
FUTURE PUBLIC HEALTH CONFIGURATION

**Responsible Cabinet Member -
Councillor Andrew Scott, Health and Partnerships Portfolio**

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

SUMMARY REPORT

Purpose of the Report

1. The report is to brief Members on the process of transferring public health functions from NHS County Durham and Darlington to Darlington Borough Council.
2. Members are requested to note the elements of governance in place for the smooth transfer of public health responsibilities during the transitional period, April 2012 to March 2013.
3. The report describes an operating model for public health within the Council after 1 April 2013 which Members are asked to approve.
4. Members are requested to approve the arrangements for a Tees Valley shared public health service.

Summary

5. The Darlington Public Health Transition Plan, (**Appendix 2**), maps the work that is underway to ensure a smooth transfer of functions and resources from the “sender” organisation (NHS County Durham and Darlington) to the “receiver” organisation (Darlington Borough Council) as per the Health and Social Care Act 2012 under which a leading public health role is returned to local government.
6. Darlington Borough Council governance during transition is exercised via the Public Health Transition Reference Group, the Transformation Board, reports to the Shadow Health and Wellbeing Board, briefings for the Responsible Cabinet Member and reports to the Health and Partnerships Scrutiny Committee.
7. Transition workstreams are preparing the new public health system i.e. HR, Information Governance, Information Technology, estates, contracts and finance,

clinical and corporate governance. The Transition Plan summarises the key tasks of the workstreams and provides a framework for managing the process.

8. The shadow allocation for the public health ring fenced grant is expected to be published in December 2012. Finance and contracting work is being undertaken to ensure the allocation is sufficient to cover all public health commitments that will be Darlington Borough Council duties from 1 April 2013.
9. The Council will have a responsibility from 1 April 2013 to provide public health advice to NHS Commissioners. The focus is on developing a “core offer” for Darlington Clinical Commissioning Group (CCG).
10. A public health operating model in the local authority from 1 April 2013 describes ways of working across all sections of the Council. It encompasses political leadership, strategic leadership and performance and describes the role of public health across the groupings of People, Place and Resources.

All three domains of public health i.e. Health Improvement, Health Protection and Health Care Service Improvement will become part of the public health function in the Council from April 2013.

11. Following an assessment of the options for the public health operating model within the local authority, it is recommended that the public health team works as a distinct team aligned to the People group and working across the Council functions to support and identify opportunities to improve health. Public health has strong links with a wide range of People services and networks and that there would be further opportunities to lead the commissioning of interventions in a “life course” framework within the People grouping. As per national guidance the Director of Public Health reporting and accountability will remain to the Chief Executive.
12. An appraisal has been undertaken to assess the best way to ensure Darlington has access to the range of specialist skills to deliver the full range of public health responsibilities within the resources available. As a result of this a public health collaboration has been developed across the Tees Valley local authorities to provide an integrated approach where it is efficient and cost effective to work in a shared service model. A Tees Valley Public Health Board has been established to provide strategic leadership for the Tees Valley Public Health Shared Services. Redcar and Cleveland Borough Council will host the shared service on behalf of the other Tees Valley Councils. A maximum financial contribution from Darlington to the service will be £163k using the same ratio as Tees Valley Unit core services.
13. Public Health arrangements will continue to develop via local decision making structures over the next weeks and months in this transitional year to ensure a smooth transfer of the public health workforce and responsibility to the Council in April 2013.

Recommendations

14. It is recommended that :-

- (a) Members note the process of transferring public health resources, workforce and responsibilities from NHS County Durham and Darlington to Darlington Borough Council.
- (b) Members note the governance arrangements in place for the transfer and assurance mechanisms to project manage the transition.
- (c) Members are asked to approve a public health operating model within the Council post April 2013 in which a distinct public health team will be aligned to the People group and where the Director of Public Health will report directly and have direct accountability to the Chief Executive for the exercise of the local authority's public health functions.
- (d) Members are asked to approve the inclusion of Darlington as a partner in the Tees Valley Public Health Shared Services arrangements where Redcar and Cleveland Borough Council will host the shared services on behalf of the other Tees Valley Councils and where a Tees Valley Public Health Board will ensure efficiency and effectiveness of the shared service.

Delegations

- 15. The transfer of public health functions and transfer of public health staff to the Council will require changes to the scheme of delegation which are to be determined and will be the subject of a further report to Cabinet in January 2013.

Reasons

- 16. The recommendations are supported by the following reasons :-
 - (a) The extent of the changes in the public health system is huge, complex and far reaching. It is important that Members are appraised of the transition plans and the governance in place so they have assurance that the change is managed equitably, in line with national guidance and local best practice.
 - (b) The Health and Social Care Act 2012 gives local authorities critical, significant public health responsibilities. The Director of Public Health, as the lead officer for these functions, needs to have access to specialist resources spanning the three domains of public health (health protection, health improvement and healthcare public health). The Darlington local public health team alongside the Tees Valley shared services will provide the critical resource for the safe exercise of the Council's responsibilities.

Miriam Davidson, Director of Public Health
Murray Rose, Director of People

Background Papers

Healthy Lives, Healthy People: our strategy for public health in England, Department of Health 2011.

Appendix 1 – *Public Health in Local Government: The new public health role of local authorities, Department of Health October 2012.*

Appendix 2 – *Darlington Borough Council: Public Health Transition Plan 2012 - 2013*

Appendix 3 - *Statutory public health functions of Local Authorities under the Health and Social Care Act 2012, Local Government Association.*

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|----------------------------------|---|
| S17 Crime and Disorder | There are no implications arising from this report. |
| Health and Well Being | The transfer of public health functions and resource to the Council will strengthen the capacity of the Council to improve health |
| Carbon Impact | There are no implications arising from this report. |
| Diversity | There are no implications arising from this report. |
| Wards Affected | All wards affected. |
| Groups Affected | All groups affected. |
| Budget and Policy Framework | This decision does not represent a change to the budget and policy framework in the transitional year 2012/2013. |
| Key Decision | This is a key decision. |
| Urgent Decision | No. |
| One Darlington: Perfectly Placed | The vision for public health in Darlington is about reducing health inequalities, improving health outcomes and further integrating health and social care. |
| Efficiency | There are no implications arising from this report. |

MAIN REPORT

Information and Analysis

Context

17. A previous Cabinet report (March 2012) outlined the changes driven by the Health and Social Care Act (2012) and the implications for the Council. From April 2013 public health functions transfer from Primary Care Trusts (PCTs) to local authorities, Public Health England (PHE) or the NHS Commissioning Board (NHS CB). This paper describes the elements of governance in place for the smooth transfer of public health responsibilities from NHS County Durham and Darlington (NHSCDD) to Darlington Borough Council (DBC) during the transition year April 2012 to March 2013.
18. The vision for public health in Darlington is about reducing health inequalities, improving health outcomes and further integration of health and social care through evidence based delivery. Achieving the vision will mean that public health has transferred safely and is embedded, influencing every council function so that improving health is a shared aim of each service area.

Local Public Health Transition Plan

19. The Darlington Public Health Transition Plan (DPHTP), (**Appendix 2**), drives work that is underway to make sure there is a smooth transfer of functions and resources from the “sender” organisation (NHS CDDD) to Darlington Borough Council, the “receiver” organisation. The plan, covering delivery transition activity and governance for 2012/13, was assessed positively by the Department of Health in April 2012. A further assessment of progress was conducted in October 2012 where the Local Government Association co-ordinated a self-assessed stocktake by each local authority on their transitional arrangements.
20. As per the “Planning Timetable and Requirements for Public Health Transition” letter (December 2011) the lead on transition planning has shifted from the NHS leading the process to the local authority “pulling” the changes. Darlington Borough Council governance is via the Darlington Reference Group, the Transformation Board and regular reports to the Shadow Health & Wellbeing Board, lead Cabinet member and the Health & Partnerships Scrutiny Committee.
21. Key public health workstreams are preparing the new system covering workforce, information management, estates, contracts, finance, clinical and corporate governance, communications with stakeholders, providers and the public.

In addition, given the extent of the changes to the public health system particular assurance is sought on the robustness of emergency planning, resilience and response (EPRR) and health protection.

22. A separate workstream has scoped the potential for public health collaboration across Tees Valley. The rationale for this is as follows. The Darlington public health team is currently part of an integrated team across Durham and Darlington.

As part of transition to local authorities, members of this team have been aligned either to Durham County Council or Darlington Borough Council. A small specialist team has been aligned to Darlington and includes 12 full-time posts inclusive of the Director of Public Health. The functions of these staff are outlined in paragraphs 28 and 34. In order to meet the full responsibilities transferring to local authorities, additional specialist capacity will be required, particularly with regard to medical consultancy, epidemiology and the delivery of the core offer of specialist advice to Clinical Commissioning Groups. The alignment of additional whole time equivalent staff to Darlington Borough Council to undertake these functions was assessed as inefficient. A shared service model has existed within Tees Valley for a number of years which has the potential to deliver these requirements within Darlington in a more flexible and efficient manner. The rationale for Darlington joining the shared service is to be part of a cost effective shared function that provides economies of scale and best use of locally available public health specialist knowledge, resources and skills and to provide assurance of the delivery of the full range of responsibilities transferring to local authorities on 1 April 2013.

Following appraisal of the different options for delivering public health services across the Tees Valley (including Darlington) the five Chief Executives agreed that the most efficient and effective model would include:-

- A public health function within each local authority led by a Director of Public Health and supported by a core team and
- A Tees Valley shared service managed on behalf of the Directors of Public Health and hosted within Redcar and Cleveland Local Authority.

It is proposed that each local authority make a financial contribution to the cost of the service calculated using the same ratio as Tees Valley Unit core services. The estimated contribution for Darlington will be a maximum of £163k for 2013/14, however this may reduce with in year efficiencies and a review of the shared service operation will take place early in 2013/14.

A Tees Valley Public Health Board will provide strategic leadership across the collaboration and ensure the delivery of the work programme.

Commissioning and contracting

23. A complex and detailed programme of work has been conducted to map out all public health contracts for commissioned activity, detail of contract values, funding streams and update service specifications. Further work, led by public health specialists and shared with local authority colleagues has prioritised current commissioned services in preparation for confirmation of the ring fenced public health grant. Notification is expected in December 2012.
24. An MOU is being prepared describing the respective responsibilities between Durham County Council and Darlington Borough Council in the transitional year. From April 2013 DBC will commission a range of public health services, based on health needs, aligned to the Health and Wellbeing Strategy and informed by the Single Needs Assessment.

25. A working group is in place specifically to ensure the safe transfer in contracting arrangements to the local authority within the resource available. Based on procurement and legal advice a proposed schedule of service reviews and proposed waivers is being developed and will be fully outlined in a further paper in January 2013.

Finance

26. In February 2012 estimated baseline public health allocations were published by the Department of Health "*Baseline spending estimates for the new NHS and Public Health commissioning architecture (2012)*." Local authorities will be informed about the ring fenced public health grant by the end of 2012 but have been advised by the DoH that it will not be less than the baseline estimates in real terms unless there are exceptional circumstances. The baseline estimate for Darlington is £6.1m as per the PCT 2010/11 out turn however applying the guidance indicates that a realistic estimate of the grant would be £6,482,000. The Finance and Contracts group has modelled a worst case scenario of £6,269,000 and best case of £6,709,000.
25. In June 2012 the Department of Health (DoH) published the interim recommendations of the Advisory Committee on Resource Allocation (ACRA) for public health funding to local authorities. The Committee proposed changes to the methodology for public health allocations which, applied to Darlington would represent a significant reduction of the current public health funding.

Robust responses from PCTs and Local Authorities in the North East were submitted including Darlington Borough Council, the Shadow Health and Wellbeing Board and Darlington Clinical Commissioning Group.

26. A "Health Premium" incentive will be introduced from 2013/14 but will not be paid until 2015/16. Criteria for awarding the health premium are still to be determined, however, it is likely that the criteria will include key indicators in the Public health Outcomes Framework, and some local indicators. The draft Darlington Health, Wellbeing and Social Care Delivery Plan is developing a performance framework which will generate evidence from 2013/14 to support claims against the premium.

Transfer of public health staff

27. The Darlington Public Health Transition Plan details the actions required of both sender and receiver organisations to ensure an effective transfer which minimises risk to DBC and enables the Council to discharge its new statutory responsibilities. Following national negotiations key aspects of the transfer have been agreed. The Local Government Association (LGA) is developing HR guidance on the technical application of the "Filling of posts in Receiving Organisations" document. Transfer Schemes or Orders will be used for the transfer of staff to local authorities.
28. A project management approach is being taken (as described in the local transition plan) for the transfer of public health staff. County Durham and Darlington PCT are currently identifying the list of staff proposed to transfer. The target for the first draft of the list is 1st December 2012.

The public health service comprises Public Health specialists, qualified in public health and registered as necessary with national public health professional bodies. The public health specialist commissioners are supported by public health business and project skills, epidemiology, health care services, intelligence, emergency planning, administration and governance.

In addition, the Darlington Drug and Alcohol Action Team, hosted in public health on behalf of the responsible authorities, are one of the functions transferring to the Local Authority responsibility and any staff identified to transfer as a result will bring a full range of skills and expertise as an experienced high performing DAAT Commissioning Unit.

29. Key information about the role of the Director of Public Health in the new system was published in October 2012. The information describes both the statutory and non-statutory elements of the role.

Developing the “core offer”

30. One of the mandatory public health functions for the Council in the future is making sure that NHS commissioners receive the public health advice they need; the focus is on developing the core offer for Darlington’s Clinical Commissioning Group (CCG).
31. The CCG requires a range of information and intelligence support via public health in the local authorities, Public Health England and the work of the commissioning support organisations. A Darlington “core offer” has been prepared for the transition year 2012/13 and a collaborative approach is being taken with Tees Valley Public Health Shared Service to develop the core offer 2013 onwards.

“Ways of Working” from 2013: Transition to Transformation

32. The new public health role for local authorities requires an understanding of public health issues across all local Council services, see **Appendix 1**.
33. The successful integration of public health practice into the ways of working in Darlington Borough Council (DBC) is critical in order for a local public health system to develop. The transfer of public health into the Council provides opportunities for public health specialists, council staff and councillors to build on existing relationships and work together on the Councils’ new role in health and wellbeing.
34. Public Health is concerned with the health of the entire population of Darlington, requiring a collective effort; addressing prevention, treatment and care from a population perspective. Public health includes making sure that services are safe, effective, appropriate and accessible to the whole population. An understanding of the above leads to analysis of inequalities in health between groups and informed commissioning decisions.

The skilled specialist public health workforce is qualified in the nine areas of public health practice as agreed by the Faculty of Public Health:

- Surveillance and assessment of the population's health and wellbeing
- Promoting and protecting the population's health and wellbeing
- Developing quality and risk management within an evaluative culture
- Collaborative working for health
- Developing health programmes and services and reducing health inequalities
- Policy and strategy development and implementation
- Working with and for communities
- Strategic leadership for health
- Research and development

An Operating Model

35. Models for the integration of the specialist public health workforce into DBC need to take account of the three domains of public health, **i.e. health improvement, health protection and health services** (or health care public health).

Table 1. Domains of Public Health Practice (Faculty of Public Health)

| Health Improvement | Health Protection | Health Services |
|---|-------------------------------------|---------------------------|
| Contribute to increased life expectancy | Infectious diseases | Clinical effectiveness |
| Promote healthy lifestyles | Chemicals + poisons | Efficiency |
| Inequalities | Radiation | Service Planning |
| Education | Emergency preparedness and response | Audit + evaluation |
| Housing | Environmental health hazards | Clinical governance |
| Employment | | Equity (access & utility) |
| Family/Community | | |

Note: all the domains of public health will become part of the public health function in the local authority from 2013.

36. Work is underway as part of "Transition to Transformation" to map the above public health domains to DBC business unit model, identifying the public health perspective or opportunity through joint working to improve public health outcomes with People, Place or Resource Groupings.

Integrating public health across all sections will be reliant on close working with colleagues providing procurement advice and support, property management, communications and media relations, financial management, information and intelligence, legal and democratic services.

37. The formal transfer of responsibilities will take place on 1 April 2013 however, as agreed in transition, a public health team is aligned to Darlington. Staff and trade unions are engaged in the process with an aim of a smooth transition and subsequent transformation where public health is integrated across all council business. In the transfer and transformation the council stakeholders and the public health stakeholders need to adapt to each other.

38. Potential models of public health in local authorities have been described as:

- (a) a distinct new public health group in the Council, potentially with additional functions i.e. as well as the new public health responsibilities

A new grouping, comprising the transferred public health team, would be tiny in comparison to the size and capacity of the existing three groups. DBC has established the three large and diverse groupings of services with a culture of free standing business units or functions. Although public health is a function that will work across all three DBC groups it is unlikely to have capacity to function as a stand alone group.

- (b) become a distinct section within another grouping e.g. Place, People, Resources or Chief Executive

*There are organisational benefits from the public health function being located with all the above groupings i.e. a rationale exists for each e.g. **Place:** an emphasis on domains of health protection and health improvement, with alignment to core functions of both public health and DBC, population protection planning will be a mandatory function. Strong links are already in place with wide range of Place Services.*

***Resources:** an across cutting approach to transforming the council, where public health skills in Health Impact Assessment, Equity Audits, health intelligence and organisational change would be aligned.*

***People:** an emphasis on public health domain of Health Improvement and Health Services/Health Care public health.*

***Chief Executive:** the public health function would be clearly perceived as business across all groupings i.e. a high cross cutting profile. Clarity would be needed on how the links would be maintained with People and Place groupings particularly.*

- (c) maintain an identity as a public health discrete team and work across directorates or functions.

39. Following an assessment of these options it is recommended that the public health team works as a distinct team aligned to the People group and working across the Council functions to support and identify opportunities to improve health. The proposal is a combination of b) and c) i.e. they are not mutually exclusive. The public health team would maintain its specialist function, within a large grouping with clear common alignment, i.e. People. The Director of Public Health reporting and accountability would remain to the Chief Executive as per national guidance

40. The rationale for a hosting option is that the team is unlikely to have the capacity to be a stand-alone function and that it enables the team to retain a critical mass whilst having reach across the Council. The hosting within People is preferable on the basis that public health has strong links with a wide range of People services and networks and that there would be further opportunities to lead the commissioning of interventions in a “life course” framework within the People grouping.

41. Hosting within the Chief Executive's office may not be appropriate so shortly after a major reorganisation to move Darlington Borough Council functions away from the Chief Officers Executive office into the three groupings. Whilst hosting within the Resources and Place groupings also has clear advantages, it was felt that the work across these groupings could be achieved effectively without a formal hosting arrangement in place.
42. Wherever positioned within the council's organisational structure, public health leadership must be enabled across all domains of public health practice. The Department of Health fact sheet on "*The Role of the Director of Public Health*" (2011) describes government policy...."while the organisations and structures of individual local authorities is a matter for local leadership.....we would expect there to be direct accountability between the director of public health and the local authority chief executive for the exercise of the local authority's public health responsibilities".

Next steps

43. The most important element of the changes is the development of a local public health system in which public health is enabling across all council groupings and where partner organisations are clear about their opportunities to improve health.
44. Public health arrangements will continue to develop and change. Further engagement with staff and via local decision making structures will proceed over the next weeks and months in this transitional year.
45. The transfer of the service/functions to the local authority will require changes to the scheme of delegation, with agreed functions being delegated to the Director of Public Health and potential changes around other delegations and budget management etc.

A summary of the statutory public health functions of a local authority is attached as **Appendix 3**.

46. Assuming the Cabinet portfolios and Scrutiny remits remain unchanged, there may be some shifting of officer responsibilities and accountabilities as a result of the transfer of the service.

Financial Implications

47. Public health will have a ring fenced grant via Public Health England, estimated to be a minimum of £6.2 million to deliver the public health responsibilities. The final allocation is yet to be confirmed.

Legal Implications

48. The statutory public health functions of local authorities under the Health and Social Care Act 2012 are summarised in **Appendix 3**. The legal implications of commissioning clinical services are being addressed through the Governance workstream.

HR Implications

49. Workforce issues are being progressed at a local level and at a North East level for staff side and Union consultation. The Public Health Partnership has met twice and the Council is working through the processes required to identify the basis of staff transfer.

Corporate Landlord Advice

50. Estates officers are working closely with the public health team re: relocation and are partners on the Estates workstream.

Procurement Advice

51. The Finance and Contracting workstream includes representation from the Procurement Unit to advise on procedural rules.

Equalities Considerations

52. The Equality duty will be considered as part of the process of commissioning or decommissioning services.

Consultation

53. A local workstream on staff engagement is established alongside the Public Health Partnership with Unions and staff side representatives. Briefings on the changes to the public health system have been offered to elected Members. A communication plan has been developed as part of the Darlington Public Health Transition Plan.