

REPORT TO THE EXECUTIVE MEETING OF 19th DECEMBER 2011.

Status: Decision
Title: Public Health Local Delivery
Originator: Norman Proudfoot
Head of Health and Enforcement Services
Where from: Management Board
Where to next: Implementation

1 Purpose of the Report

- 1.1 To update members on the impact of the Health White Paper and the development of a local Health and Wellbeing partnership.

2 Recommendations:

- 2.1 **The Executive notes the implications and impact of the Health White Paper in relation to the delivery of services and for the residents of the district.**
- 2.2 **The Executive approve the proposals to develop a local Health and Wellbeing Partnership.**

3 Summary of Reasons for the Recommendations

- 3.1 The Healthy Lives, Healthy People white paper and subsequently the Health and Social Care Bill 2011 has radically changed the delivery of public health by providing local authorities with a key role in public health delivery.
- 3.2 Local delivery structures need to be developed to enable the Council to effectively work with local partners to identify shared health priorities and deliver improved health and wellbeing outcomes.

4 Impact on Communities

- 4.1 Better support will be provided to local communities through the council working effectively with key local partners involved with health and wellbeing.

5 Key Facts

- 5.1 Healthy Lives, Healthy People: Our strategy for public health in England, was published on the 30th November 2010 and expands on the Government's proposals for public health originally set out in Equity and Excellence: Liberating the NHS.

- 5.2 The white paper outlines a new approach to public health that is designed to empower individuals to make healthy choices and gives communities the tools to address their own particular needs. Local authorities already play a significant part in public health through their role in areas such as environmental health, leisure, recreation, planning and housing. However, the government wants local authorities to have a specific duty, through the Health & Social Care Bill, to improve the health and wellbeing of their communities and reduce health inequalities from April 2013. Amendments to the Bill are currently being considered by the House of Lords.
- 5.3 For public health the vision is for services and support to be delivered in partnership across the public sector, the private sector and the voluntary sector, including wider services which can help improve public health such as housing, transport and leisure.
- 5.4 The information below highlights some of the key changes from the Public Health White Paper:

Transferring Public Health:

A dedicated professional public health service, Public Health England (PHE), will be set up within the Department of Health (DH). Public health responsibilities previously undertaken by Primary Care Trusts and Strategic Health Authorities will be divided between PHE and local councils. At a local level, Health & Wellbeing Boards are being established to take responsibility for the production of a joint health and wellbeing strategy. In Leicestershire a shadow Health & Wellbeing Board has been established and has recently published the following strategic priorities:

- a. **Improving health and wellbeing and reducing inequalities**
 - i. Increasing life expectancy and reducing inequalities
 - ii. Reducing the prevalence of smoking
 - iii. Reducing the harm caused by alcohol and drugs
 - iv. Reducing the prevalence of obesity and physical inactivity

- b. **Improving service integration**
 - i. Improving the care of older people with complex needs and enabling more older people to live independently
 - ii. Improving the care of adults and children with complex needs and their carers, including those with:
 - Mental health needs
 - Complex disability needs
 - iii. Increasing choice and control for service users

- c. **Improving efficiency and balancing the economy**
 - i. Shifting investment to prevention and early intervention
 - ii. Making urgent care systems for adults and children work effectively.

The shadow Health and Wellbeing Board is one of the theme commissioning boards within the Leicestershire Together structure.

GP Clinical Commissioning Groups:

The Government's reforms aim to put patients at the heart of the NHS to give them greater choice and control over their care. By giving GPs responsibility for planning and buying services, power is shifting to the professionals who have the most contact with patients and best understand their needs. In Leicestershire there are two Clinical Commissioning Groups:

- East Leicestershire and Rutland Clinical Commissioning Group (Melton, Rutland, Harborough, Blaby, Oadby and Wigston).
- West Leicestershire Clinical Commissioning Group (Charnwood, North West Leicestershire, Hinckley and Bosworth).

Directors of Public Health:

All upper-tier and unitary authorities are required to have a Director of Public Health (DPH). The role of the DPH will be to lead public health at a local level, supported by a team with specific public health and commissioning expertise. The DPH role is broad and includes addressing health & wellbeing throughout life, reducing health inequalities, working with GP Clinical Commissioning Groups, health protection and emergency planning. The DPH for Leicestershire is Dr Peter Marks.

The Role of the NHS in Public Health:

The NHS will continue to play an important role in public health through undertaking screening and immunisations, improving access to care, tackling health emergencies and supporting people with long term conditions. GPs will be incentivised to focus on prevention and early intervention. Locally GP Clinical Commissioning Groups will work with Council's, the voluntary and community sectors and the business sectors through Health & Wellbeing Boards to ensure that services and commissioners are maximising their effectiveness on health improvement and reducing inequalities.

- 5.5 The Council has already taken a number of steps to begin implementing these national policy changes locally with assistance from the County Council's Public Health Directorate. Hot desk arrangements have been put in place to enable the County's Public Health staff to operate from the Council offices to encourage joint working and better co-ordination of health improvement services.
- 5.6 Each district has been allocated a public health specialist to provide the following support:
 - a route into the broader work of the Public Health Directorate (the single point of access)

- providing links to the county wide streams of lifestyle behaviour/behaviour change
- providing links to the other domains of public health (NHS commissioning support, health protection, public health intelligence).
- providing expert advice on health improvement, health needs assessment, context of health needs and expert advice on 'what makes a good population health programme
- public health input into broader determinants of health work (e.g input into district planning work)
- providing advice on district priorities for health.

This facility has been in place since August 2011 and the support has assisted with undertaking a gap analysis of the health improvement work that the Council currently provides.

- 5.7 The County Public Health Directorate has provided all the District Councils with funding to administer a Community Grants Scheme. The grants are awarded in conjunction with the County Council to community groups for initiatives which support the Health and Wellbeing Boards strategic priorities. Harborough has been issued with £5,344 and a process to receive expressions of interest has been developed.
- 5.8 District Council Officers are working with Public Health staff to analyse the Joint Strategic Needs Assessment (JSNA) for Harborough. The JSNA is a process which identifies the current and projected health and wellbeing needs of the local population. The initial JSNA was completed in 2008 and the current review aims to provide an updated report in 2012.
- 5.9 In order to provide a local focus on Health and Wellbeing many districts have developed a local health forum approach. The Public Health Directorate are encouraging the Leicestershire districts to develop local partnerships that can provide links to the County Health and Wellbeing Board. Currently three districts within Leicestershire have Health and Wellbeing forums there are no current arrangements within the Harborough district. Developing a local partnership would enable coordinated approach and encourage joint working on shared local priorities. A draft terms of reference for such a group is shown in Appendix A. The partnership would provide a link to the Harborough locality Board should the current proposals around locality working be adopted.
- 5.10 There will clearly be a need to provide an administrative role to coordinate and support the partnership meetings. However there is likely to be other activities identified through the partnership which will need to be addressed through the transformation programme.
- 5.11 Early discussions with the East Leicestershire and Rutland Clinical Commissioning Group have highlighted their need to be able to access a local district wide forum and they have declared an interest in working with the Council to develop a local partnership.

5.12 'Healthy Lives, Healthy People' sets out a step change in how public health is delivered in England. The positioning of public health within the County Council provides new opportunities to address the wider determinants of health and integrate health improvement across a broader range of services. Already public health staff, GPs and district council officers have started to work in a more co-ordinated manner and this will result in better local health services.

6.0 Legal Issues

6.1 There are no legal issues at this stage.

7 Resource Issues

7.1 The resource implications are not currently known however a business case will be developed and considered as part of transformation programme.

8 Equality Impact Assessment Implications/Outcomes

8.1 Equalities is a key part of any health improvement process and the equality Impact assessment would be developed during the identification of the priority health improvement areas.

9 Impact on the Organisation

9.1 Developing a local approach to health improvement may enable the council to influence wider resources to deliver a joint approach with partners.

10 Community Safety Implications

10.1 The priorities from the Health and Wellbeing partnership may impact or contribute to the wider community safety agenda.

11. Carbon Management Implications

11.1 None.

12. Risk Management Implications

12.1 None.

13 Consultation

13.1 Consultation has been carried out with lead officers from the Public Health Directorate at the County Council.

14 Options Considered

14.1 Do not develop a local partnership focussed on Health and Wellbeing.

15 Background Papers

15.1 None.

Previous report(s): None

Information Issued Under Sensitive Issue Procedure: N

Ward Members Notified: N/A

Appendices: list any appendices here including title and filename in brackets (e.g. Performance Data 2010 (perfddata.doc)).

A. Harborough District Health & Wellbeing Partnership Draft Terms of Reference

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