissioning Groups, NHS Commissioning Board, Health and Well Being Board, Local Health Resilience Partnership, Healthwatch.

3.11 The following sections describe in more detail how these two additional support mechanisms from the Health and Social Care Act will both help the Council and determine the way the public health role of the Council gets discharged.

Transfer of public health responsibilities to Leeds City Council

Director of Public Health role

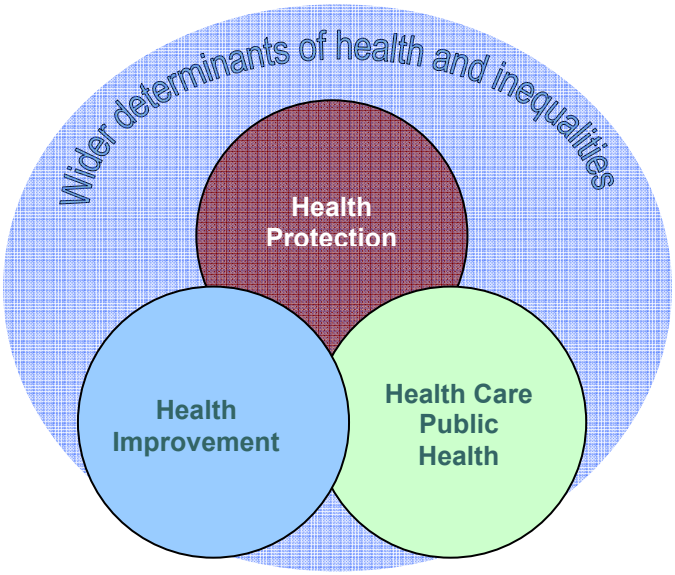
3.9 The Director of Public Health will:

- Be appointed, jointly with the Secretary of State for Health
- Have responsibility for the Councils new public health functions
- Be added to the list of Statutory Chief Officers, supported by statutory guidance on responsibilities
- Have delegated day to day responsibilities for a ring fenced public health grant from the Department of Health (this grant will be based on current expenditure on service contract costs and staff costs for those public health responsibilities passing to the Council.
- Be a statutory member of the Health and Well Being board
- Have to produce an annual report on the health of the local population which the Council will have to publish.

Public Health Functions

The Director of Public Health and the specialist public health resources available will support the leadership role of the Council across all domains of the Leeds

Public Health Model.



This will be undertaken through the following business functions.

- Commissioning a comprehensive range of public health services
- Health protection leadership, planning and delivery
- Public health advice to the three Leeds Clinical Commissioning Groups
- Influencing and supporting the public health contribution of Council Directorates/other Central and Corporate functions.
- Advice, monitoring and assurance on public health services commissioned for Leeds residents by Public Health England and the NHS Commissioning Board.

Plus

- Public Health workforce development (including Council, NHS, third sector staff plus formal public health specialist training)
- Public Health intelligence and information

Plus

Supporting all elected members, the work of the Executive members, Scrutiny committees, other relevant committees and contributing to all the work of the Council

- Contribute to the Health and Well Being Board, Children's Trust Board and the City Partnerships plus area and local partnerships.

3.10 More detail on the functions and new responsibilities are set out in Appendix 1. In this new complex system there is still much to be sorted out nationally, on roles, responsibilities and accountabilities. This is particularly so around health protection issues such as health emergency planning, screening, infection control, vaccination and immunisation. In addition, it should be noted that the Council will have responsibility for a number of mandatory services.

Ways of working

3.11 As stated earlier, the leadership role of the Council for the new public health system will be helped by the development of new organisations/agencies under the Health and Social Care Act 2012. To maximise those benefits the Director of Public Health/Specialist Staff will have to develop new ways of working with new partnerships. These include:

Working across the Council

3.12 The intention is for public health staff to work across all Directorates and Central and Corporate functions

e.g. Working with Adult Social Care and Childrens Services on both services and broader determinants such as education, social inclusion

e.g Working with Environments and Neighbourhoods, City Development on broader determinants of health such as leisure, planning, housing, transport, employment

e.g. Working with Customer Access and Performance and Resources on area partnerships, locality working, emergency planning, information intelligence, staff health.

Working with the NHS

3.13 The Director of Public Health/specialist health staff will work on behalf of the Council with the NHS Commissioning Board, Clinical Commissioning Groups and continue to work with NHS providers in order to ensure the health sector plays its part in delivering an integrated approach to priorities within Leeds.

Working with Public Health England

3.14 The Director of Public Health will establish effective working arrangements with the local Public Health England Unit over the coordination of health protection activities, plus access and links to the evidence and intelligence services currently provided by the Public Health Observatories.

3.15 As the Chief Executive of Public Health England has only just been appointed it is unclear how Public Health England will develop and how working relationships with Leeds will be best organised.

Working with the public, third, academic and private sectors

3.16 The Director of Public Health will continue to work with local criminal justice partners and, in the future, the Police and Crime Commissioner to promote safer communities. She/he will work with the third sector and local communities to ensure there are integrated health and well being services that meet the needs of the local communities. Academic links will be maintained and fostered and account will be taken on national decisions on the future arrangements for current honorary contracts. The aim is to continue current research activity with partner organisations. Leeds is an accredited training base for public health specialists and the intention is for this to continue within Leeds City Council.

Working across West Yorkshire, regionally and with Core Cities

At present there is minimal West Yorkshire sharing of resource and service hosting. However this is now being pursued for health emergency planning. Options are being explored to maximise existing scarce skills and resources. There is currently a Yorkshire and Humber Directors of Public Health Network and the wish is for this to continue. Specific topic/issues networks have been reviewed with some e.g. tobacco and alcohol continuing at present.

Structure and design

3.17 Following discussions with Cabinet and with Corporate Leadership Team the direction of travel for public health within the Council is:

- To create an Office of the Director of Public Health
- For this to be one of the “Central and Corporate functions” alongside Resources, Customer Access and Performance, Legal services
- The Director of Public Health to be accountable to the Chief Executive and be a member of the Corporate Leadership Team
- The Director of Public Health to be accountable for the new Public Health responsibilities of the Council, the ring fenced public health grant (around £30m) and delivery against the Public Health Outcomes Framework
- That the Office of the Director of Public Health and public health staff work on a hub and spoke model whereby staff are based, where appropriate in Council Directorates/Corporate Functions/localities.
- That professional and line management of PH staff remains with the DPH
- That this approach allows the creation of a delivery plan from the Office of the Director of Public Health that is owned by public health staff in the central hub and the aligned “spokes”, including work with the three Clinical Commissioning Groups

3.18 Taking into account joint posts currently based in the Council plus training posts the transition could involve up to 95 staff. Based on a presentation made by Jane Watson to Corporate Leadership Team in December on Council locations/re-locations, the assumption is that the Director of Public/PA will be based in Civic Hall. The current thinking is that around one third of staff would be based in a central hub with two thirds based in localities, Directorates, other Central and Corporate functions.

Update on the transfer

3.19 The Public Health Transition Plan jointly agreed between NHS Airedale, Bradford and Leeds and Leeds City Council was submitted by NHS North of England on 26th March. The plan has been rated "green" and a positive formal response has been received by the Council and NHSABL.

3.20 The key dates for the next steps in the assurance process by the North of England are July 2012, October 2012, December 2012.

3.21 Governance arrangements for the various transition workstreams are centred on a Public Health Transition Programme Board. This is chaired by the Director of Public Health, supported by a Programme Manager employed by Leeds City Council and is accountable to the Executive Board and to NHS Airedale, Bradford and Leeds Board.

3.22 National HR guidance on staff transfers to the Council is still awaited including the appointment of the Director of Public Health. However, on 17th May the Department of Health announced that staff who have access to the NHS Pension Scheme on 31st March 2013 will retain this right. Further information and decisions on pension arrangements are awaited.

3.23 The Department of Health will undertake a further financial return on NHS expenditure including public health expenditure based on 2011/12. This is welcome news for Leeds. John Lawlor, CEO NHS ABL will be on a national working group related to this new return. This will form the basis of the ring fenced public health grant for Leeds City Council from 2013/14.

3.24 A significant factor in the transfer of responsibilities to Leeds City Council will be how current contracts will be managed. Around 70 contracts cover Leeds Teaching Hospitals NHS Trust, Leeds and Yorkshire Partnership Foundation Trust, Leeds Community Health, individual general practices and the third sector. On 8th May the Corporate Leadership Team considered a number of options. The option to be pursued is for a centralised approach with the Procurement Unit being enhanced with contract management expertise. Sexual health services, a mandatory requirement for the Council, covers all the providers listed above. This has a level of complexity that makes it ideal to test out the preferred option for the new contracting arrangements.

3.25 A working assumption is that staff can stay in their present NHS base till 31st March 2013. Discussions are taking place on re-location and timings. Current advice is that a central location for the majority of staff is the most feasible and

practical option in the first instance. The hub and spoke model (described in 3.18) would therefore have to occur as part of the wider Council relocation programme.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Communication and engagement is a distinct workstream under the Public Health Transition Programme Board. A draft Communication and Engagement plan has been submitted to the Strategic Health Authority as part of the national assurance process. This plan will now be further developed jointly with Leeds City Council's nominated communication lead to ensure that the needs of Leeds City Council are fully covered.

4.1.2 In summary the Communication and Engagement plan covers actions across the following areas:

- Ensuring NHS Leeds public health and PCT staff are informed about the public health transition process
- Providing opportunities for NHS Leeds public health and PCT staff to feedback views on the public health transition and future of public health in Leeds
- Engaging and effectively communicating with Leeds City Council staff (and members) about the plans for the transition and the potential impact on the local authority
- Engaging and effectively communicating with current key stakeholders and those developing as the transition progresses e.g. Clinical Commissioning Groups, NHS North of England, Health Protection Agency, Regional Director of Public Health, NHS Commissioning Board and Public Health England in order to keep them up to date with Public Health transition developments and the future of Public Health in Leeds
- Effectively communicating with key partners across the Leeds Health Economy e.g. Leeds Teaching Hospitals Trust, Leeds Partnership Foundation Trust, Leeds Community Healthcare NHS Foundation Trust, Voluntary Community & Faith Sector and Independent Contractors in order to keep them up to date with Public Health transition developments and the future of Public Health in Leeds

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 NHS Airedale, Bradford and Leeds along with NHS Calderdale, Kirklees, Wakefield are using a combined People Transition Policy to underpin the transfer of PCT to various destinations including Leeds City Council. This policy conforms with Public Equity Duties and good employment practice.

4.3 Council policies and City Priorities

4.3.1 The transfer of public health to the Council fits and supports the delivery of the City Priorities. Ensuring that Public Health staff work within Council policies is acknowledged in the Public Health Transition Plan.

4.4 Resources and value for money

4.4.1 Along with the transfer of responsibilities from the NHS there will be a ring fenced public health grant. This will be based on current expenditure for the centralised services and staff costs set out in Appendix 1. Based on a detailed return by NHS Leeds on 2010/11 expenditure to the Department of Health and agreed by Leeds City Council this would equate to around £30m or £36 per head. For England as a whole the figure was £40 per head. There is considerable variation e.g. Sheffield £44, Manchester £57, Liverpool £73, Blackpool £112. The Leeds figure reflects historical expenditure rather than a one-off year of low expenditure. The Department of Health has commissioned and received a report on future funding formula for the public health grant. This has not been published and the latest estimate for details of the 2013/14 public health grant is December 2012.

The Department of Health is intending to run a similar exercise on public health expenditure on 2011/12 at the end of June. This is to be welcomed and will therefore capture the additional investments made in 2011/12. It is expected that this return would, as before, have to be agreed with Leeds City Council. The low level of historic funding is clearly not the most helpful legacy for the Council in taking on its new responsibilities.

A priority has to be to ensure all current service contracts and costs are covered so that a safe transfer of commissioning responsibilities can occur from April 2013. There have been suggestions that expenditure of the public health grant will be monitored centrally by the Department of Health but no firm details have emerged yet.

4.5 Legal Implications, Access to Information and Call In

4.5.1 There is a contract and HR workstream under the Public Health Transition Board arrangements, which will cover the legal aspects of the transfer. In addition this has been recognised within the Legal Services work programme for 2012/13.

4.6 Risk Management

4.6.1 The management of the risks associated with the transfer is included within the governance arrangements of the Public Health Transition Board. Risks are reported both to the Council and NHS Airedale, Bradford and Leeds.

5 Conclusions

5.1 The new leadership role for the Council on health and well being provides an exciting opportunity to better tackle the health issues described in the Joint Strategic Needs Assessment 2012 and the health inequality priorities in the City Priorities Plan.

5.2 The transfer of public health responsibilities, staff and resources will help deliver this new role.

5.3 The creation of the Office of the Director of Public Health on a hub and spoke model with strong locality working and strong links to all Directorates/Central and Corporate functions will enhance both the delivery of key public health outcomes

but also the integration of health and well being across the policies and working of the whole Council.

5.4 Implementation of the Leeds Public Health Transition Plan is being progressed jointly by the Council and NHS Airedale, Bradford and Leeds. Further national information on HR issues, and finance is still awaited.

5.5 The intention is for Leeds City Council to be a public health drive organisation, working with local people and partner organisations to promote health, prevent disease and prolong life. Priority will be given to improving those with the poorest health the fastest, so as to reduce health inequalities.

6 Recommendations

Executive Board is recommended to:

a) Note the new public health responsibilities coming to the Council after April 2013 as a result of the Health and Social Care Act 2012.

b) Endorse the creation of the Office of the Director of Public Health as an additional Central and Corporate function with Director of Public Health operationally accountable to the Chief Executive

c) Endorse the principles behind the Operating Model of the Office of the Director of Public Health and provide authority to progress the transfer of public health functions, staff and resources to the Council

d) Note progress made on the Leeds Public Health Transition Plan, the issues raised, national milestones and NHS assurance process.

e) Note that a further report will be made to Executive Board in the autumn which will set out key priorities and actions to be taken within the Joint Health and Well Being Strategy that will reduce health inequalities and improve health and well being for all citywide and within localities.

7 Background documents [1]

7.1 Public Health in Local Government, December 2011 (www.dh.gov.uk/publications)

[1] The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

Appendix 1a

Public Health Functions

1) Commissioning of Public Health services

The following are set out by the Department of Health. Commissioning responsibilities include:

Mandatory services

- 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 authority role in dealing with health protection incidents, outbreaks and emergencies
- Ensuring NHS commissioners receive the public health advice they need
- National Child Measurement Programme
- NHS Health Check assessment

Discretionary services

- 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)
- 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

Local initiatives that reduce public health impacts of environmental risks.

In fulfilling its commissioning responsibilities public health will also take a strategic view on commissioning/decommissioning, re-design, influencing and working with public, third and private sector, using an asset based approach.

2) Health Protection

Leeds City Council, as a category one responder already has a legal duty to take steps that plans are in place to protect the local population. The Health and Social Care Act 2012 extends this duty to ensuring that plans are in place to protect the health of the local population from threats ranging from relatively minor disease outbreaks to full scale public health for immunisation and screening, prevention and control of infection (whether hospital or outside) are robust and in place across Leeds. Alongside the West Yorkshire Local Resilience Forum (a multi-agency partnership made up of representatives from local public services), under the new arrangements a Local Health Resilience Partnership is to be established. This will focus on the health response to emergency preparedness, resilience and response. The nominated Director of Public Health (across West Yorkshire) will be mandated to Chair this partnership alongside a lead Director from the NHS Commissioning Board.

3) <u>Public Health advice to the three Leeds Clinical Commissioning Groups</u>

This mandatory service will provide a health care population focus to support the commissioning responsibilities of the CCG's. This will be undertaken through a Memorandum of Understanding with the Clinical Commissioning Groups based on national guidance on the "Core Offer". Other public health advice that the

CCG's in Leeds are likely to want on primary care services, infection control etc. is out-with the national guidance and subject to separate negotiations.

4) Influencing the public health contribution of Council Directorates/other Central and Corporate functions

Under the new arrangements within the Council the intention is for senior staff/their teams to a) influence and support colleagues who have a key role in creating better health e.g. leisure, planning, transport, housing, education, culture b) engage in the re-design of health and social care services across all ages c) enhance the collation of information and intelligence for needs assessment surveillance monitoring, evaluation, research and communication with the public.

5) Advice, monitoring and assurance on public health services commissioned for Leeds residents by the NHS Commissioning Board and Public Health England

The Director of Public Health will have a formal role in monitoring public health services commissioned and delivered elsewhere within the health system. These include children's services under 5 years, vaccination and immunisation, screening, abortion services. The Director of Public Health will provide challenge and advice to the NHS Commissioning Board, at a minimum via the Health and Well Being Board. The Director of Public Health will also be championing screening and immunisation through relationships with the three Clinical Commissioning Groups and with local clinicians.