Report to: Cabinet **Date of Meeting:** 31 January 2013

Subject: Public Health Transition

Report of: Director of Public Health **Wards Affected:** All

Is this a Key Decision? Yes **Is it included in the Forward Plan?** Yes

Exempt/Confidential No

Purpose/Summary

The report updates Members on the public health allocation and the transition process that is being undertaken to prepare the Council for taking on its new statutory duties for public health from April 2013. It seeks support for extension of contracts that will be included in the statutory transfer scheme from NHS Sefton, subject to approval by the NW Strategic Health Authority, and for establishment of the public health structure and transfer of staff in substantive posts through the statutory transfer scheme.

Recommendation(s)

The Cabinet approves

1. the inclusion of the ring-fenced public health allocation into the 2013/14 and 2014/15 budget

2. the proposed budget profile for 2013/14

3. submission of a proposal to extend a range of current PCT contracts as outlined in the report and authorises the Head of Corporate Legal Services to confirm the same to the Strategic Health Authority.

4. the establishment of the public health structure outlined at Appendix D

5. an application for recognition as a training location for the specialist public health training scheme

6. to delegate to the Head of Corporate Personnel and Director of Corporate Support Services so that the Authority may make any appropriate arrangements for the transfer of public health employees as required in accordance with the transfer of the public health function (this includes but is not limited to) confirming the Director of Public Health's appointment and all other employees at a time deemed appropriate by the Head of Corporate Personnel

7. to delegate to the final sign off of the transfer scheme to the Cabinet Member for Older People and Health.

How does the decision contribute to the Council's Corporate Objectives?

	Corporate Objective	Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community		x	
2	Jobs and Prosperity		x	
3	Environmental Sustainability		x	
4	Health and Well-Being	x		
5	Children and Young People		x	
6	Creating Safe Communities	x		
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council Services and Strengthening Local Democracy		x	

Reasons for the Recommendation:

What will it cost and how will it be financed?

(A) Revenue Costs The council will receive a ring-fenced public health grant from the Department of Health of £19.4m in 2013/14 and £19.9m in 2014/15

(B) Capital Costs

N/A

Implications:

Legal

As a consequence of PCTs being abolished as legal entities on 1 April 2013 it is necessary to transfer all assets and liabilities currently belonging to PCTs to other legal entities, such as local authorities, Public Health England, National Health Service Commissioning Board and Clinical Commissioning Groups.

The Health and Social Care Act 2012 provides a mechanism for this process whereby a Transfer Scheme, which is an instrument in writing made by the Secretary of State under sections 300 to 302 of the Act, lists all the assets and liabilities which will be automatically transferred to the legal ownership of a receiving organisation on 31 March 2013

Assets are those things that the PCT uses in performing its statutory functions or business, such as, the premises where they operate, any plant and equipment, the IT that they use and any contracts entered into by them with third parties. Liabilities may include any outstanding obligations, disputes, and claims by third parties (including legal

claims) under a contract or monies owed by the PCT.

The PCT in collaboration with the Council is responsible for drafting the list of assets and liabilities which will be submitted to the Secretary of State for inclusion in the Transfer Scheme. The PCT and the Council need to formally agree the contents of the list of assets and liabilities before it is submitted to the Secretary of State via the Strategic Health Authority.

The deadline for submitting requests for extension to contracts is 31 January 2013 to enable these to be included in the final transfer scheme that will be completed in March.

Human Resources
Staff currently employed in substantive roles by NHS Sefton whose functions will transfer into Sefton Council from 1 April 2013 will be subject to a statutory transfer in accordance with national principles that have been communicated.

Equality
No Equality Implication

Impact on Service Delivery:

What consultations have taken place on the proposals and when?

The transition process has been managed by a group with representation of appropriate officers from NHS and Sefton Council. This has included a thorough review of all transferring functions and contracts. Employees and trade unions affected by the transfer are currently being formally engaged in a TUPE consultation process. The Head of Corporate Finance (FD 207513) and the Head of Corporate Legal Services (LD1391/13) have been consulted and any comments have been incorporated into the report.

Are there any other options available for consideration?

No

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet/Cabinet Member Meeting

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Background Papers:

None

1. Introduction/Background

1.1 Sefton Council will take on the lead role for public health from 1 April 2013 as a result of the Health and Social Care Act 2012. The future responsibilities of the Council are set out in Appendix A.

1.2 Some public health functions will be undertaken by the NHS Commissioning Board and Public Health England, and the Council will be required to provide a specialist public health service to the Sefton Clinical Commissioning Groups. It will, therefore, be important to establish effective working relationships with these new bodies.

1.3 A public health transition group meets monthly and is implementing the public health transition plan. The group has senior representation from colleagues in both Sefton Council and NHS Sefton. The key aim of the group has been to ensure a smooth and safe transition.

1.4 Progress against the transition plan has been monitored by the Strategic Health Authority, and more recently through a Local Government Association stocktake process undertaken in October 2012. Implementation is progressing to plan, although delays in receiving final financial allocations and national guidance on key issues such as human resources and contracts mean that there are still several issues to finalise in the limited time remaining ahead of the transfer date.

1.5 The transition is now in its final phase and Sefton Council is making good progress in delivering its new public health function, building on many years of close working between the public health team and colleagues across the Council. The public health team moved to their new accommodation in Merton House in September and are already working from council IT systems. Close working within other council departments and NHS colleagues, particularly finance, legal, HR and procurement is aiding the work to understand budget commitments and contractual arrangements.

1.6 This paper outlines the new public health responsibilities of the Council, provides details of the ring-fenced public health grant allocation, sets out a proposed budget, and seeks approval for the transfer of commissioned service contracts to the Council and for establishment of the public health structure and transfer of staff in substantive roles within the structure.

2. Health and Well-being

2.1 At the same time as the Council takes on responsibility for public health, the Health and Wellbeing Board that has been operating in shadow form will need to be established as a formal committee of the Council. Final statutory guidance on the role of the Health and Wellbeing Board is awaited.

2.2 Public health will be in the portfolio of the Cabinet Member for Health and Social Care and the Director of Public Health will be the principal adviser for public health to the Council.

2.3 A key responsibility of the Director of Public Health (DPH) and their team will be to undertake surveillance and assessment of the population's health and well-being. This links with the DPH statutory responsibility to produce a Public Health Annual Report and the Health and Well-being Board's requirement to produce a Joint Strategic Needs Assessment (JSNA) and Health and Well-being Strategy.

2.4 The Sefton Strategic Needs Assessment has been completed and the draft Joint Health and Wellbeing Strategy is currently subject to a consultation and engagement exercise prior to being finalised in March 2013.

2.5 The final Public Health Annual Report for NHS Sefton was published in September 2012 and is available on the Council website.

3. Budget Allocation and Commissioning

3.1 The Council has received notification of its first ring-fenced public health grant allocation on 10 January 2013 – £19.4m in 2013/14 and £19.9m in 2014/15. The allocations have been based on a detailed budget audit process that identified expenditure in 2010/11 and 2011/12 against the public health functions transferring to the Council and include an uplift of 2.8% in both financial years.

3.2 The public health grant has conditions about how it can be used and there are reporting requirements set out in the grant conditions to ensure that the grant is used appropriately on programmes to improve public health outcomes.

The public health grant is being provided to give local authorities the funding needed to discharge their new public health responsibilities. It is vital that these funds are used to:-

- improve significantly the health and wellbeing of local populations
- carry out health protection functions delegated from the Secretary of State
- reduce health inequalities across the life course, including within hard to reach groups
- ensure the provision of population healthcare advice.

The Chief Executive will be accountable for reporting appropriate use of the grant.

3.3 The commissioning responsibilities of the Council are set out in Appendix A. The PCT has a range of commissioned contracts against these responsibilities.

All existing contracts have been reviewed through the contracts transition process led by NHS Merseyside. A database of contracts transferring into public health has been developed and each contract has been reviewed to ascertain:

- End date
- Fitness for purpose of specification and performance indicators
- Contract monitoring and reporting arrangements

3.4 Whilst there are some issues still to be resolved regarding budgets and commissioning responsibilities between the Council, CCGs and NHSCB the breakdown of current commitments against the Public Health budget can be summarised as:-

Major Commissioning Budgets	**Spend**	**Contract Extension required until**
NHS Healthchecks	£517,000	31/03/2014
Sexual Health Services	£2,712,626	31/03/2014
Drugs and Alcohol	£2,181,598	31/03/2013
Healthy Living Centres	£540,386	31/03/2014
Citizen's Advice Bureau	£283,712	31/03/2014
Sefton CVS	£92,975	31/03/2014
Champs Collaborative	£153,215	31/03/2014
Drugs and Alcohol services included in tender specification	£3,329,675	31/08/2013
Sefton Council commissioned services	£1,868,053	31/03/2014
LCH Contract	£3,782,786	31/03/2014
Other Contracts	£557,815	31/03/2014
Miscellaneous	£174,087	Not applicable
Staffing	£1,430,291	Not applicable
Infrastructure	£245,000	Not applicable
TOTAL	**£17,869,219**	
Outstanding Contract Issues to be resolved	£393,081	
Cabinet agreed efficiencies	£1,137,700	2013/2014
OVERALL TOTAL	**£19,400,000**	

These commitments can be met from within the ring-fenced grant available.

3.5 In the December 2012 Cabinet, £1.1m efficiencies (£800k in 2013/14 and £300k in 2014/15) from the integration of public health into the Council were approved. These efficiencies have been accounted for in the budget set out above. An additional £600k of efficiencies have been identified for consultation and are included on a report elsewhere on the Agenda. Should these savings be agreed then the impact on the above commitments above would be to reduce infrastructure costs by 100k and expenditure on Drugs and Alcohol by 500k. It is important to note that the full ring-fenced budget will need to be accounted for to the Department of Health.

3.6 Many of the current contracts for public health programmes are due to expire on 31 March 2013/14. In order to ensure that there is a smooth transition, with no avoidable disruption to clinical services, the transition group has reviewed all contracts and set out a timetable for review and reprocurement where appropriate.

MAJOR COMMISSIONING BUDGETS	COMMISSIONING REVIEW TIMESCALE
NHS Healthchecks	New specification 13/14
Sexual Health Services	Tender 13/14
Drugs and Alcohol Services	Tender 12/13
Healthy Living Centres	Review 13/14
Citizen's Advice Bureau	Review 13/14
Sefton CVS	Review 13/14
Champs Collaborative	Review with CMDPH in 13/14
Sefton Council	Review 13/14
Liverpool Community Health	Review 13/14 & 14/15
Other Contracts	Review 13/14

3.7 In order to allow time for the necessary procurement processes to be followed and to avoid disruption to services the public health transition group believe the appropriate way forward would be for the PCT to apply to the Strategic Health Authority for permission to extend contracts until 31 August 2013 for services that will be included in the planned drugs and alcohol services tender, and to extend other contracts (as set out in the above table) until 31 March 2014. Such contracts would then form part of the list of assets and liabilities which will be submitted to the Secretary of State for inclusion in the Transfer Scheme automatically passing those assets and liabilities to the Council on 1 April 2013.

3.8 In order to facilitate that process the PCT are required to submit to the Strategic Health Authority a list of all the contracts they wish to extend with an explanation as to why it is considers it appropriate to extend the contracts together with confirmation from the Council that they are in agreement with the proposal.

3.9 The current contract with Liverpool Community Health (LCH) NHS Trust is due to run until 31 March 2014. We are exploring whether it is possible to become an associate to the Sefton CCG contract with LCH for 2013/14. This allows time for review of the contract and to consider whether a standalone Council contract would be beneficial or not for 2014/15 onwards.

Risk management

3.10 Funding allocations beyond 2014/15 are subject to the outcome of the forthcoming Comprehensive Spending Review. The stated intention of the Department of Health is to achieve movement towards target allocations through levelling up rather than reducing allocations to areas that are currently above target such as Sefton. This has been the case with the allocations for 2013/14 and 2014/15 where all councils received an uplift in their allocations but those above target received smaller increases.

3.11 The budget audit has been a complex process, particularly where public health services have been part of larger NHS Trust contracts. Some of the costs need further work and if there are any discrepancies these will need resolution with the CCGs and NHSCB. Where any costs would make a material difference then it may be possible to get an adjustment to future budget allocations to reflect this.

3.12 The contracts subgroup of the public health transition group has done an initial review of all contracts and set out a phased procurement plan over the next two years to ensure that all contracts provide maximum effectiveness and value for money. Future commissioning intentions will be closely aligned with the priorities identified in the JSNA and JHWS.

3.13 We are required to commission the NHS Healthcheck Programme that is currently delivered by in general practices and pharmacies across the borough. This is currently managed through a Locally Enhanced Service linked to the main primary care contract. Options for future contracting mechanisms are still being clarified.

3.14 Staff capacity to review and reprocure all contracts is limited, and the procurement process itself can take up to 12 months, and hence a phased timetable is required to ensure that we recommission services safely and minimise the risk of unplanned disruption to services.

4. Public Health Advisory Role

4.1 The Director of Public Health will be the main source of public health advice to the Council to enable it to fulfil its new statutory duties. The DPH role will be a statutory Chief Officer and a statutory member of the Health and Wellbeing Board. The DPH will be directly accountable to the Chief Executive for delivery of public health functions and line managed by the Deputy Chief Executive alongside the Director of Adult Services and the Director of Children's Services. Additional information about the DPH role and its statutory duties is set out in DH guidance. In order to fulfil the role effectively the DPH needs to be supported by a specialist team. DPH will also have accountable link to the Cabinet Member for Older People and Health

4.2 The Council will be required to provide public health advice to the Sefton CCGs. A draft memorandum of understanding (MOU) between Sefton Council public health team and the Sefton CCGs has been developed (Appendix B). The Deputy Director of Public Health and a Consultant in Public Health lead

the public health input to Southport and Formby CCG and South Sefton CCG respectively.

4.3 The health protection duties of the DPH including emergency planning and preparedness will be specified in regulations that are due to go before Parliament shortly, and supplemented by guidance. It will be important for the Council and Public Health England to work effectively together to ensure that the population of Sefton is protected from threats to health, and that a timely and appropriate response is made to public health incidents. In major incidents, there may be a need to support PHE or other authorities by staff providing surge capacity through mutual aid arrangements.

4.4 CCGs will also have a role in planning, preventing and responding to emergencies. A Local Health Resilience Partnership (LHRP) has been established in shadow form. This is led by the Merseyside Local Area Team of the National Commissioning Board (NCB) and co-chaired by a local DPH, as per national guidance. The DPH for Liverpool, Dr Paula Grey, is the co chair of the LHRP for Merseyside. A Merseyside scenario based event was held recently and attended by Public Health and Local Authority emergency planning colleagues feedback from the scenario testing is being fed back to Department of Health.

4.5 Sefton will have a specific role around public health intelligence providing specialist analysis for commissioning of public health services based on needs, for the JSNA and to support CCGs in their commissioning role.

4.6 Much of the health data that public health analysts need to fulfil their role is held within NHS systems. A number of options for securing continued access to these data sources are being explored and the work needed to ensure good information governance is underway. A memorandum of understanding has been developed across Merseyside public health departments with the NHS commissioning support unit in relation to access to data sources and mutual support.

5. Human Resources

5.1 The structure for the public health team has been reviewed to ensure it meets the requirements of the new system (Appendix C).

5.2 Public health staff employed by NHS Sefton will transfer to Sefton MBC on 1st April 2013 by way of a Transfer Scheme, to be published by the Department of Health. NHS Sefton anticipates the transfer of 26 staff members.

5.3 This Transfer Scheme is in accordance with national guidance which confirms that employees should be treated no less favourably as if TUPE applied (subject to any amendments that may be made in the staff transfer documentation).

5.4 Formal consultation has commenced with joint trade union bodies and the staff members together with managers and officers from the PCT and Council

and the organisations will continue to work in partnership in respect of this transfer.As part of the ongoing consultation a ‘Frequently Asked Questions’ document continues to be developed and the two employers are involved in a due diligence process.

5.5 There have been some recent resignations and the Director of Public Health will assess the most cost effective way of continuing to deliver the service going forward.

5.6 Staff have already started to receive a tailored Induction programme to assist their transition from NHS employment to working within a local authority.

5.7 Sefton has been a successful training location for the public health specialist training scheme for many years. We have benefited from having up to three registrars placed with us at any one time, at no cost to the organisation. We wish to continue to be a recognised training location following the move to the Council.

5.8 Some of the infrastructure costs for the team including support functions have been absorbed by the organisation and were identified as an efficiency against the budget in the December Cabinet report. However the remaining infrastructure costs are required for commissioning support, additional accommodation costs and nonpay costs of the staff.

6. Conclusions

The process for transition of public health into the council has been lengthy and complex, and is being managed simultaneously with major NHS reform and significant budgetary reductions in Sefton Council. However, the process is progressing to plan, and it is anticipated that significant outstanding issues outlined in the report can be resolved ahead of the transfer date.

The full impact of the opportunities and benefits arising from embedding public health within local authorities are yet to be realised but the potential for improving health and reducing health inequalities within local communities is great and the Health and Well- being Board has a key leadership role in this.

Appendix A

Future Destination for Public Health Responsibilities

NHS Commissioning Board published a commissioning fact sheet in July 2012, which sets out the services to be commissioned by the CCGs along with complementary services to be commissioned by the NHS Commissioning Board (NHS CB), Local Authorities and Public Health England (PHE).

Local authorities will take the lead for improving health and coordinating local efforts to protect the public's health & well-being. They will also provide advice and expertise on how to ensure that health services commissioned by the CCG best improve population health and reduce health inequalities which include health services to meet all the reasonable requirements of patients. With the exception of:

- Certain services commissioned directly by the NHS CB
- Health improvement services commissioned by local authorities
- Health protection and promotion services provided by PHE.

PHE will take the lead for public health at a national level, delivering a number of national health services and support the development of the public health workforce.

The NHS CB will also commission some public health services nationally as agreed by the secretary of state. The destination for all public health services is outlined below;

Public Health Services to be commissioned by the NHS CB

- Public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5), including health visiting, family nurse partnership, responsibility for Child Health Information Systems.

- (Responsibility for children's public health 0-5 due to transfer to local authorities in 2015).

- Immunisation programmes

- National screening programmes

- Public health care for people in prison and other places of detention

- Sexual assault referral services

Public Health services to be provided or commissioned by Local Authority

Local authorities will also need to ensure plans are in place to protect the health of their population and will have a supporting role in infectious disease surveillance and control and in emergency preparedness and response.

Local authority commissioning	Topic area	Related CCG commissioning	Related NHS CB commissioning
Children's public health 5-19	Healthy Child Programme for school-age children, including school nursing	Treatment services for children, including child and adolescent mental health services (CAMHS)	Healthy Child programme (pregnancy to five years old), including health visiting and family nurse partnership immunisation programmes.
Sexual health	Contraception over and above GP contract. Testing and treatment of sexually transmitted infections (excluding HIV treatment) Sexual health advice, prevention and promotion	Promotion of opportunistic testing and treatment Termination of pregnancy services (with consultation on longer-term arrangements) Sterilisation and vasectomy services	Contraceptive services commissioned through GP contract Sexual assault referral centres HIV treatment
Public mental health	Mental health promotion, mental illness prevention and suicide prevention	Treatment for mental ill health	Mental health interventions under GP contract Some specialised mental health services
Physical activity	Local programmes to address inactivity and other interventions to promote physical activity	Advice as part of other healthcare contacts	Brief interventions in primary care
Obesity programmes	Local programmes to prevent and address obesity, e.g. National Child Measurement Programme and weight management services	Advice as part of other healthcare contacts NHS treatment of overweight and obese patients	Brief interventions in primary care Some specialist morbid obesity services
Drug misuse	Drug misuse services, prevention and treatment	Advice as part of other healthcare contracts	Brief interventions in primary care

Local authority commissioning	Topic area	Related CCG commissioning	Related NHS CB commissioning
Alcohol misuse	Alcohol misuse services, prevention and treatment	Alcohol health workers in a variety of healthcare settings	Brief interventions in primary care
Tobacco control	Local activity, including stop smoking services, prevention activity, enforcement and communications	Brief interventions in secondary care and maternity care	Brief interventions in primary care
Nutrition	Any locally-led initiatives	Nutrition as part of treatment services, dietary advice in healthcare settings	Brief interventions in primary care
NHS Health Check Programme	Assessment and lifestyle interventions	NHS treatment following NHS Health Check assessments and ongoing risk management	Support in primary care for people with long term conditions identified through NHS Health Checks
Reducing and prevention birth defects	Population level interventions to reduce and prevent birth defects (with PHE)	Maternity services	Interventions in primary care such as pre-pregnancy counselling or smoking cessation programmes Some specialist genetic services Antenatal and newborn screening aspects of maternity services
Health at work	Any local initiatives on workplace health	NHS occupational health services	
Dental public health	Epidemiology, dental screening and oral health improvement, including water fluoridation (subject to consultation)	Oral health as part of dental contracts	
Accidental injury prevention	Local initiatives as falls prevention services		
Seasonal mortality	Local initiatives to reduce excess deaths	Flu and pneumococcal vaccination programmes	

Some of the above services will be mandated for local authorities and the commissioning of other services will be discretionary. More information is available at:
www.dh.gov.uk/prodconsumdh/groupsdigitalassets/documents/digitalasset/dh11901.pdf

Public health services to be provided or commissioned by PHE – and related NHS CB/CCG commissioning

PHE	Topic Area	Related CCG commissioning	Related NHSCB commissioning
Prevention and early presentation	Health improvement support for local authorities and NHS CB Social marketing and behaviour change campaigns including campaigns to prompt early diagnosis via awareness of symptoms	Promoting early diagnosis as part of community health services and outpatient services	Promoting early diagnosis as part of primary care.
Infectious disease	Current functions of the Health Protection Agency (HPA) in this area Public oversight of prevention and control, including co-ordination of outbreak management (with supporting role for local authorities)	Treatment of infectious disease Co-operation with PHE and local authorities on outbreak control and related activity	Co-operation with PHE and local authorities on outbreak control and related activity Some specialist infectious disease services
Emergency preparedness and response	Current functions of HPA Emergency preparedness including pandemic influenza preparedness (supported by local authorities)	Emergency planning and resilience remains part of the core business for the NHS	Mobilising the NHS in the event of an emergency.

Health intelligence and information	Intelligence and information on health improvement and health protection (with local authorities), including many existing functions of Public Health Observatories, Cancer Registries, National Cancer Intelligence Network, HPA and National Treatment Agency for Substance Misuse's National Drug Treatment Monitoring System	NHS data collection and information reporting systems (for example, Secondary Uses Service)	NHS data collection and information reporting systems

Appendix B

Sefton Metropolitan Borough Council Public Health Directorate and Sefton Clinical Commissioning Groups

Memorandum of Understanding[1]

1. The purpose of this Memorandum of Understanding is to establish a framework for relationships between Sefton MBC and Sefton Clinical Commissioning Groups in regard of the Public Health Directorate for 2012/13 and beyond.

2. Since 1974, specialist public health staff within the NHS have assumed the lead for the three core public health responsibilities on behalf of the NHS and local communities:

Health improvement e.g. lifestyle factors and the wider determinants of health.
Health protection e.g. prevention and control of communicable diseases, public health input into incidents, emergencies and threats, and, screening
Population healthcare e.g. input to the commissioning of health services, evidence of effectiveness, care pathways.

3. With the implementation of the Health and Social Care Bill 2010, primary responsibility for health improvement and health protection will transfer at the national level from the NHS to Public Health England (PHE), and at local level from PCTs to Local Authorities, and to some extent to PHE, although CCGs will still have an important role in this.

Responsibility for strategic planning and commissioning of NHS services will transfer to Clinical Commissioning Groups and to the NHS Commissioning Board.

4. Public health professional staff will formally transfer to the Local Authority in April 2013 and already are functioning in shadow form. There remains a requirement for them to provide public health expertise and support to the CCGs.

5. There will be a nominated PH consultant lead for each of Sefton's two CCGs staff to liaise with. The wider public health team will support each CCG depending on the area of expertise required, e.g. behaviour change in practice population, long term condition management, health needs assessment etc.

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1 Based on the Nottingham City and Lincolnshire PCTs drafts.

Some support may be offered from a shared public health service working under the established governance of CHAMPs (Cheshire & Merseyside Partnerships for Health). Some public health tasks are delivered most effectively and efficiently on a larger foot print e.g. screening, emergency planning and some specialised services, and as such will be delivered by teams that may work across existing boundaries.

6. Public Health support is aligned to specific commissioning priority areas. This includes PH support to joint commissioning arrangements with the LA and to commissioning of Social care as needed.

Improving Health and Reducing Inequalities

7. The Health and Social Care Bill gives the Local Authority statutory duties to improve the health of the population from April 2013. CCGs also have a duty to secure improvement in health and to reduce inequalities. This will require action along the entire care pathway from prevention to tertiary care. Therefore, Sefton MBC and Sefton CCGs have a collective interest, and are likely to have individual and collective responsibility for health improvement, both during the transition period and thereafter.

8. This will give new opportunities to address the wider determinants of health. The Health and Wellbeing Board will hold the parties to account for their actions and impact on improving health.

For 2012/13:

Sefton Public Health Department will:

- *Refresh its delivery and lead role in current strategies and action plans to improve health and reduce health inequalities, with input from the CCG.*

- *Maintain, and refresh as necessary, metrics to allow the progress and outcomes of preventive measures to be monitored, particularly as they relate to delivery of key NHS and LA strategies.*

- *Support primary care with health improvement tasks appropriate to its provider healthcare responsibilities -for example by offering training opportunities for staff in relation to targeted behaviour health change programmes and services.*

- *Lead health improvement partnership working between the CCG, local partners and residents to integrate and optimise local efforts for health improvement and disease prevention.*

- *Provide advice to CCG to align CCG investment and actions with Health and wellbeing Board programme of health improvements and investment*

- *Work with CCGs and providers to embed public health programmes around improving lifestyles into frontline services towards improving outcomes and reducing demand on treatment services*

Sefton CCGs will:

- *Contribute to strategies and action plans to improve health and reduce health inequalities.*

- *Ensure that constituent practices maximise their contribution to disease prevention – for example by taking every opportunity to address smoking, alcohol, and obesity in their patients and by optimising management of long term conditions.*

- *Ensure primary and secondary prevention is incorporated within commissioning practice*

- *Commission to reduce health inequalities and inequity of access to services*

- *Support and contribute to locally driven public health campaigns*

Health Protection

9. The Health and Social Act will be followed by regulations which are likely to give Sefton MBC and the Director of Public Health a series of responsibilities in respect of health protection, on behalf of Public Health England. These are likely to include preventing and responding to outbreaks of communicable disease, planning for and mitigating the effects of environmental hazards, and NHS resilience.

10. The Act gives CCGs a duty to ensure that they are properly prepared to deal with relevant emergencies. The Secretary of State retains emergency powers to direct any NHS body to extend or cease functions, and is likely to discharge these through the Director of Public Health, with advice from Public Health England.

11. Therefore, to ensure robust health protection arrangements for 2012/13: **Sefton Public Health Directorate will:**

- Ensure that robust comprehensive agreed interagency plans are in place to protect the health of the population from public health incidents, emergencies, outbreaks of infection and other threats

- Provide, or ensure access through Cheshire and Merseyside Health Protection Unit and others, to specialist health protection advice, information and expertise for the CCG and clinical community.

- Provide local leadership and support, alongside Cheshire and Merseyside Health Protection Unit, (for details on the role of the HPU see annex1) for key NHS health protection functions, including childhood vaccination, adult vaccination including influenza, blood borne virus prevention and control

(Hepatitis and HIV), tuberculosis prevention and control and sexually transmitted infection prevention and control programmes.

Sefton CCG will:

- Familiarise themselves with strategic plans for responding to public health emergencies and outbreaks and arrangements for Health Emergency Preparedness, Resilience and Response from April 2013 as set out by the Department of Health at:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/:dh/?en/documents/digitalasset/dh_133597.pdf

- Participate in exercises when requested to do so.

- Ensure that provider contracts include appropriate business continuity arrangements.

- Ensure that constituent practices have business continuity plans in place to cover action in the event of the most likely public health emergencies.

- Assist with co-ordination of the response to public health emergencies, through local command and control arrangements.

- Ensure that resources are available to assist with the response to public health emergencies, by invoking provider business continuity arrangements and through action by constituent practices.

- Contribute to strategies and action plans and specifications to protect health and reduce inequalities.

- Ensure that constituent practices maximise their contribution to health protection – for example by maximising vaccination uptake and reducing variation in uptake of childhood and adult vaccinations across practices; increasing access to HIV testing, increasing access to STI testing and treatment for those at risk.

- Support and contribute to locally driven health protection campaigns

Commissioning NHS Services

12. The Health and Social Care Bill establishes CCGs as the main local commissioners of NHS services and gives them a duty to continuously improve the effectiveness, safety and quality of services. The Sefton Health and Well-being Board has been established as the primary mechanism of ensuring the responsibilities around health improvement and health and social care provision to identify the needs of the population and ensure that these are to be addressed through GP Commissioning Consortia, public health and social care commissioning plans and activities.

13. Public health specialist staff currently provides a range of support for specific NHS commissioning functions. The requirement for this support will not diminish but much of the information is also relevant to the commission of social services and integrated commissioning and DH guidance indicates that this support should be obtained from an appropriately skilled local public health specialist team.

The expectations for 2012/13 and following years are that:

Sefton Public Health Directorate will develop a work plan based on the following areas:

- Provide specialist public health advice to the CCG including working up a more defined specification for comprehensive public health support.

- For agreed topics, assess the health needs of the local population, and how they can best be met using evidence-based interventions

- Ensure the reduction of health inequalities are prioritised in the commissioning of services

- Support the Clinical Commissioning Groups in developing evidence based care pathways, service specifications and quality indicators to improve patient outcomes

- For agreed topics, set out the contribution that interventions make to defined outcomes (modelling) and the relative return on investment across the portfolio of commissioned services

- Design monitoring and evaluation frameworks, collect and interpret results

- Promote and facilitate joint working with local authority and wider partners to maximise health gain through integrated commissioning practice and service design

- Support the clinical effectiveness and quality functions of the CCGs including input into assessing the evidence

- Support the development of public health skills for CCG staff

- Lead the development of and professional support for, the Sefton Health and Wellbeing Board.

- Through the Joint Strategic Needs Assessment (JSNA), refresh the needs and assets assessment of the population and ensure that this is relevant to the borough. The production of the JSNA will be complemented by a programme of targeted needs assessments. CCGs will be co-participants in the production of the JSNA.

- Lead production of the Joint Health and Wellbeing Strategy and ensure that the CCG is fully involved in the production of this strategy

- Lead the co-ordination of appropriate health commissioning work between the NHS, PHE, ChaMPs and LA at a local level.

Sefton CCG will:

- Consider how to incorporate specialist public health advice into decision making processes, in order that public health skills and expertise can inform key commissioning decisions.

- Support a process for defining public health support to CCGs beyond 2013.

- Utilise specialist public health skills to target services at greatest population need and towards a reduction of health inequalities

- Contribute intelligence and capacity to the production of the JSNA

- Provide public health with access to data required to fulfil public health function to CCGs, e.g. MCSS NHS level data

- Agree with the Commissioning Support Service (CSS) which parts they will be commissioned to deliver, and agree with the PH support to the CSS where there will be Public Health input.

The new structures give fresh opportunities to address the whole range of health and wellbeing by strengthening partnerships across health, social services and the third sector. The CCG has an essential part to play and the Public Health department can help to facilitate this.

Hannah Chellaswamy
Deputy Director of Public Health
Sefton MBC/NHS Sefton   August 2012

Annex 1

Cheshire and Merseyside Health Protection Unit (CMHPU) support to CCGs

The HEALTH PROTECTION AGENCY (HPA) is a statutory body which acts to protect the public from present and future threats to their health from infectious diseases and environmental hazards (natural, accidental or deliberate) by providing advice, information response to health professionals, the general public and national and local government. From April 2013, these functions will continue to be undertaken by Public Health England.

What is CMHPU and what do we do?

CMHPU is the HPA's local delivery arm. It delivers the first line response to public health incidents (in conjunction with other health agencies, local authorities and relevant partners) and acts as the gateway to rapid national expert advice in the following three main areas:

- Communicable disease control
- Environmental hazards including exposure to chemicals, radiation and other environmental hazards
- Emergency planning and preparedness for pandemics and environmental incidents, as well as deliberate releases

As well as providing a reactive response CMHPU undertakes proactive and preventative work in all three areas and undertakes surveillance of notifiable diseases.

The unit comprises six Public Health specialists at Consultant grade, five senior nurses, a surveillance analyst and administration staff.

We will support CCGs by:

- Advising commissioners on health protection priorities and the health protection aspects of provider contracts
- Leadership and partnership working with NHS commissioners and providers (primary and community care, hospitals), the blue light services, local authorities, water companies, the Environment Agency and others in response to health protection incidents and outbreaks
- Providing advice and information for the public health management of infectious diseases and environmental hazards, including: investigation of individual cases of communicable diseases (e.g. E coli 0157), immunisation, infection control, risk from chemical exposures and environmental hazards such as heat waves and flooding

- Providing effective a 24/7 response to public health incidents and outbreaks. Recent examples include the Merseyside measles outbreak and exposures to toxic substances in land and drains

- Ensuring governance and a safe in- and out-of-hours acute Public Health service

- Research and Development

- Teaching and Training

CMHPU can be contacted at
Cheshire & Merseyside Health Protection Unit
5th Floor, Rail House, Lord Nelson Street, Liverpool L1 1JF
Tel: 0844 225 1295 (choose option 1 twice); Fax: 0151 708 8417

Appendix D
Public Health Team
Organisational Chart

For TUPE transfer 1st April 2013