
**TRANSFER OF PUBLIC HEALTH FUNCTIONS TO
DARLINGTON BOROUGH COUNCIL**

Responsible Cabinet Member – Councillor Andrew Scott

**Responsible Directors – Murray Rose, Director of People
Miriam Davidson, Director of Public Health**

SUMMARY REPORT

Purpose of the Report

1. To update Members on their new responsibilities for public health functions that will transfer to the local authority from April 2013 and to seek in principle approval for the configuration of local public health resources and the transition action planning process.

Summary

2. The transfer of the public health leadership, responsibilities and functions from NHS County Durham and Darlington by April 2013, in line with the changes outlined in the Health and Social Care Bill (2011), will provide the council with an opportunity to embed health improvement and health protection across core services to enhance health and wellbeing.
3. A local transition plan has been developed reflecting the processes in place for governance, accountability arrangements and joint planning via a range of work streams.
4. This transition plan proposes that officers engage in dialogue with other local authorities to identify the best option for future configuration of public health services in Darlington. This will include disaggregation from the existing joint arrangements with Durham Council. A future Cabinet paper will outline the potential for configuration and collaboration, with an expectation that there will be added value from considering public health alongside the emerging collaboration opportunities with the other Tees Valley authorities. It may also be appropriate, based on a business case for specific services, to undertake joint commissioning with Durham Council.
5. Implementing a new system is a complex process and risks are described together with their mitigating plans. Crucially, there is currently no information about the size of the budget for public health which will transfer to the local authority, although there is a list of responsibilities and functions.

Recommendations

6. It is recommended that Members :-
 - (a) Note the new responsibilities on the local authority.
 - (b) Note the potential risks and steps being taken to mitigate them.
 - (c) Pursue the option of disaggregation from the joint arrangements with Durham and the exploration of collaboration with Tees Valley authorities.
 - (d) Receive a future report with specific proposals relating to the timing of transfer and the proposed configuration of the Darlington Public Health Service.

Reasons

7. The recommendations are supported by the following reasons :-
 - (a) To facilitate the effective transfer of the new functions and duties
 - (b) To ensure value for money through the new working arrangements

Murray Rose
Director of People

Background Papers

There are no background papers to this report.

Miriam Davidson: Extension 2359

S17 Crime and Disorder	There are no implications for crime and disorder arising from this report.
Health and Well Being	This report outlines future arrangements for the transfer of duties and functions in relation to health and well being.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	Public health will be transferring with a ring-fenced and likely significantly reduced budget, although the allocation for Darlington is not yet known. There is a new policy framework proposed for the new duties when transfer is complete in April 2013.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	There are no implications arising from this report.
Efficiency	There are no implications arising from this report.

MAIN REPORT

Context

8. The Health and Social Care Bill (2011) sets out the planned changes needed to reform the commissioning of health care and the delivery of public health by transferring responsibilities, resources and functions to newly created organisations including: clinical commissioning groups (CCGs), the NHS Commissioning Board (NHSCB), Healthwatch, a national Public Health agency (Public Health England) and statutory Health and Wellbeing Board in each upper tier local authority in England.
9. The Public Health White Paper: “Healthy Lives Healthy People: our strategy for public health in England” (2010) described a public health system that would be “responsive, resourced, rigorous and resilient”. It outlined the role Local Authorities will play in delivering public health, the role of the Director of Public Health and the provision of a ring-fenced public health grant.
10. Subsequent updates to policy have included: an “Update and Way Forward” (July 2011), a series of fact sheets in December 2011 i.e., “Public Health in Local Government”, “Public Health transfer from primary care trusts to local authorities” and “Public Health England Operating Model”. The roles and responsibilities of local authorities include taking the lead for improving health and co-ordinating local efforts to protect the public’s health and wellbeing and ensure health services effectively promote the populations’ health.

Public Health Leadership

11. Darlington Borough Council is well placed to positively influence the wellbeing of the local population by putting health and wellbeing at the heart of everything it does. Local political leadership from elected members will be critical in promoting public health.
12. The Director of Public Health will be the lead officer in the local authority for health and act as the strategic leader for public health and health inequalities in local communities. Further detail on the role of the Director of Public Health is described in the policy update “New public health system takes shape as more details published” (Dec 2011).
13. In deciding the best model for integration of public health functions in the council an appraisal of options is being developed. Some aspects of public health leadership will need to be closely aligned to Durham County Council and Durham Constabulary (such as emergency planning), some functions will sit well alongside existing council responsibilities (such as environmental health) and some will benefit from co-ordination across the Tees Valley (such as smoking cessation campaigns). Close working with each internal and external partner is necessary for the successful delivery of public health outcomes. It is proposed that authority is delegated to the Chief Executive to manage the options appraisal, against the set of criteria outlined in paragraphs 36-39.

Public Health functions and responsibilities in Darlington Borough Council

14. Darlington Borough Council will have a role across all three domains of public health from April 2013 at the latest ie:-

- (a) Promoting the health of their population, including tackling the wider social determinants of health inequalities;
 - (b) Ensuring that robust plans are in place to protect the local population and from a range of health threat including outbreaks of communicable disease, emergencies, and including local plans for screening and immunisation
 - (c) Ensuring that health services effectively promote population health.
15. There is a list of mandatory public health functions which will transfer to the local authority from April 2013 and it currently is as follows:
- (a) Ensuring appropriate access to sexual health services (excluding abortion services, which will be commissioned by clinical commissioning groups, and Sexual Assault Referral Centres, which will be commissioned by NHS Commissioning Board);
 - (b) The duty to ensure that there are plans in place to protect the health of the population;
 - (c) Ensuring that NHS commissioners receive the public health advice they need;
 - (d) Delivering the National Child Measurement Programme;
 - (e) NHS Health Check assessments.
16. Local authorities will be responsible for commissioning other public health services. These services are deemed discretionary and their commissioning will be limited by available resources and will be guided by the Public Health Outcomes Framework, the Darlington Single Needs Assessment and the joint health and wellbeing strategy. They are:
- (a) the following *prevention and lifestyle services*:-
 - (i) Tobacco control and smoking cessation services;
 - (ii) Alcohol and drug misuse services;
 - (iii) Public health services for children and young people aged 5-19;
 - (iv) Interventions to tackle obesity, e.g., community lifestyle and weight management services;
 - (v) Locally-led nutrition initiatives;
 - (vi) Increasing levels of physical activity in the local population;
 - (vii) Public mental health services;
 - (viii) Dental public health services;
 - (ix) Accidental injury prevention;
 - (x) Population level interventions to reduce and prevent birth defects;
 - (xi) Behavioural and lifestyle campaigns to prevent cancer and long term conditions;
 - (xii) Local initiatives on workplace health.
 - (b) the following *health protection* services:-
 - (i) Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes;
 - (ii) Local initiatives to reduce excess deaths as a result of seasonal mortality;
 - (iii) Local authority role in dealing with health protection incidents, outbreaks and emergencies;
 - (iv) Local initiatives that reduce public health impacts of environmental risks.

- (c) the following services linked to the *wider determinants of health*:
- (i) Public health aspects of promotion of community safety, violence prevention and response;
 - (ii) Public health aspects of local initiatives to tackle social exclusion.

Darlington Public Health Transition Plan

17. The Darlington Public Health Transition Plan (**Appendix 1**) is a co-production between NHS County Durham and Darlington, Darlington Borough Council, Durham County Council and Tees Valley local authorities. This reflects both the current arrangements for commissioning and delivering public health functions and any possible future arrangements. The Transition Plan drives the work that is underway to make sure there is a smooth transfer of functions and resources from the “sender” organisation, the Primary Care Trust, to Darlington Borough Council, the “receiving” organisation.
18. Since 2006 public health arrangements for commissioning and delivery in Darlington have been undertaken by the NHS County Durham and Darlington Public Health Directorate. It has been a commissioning Directorate since 2009 comprising a public health workforce covering Darlington and County Durham. In order for Darlington Borough Council to deliver their new public health responsibilities a disaggregation exercise to identify respective budgets, workforce, contracts etc. is being undertaken.
19. In line with the Darlington collaboration with Tees Valley local authorities on children’s and adults’ services, work is ongoing with the Tees Public Health teams to design a locally responsive model for public health.
20. There is an internal requirement within the Department of Health that the transition plan is “signed” off by the Regional Director of Public Health by mid-March 2012 and submitted to the Department of Health early April 2012. Feedback on the Transition Plan will be provided by the end of April 2012 with a formal assessment of progress in October 2012.
21. PCTs and Local Government have a shared role in co-producing the new public health system and transition plans should reflect this.

Governance and assurance

22. The work to implement public health transition and develop the future public health system is reported in line with the existing governance arrangements within respective organisations and assurance is provided that robust planning is in place.
23. Darlington Borough Council is managing the transition via the Transformation Board, and has established a Public Health Transition Reference Group to consider the issues in some detail. There are also regular reports to the Formative Health and Wellbeing Board, Cabinet Portfolio Holder and Health and Partnerships Scrutiny Committee.
24. For NHS governance the Director of Public Health for Darlington is leading the Public Health transition through the Public Health Senior Management Team and reporting to County Durham and Darlington NHS Transition Board.

25. Joint oversight of the plans is conducted via the County Durham NHS Transition Board, County Durham & Darlington Public Health Transition Steering Group and the North East Public Health Transition Board.
26. In the “Planning Timetable and requirements for Public Health Transition” letter (Dec 2012), the point is made that while PCTs would begin by leading the transition planning processes, local government would increasingly lead transition.

Public Health Transition Workstreams

27. The County Durham and Darlington Public Health Transition Steering Group (described above) holds specific workstreams to account for progress on key transition objectives and milestones. Each workstream has terms of reference and an action plan which will be regularly updated for monitoring progress. The workstreams to date are as follows:-
 - (a) The Public Health Workforce Transfer workstream leads the process of the public health transition to Darlington Borough Council. It has a focus on the requirements of the council as a receiving organisation and the NHS County Durham and Darlington as the sending organisation.
 - (b) Matters for consideration include TUPE regulations, the national HR concordat and the national Public Health workforce strategy. Further detail is expected on HR guidance for local authorities and Primary Care Trusts.
 - (c) A North East HR Transition plan has been developed with the local authorities, the Darlington / Hartlepool Head of HR is the lead Local Authority representative.
 - (d) Associated workstreams to the above includes: Information Governance, Information Technology, Estates and the transfer of electronic and physical assets.
 - (e) Workstreams on the current budgets, associated contracts, and commissioning during transition (and post April 2013) have mapped current PCT public health spend which is largely committed in contracts with the County Durham and Darlington Acute Foundation Trust, primary care providers and community sector organisations.
 - (f) Crucially, the value of the future ring fenced public health grant to Darlington Borough Council is unknown and the workstream is considering the potential impact of a significant reduction in the level of resource available.
 - (g) The workstream is also participating in a review of investment in North East wide public health services.
 - (h) A workstream has been established to keep partners, staff and wider public informed of progress. The local Communication and Engagement workstream works closely with the North East communication leads to make sure public facing messages are consistent.
 - (i) A workstream is addressing the arrangements that need to be in place during transition and beyond to ensure public health expertise is provided for NHS commissioners. The group is liaising with the Darlington Shadow Clinical

Commissioning Group and Commissioning Support Services to better understand how the specialist support and advice will be provided.

- (j) Given the extent of the changes to the public health system, particular assurance is being given to the robustness of emergency preparedness, resilience and response (EPRR) and health protection. A workstream is focussed on EPRR and health protection responsibilities during transition and post transfer.
28. The workstreams in paragraph 27 above, cover the transitional arrangements affecting the transfer of public health functions and resource to the respective local authorities in Darlington Borough Council and Durham County Council.
29. A separate workstream has been established to identify services that can be shared across authorities in collaboration with Tees Public Health Teams. The Darlington / Tees workstream is supported by a Director level steering group with representatives from Public Health and Local Authorities. Both PCT and the local authority have allocated resources to ensure that the workstreams can be delivered effectively.

Timescales

30. Subject to the passage of the Health and Social Care Bill, local authorities will formally assume responsibilities for public health in April 2013. In some areas of England local authorities are already moving to take delegated responsibility for public health teams and functions ahead of the statutory transfer of responsibility. Earlier guidance indicated that the Department of Health expected that a “substantial majority” of transfers are completed by the end of October 2012 with “robust governance” in place for the remainder of 2012/13.
31. The end of December 2012 is a milestone for remaining duties to transfer and that by the end of March 2013 all PCTs will have completed the formal handover of public health responsibilities to Local Authorities.
32. In Darlington, there is a desire to move as quickly as possible to embed the new relationships and responsibilities. There will be risks and opportunities of each of the options regarding timescale and a paper will come to Cabinet in July when more information is available and initial research has been undertaken.

Risks and Assurance

33. There are a number of risks identified in the transfer of public health functions to Darlington Borough Council. The risks are described within each workstream action plan, and aggregated, at a high level on each respective organisations risk register.
34. The key risks are identified as:-
- (a) Workforce transfer requires more clarity for both sending and receiving organisations.
 - (b) Lack of national clarity about Local Authority public health responsibilities for children 0-5 years (before a later transfer date).

- (c) Financial pressures if the ring fenced public health grant is significantly less than current spend.
- (d) Workforce capacity to change commissioned contracts in the transitional year.
- (e) Although notice will be given to all current providers of a change to contracts, the lack of clarity about transition and potential decommissioning arrangements may impact on delivery
- (f) Currently public health commissioners have support from Commissioning Support Services, the Local Authority will require similar support and it may create a financial pressure.
- (g) Information governance agreement across organisations is essential in order for health data to be available to the local authority public health leads.
- (h) The local model for a strong public health system in Darlington will need to be collaborative with other local authorities. Risk need not be an overwhelming problem for smaller public health teams if they share some of that risk with others. In particular, authorities can agree to lead in key areas of expertise for their partner authorities, thus ensuring that specialist skills are used most effectively

Next steps

35. There are a number of decisions which the local authority must make about the transfer of public health functions which are still to be developed and evidenced. These decisions are:-
- (a) Which functions does the Council wish to share with Durham County Council?
 - (b) Which functions does the Council wish to share with the Tees Valley authorities?
 - (c) What will be the impact of the new functions on the current organisational structure of the Council?
36. Realistically, it will not be possible to determine each of these areas without further information. The information required includes the budget allocation, the staffing allocation, the skill set of allocated staff and the skill set (and any identified gaps) of partner councils also acquiring the public health functions. The actions within each workstream will be updated and timescales amended. It is important to note that further information is awaited from the Department of Health, particularly shadow financial allocations.
37. The criteria proposed to enable effective decision making regarding the delivery of the public health functions should be as follows:-
- (a) Final budget allocation is known
 - (b) Final staffing allocation is known
 - (c) Analysis of public health specialist capacity across the Tees Valley is completed.
 - (d) Final list of functions and contracts is provided
 - (e) Options appraisal of shared functions completed with other authorities/partners.
38. The Public Health Transition Plan (**Appendix 1**) is a live document that will change as the implementation of the workstream actions proceeds.