

North Tyneside Council

Report to Cabinet

Date: 12 March 2012

ITEM 7(c)

Title: Public Health
Transition Plan

Portfolio(s): Adult Social Care

Children, Young
People and Learning

Community
Services and Safer
Neighbourhoods

Cabinet Member(s):
Councillor Leslie Miller
Councillor David Lilly
Councillor Glynis
Barrie

Report from Directorate: Chief Executive's Office

Report Author: Marietta Evans, Director of Public Health (Tel: 0191 643 2880)

Wards affected: All

PART 1

1.1 Purpose:

The purpose of the report is to inform Cabinet with regard to the proposed transfer of Public Health responsibilities to the Council from April 2013.

1.2 Recommendation(s):

It is recommended that Cabinet:

- (1) Note the detail in the Public Health Transition Plan and planned actions for 2012-13
- (2) Consider implications for the Council; and
- (3) Endorse and sign off the plan prior to submission to the Department of Health.

1.3 Forward Plan:

This report appears on the Forward Plan

1.4 Council Plan and Policy Framework

This report relates to the following themes/programmes/projects in the [2010/11] Council Delivery Plan: **Supporting people to be healthy and independent and protecting the vulnerable**

1.5 Information:

1.5.1 Background

1.5.2 The Public Health White Paper: Healthy Lives, Healthy People: our strategy for public health in England (Nov. 2010) set out the Government's long-term vision for the future of public health in England, which is designed to be more effective and give clear accountability for the improvement and protection of the public's health. Healthy Lives, Healthy People: Update and way forward in July 2011 provided further clarity on the role of local authorities and the Director of Public Health in health improvement, health protection and population healthcare.

1.5.3 Local authorities will take the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, and ensure that health services promote population health. The Council will therefore have responsibilities across all three public health domains:

- leading investment for improving and protecting the health of the population and reduce health inequalities using the ring-fenced grant
- ensuring plans are in place to protect the health of the population and ensuring an appropriate public health response to local incidents, outbreaks and emergencies
- providing public health expertise, advice and analysis to Clinical Commissioning Groups, Health and Wellbeing Board and the NHS Commissioning Board (through a "core public health offer")

Local political leadership will be critical in ensuring that public health receives the focus it requires.

1.5.4 Local authorities will be required to deliver their new public health functions to: tackle the causes of ill-health and reduce health inequalities, promote and protect health, and promote social justice and safer communities. Some of these functions are regarded as mandatory to ensure that some service areas have greater uniformity of provision especially where they are legally required (such as health protection, and the provision of contraception). (At Appendix 1).

1.5.5 Each local area is required to have a detailed Public Health Transition Plan in place which describes the process of transferring PCT public health responsibilities to the council during 2012-13. (At Appendix 1).

1.5.6 A North Tyneside Public Health Transition Group, comprising senior officers and managers, is overseeing the transition of public health from North Tyneside PCT to North Tyneside Council. The Transition Group has six work streams and under the agreed Terms of Reference operates as a Task Group of the Health Improvement Commissioning Board. The Group will provide leadership and accountability for transition and will manage risks to the successful delivery of the Public Health Transition Plan.

Subject to the passage of the Health and Social Care Bill the Council will assume statutory responsibilities for commissioning and/or providing public health services from April 2013, following the abolition of the PCT. The recent publication of public health

baseline spending allocations for 2012/13 indicate the likely level of resources available locally to support the transition to the new system in each local authority. The public health baseline spend for North Tyneside for 2012-13 has been calculated as £8.513m. The spend per head of population for North Tyneside is £41 and is one of the lowest allocations in the North East and does not reflect levels of deprivation in parts of the borough. (At Appendix 2). The government has invited feedback in relation to the allocations and has also provided an opportunity for further local scrutiny of allocations. Ring fenced public health budgets will be allocated directly to the local authority in April 2013.

- 1.5.7 The Health and Wellbeing Board and Adult Social Care, Health and Wellbeing Sub Committee have received updates with regard to Public Health Transition.

1.6 Decision options:

The following decision options are available for consideration by Cabinet:

Option 1

Endorse and sign off the Public Health Transition Plan

Option 2

Postpone sign off of the Public Health Transition Plan pending further clarifications or assurances

Option 1 is the recommended option.

1.7 Reasons for recommended option:

Option 1 is recommended for the following reasons:

Cabinet is required to sign off the Public Health Transition Plan prior to submission to the Regional Director of Public Health and Department of Health on the 26th March 2012.

1.8 Appendices:

‘Appendix 1: North Tyneside Public Health Transition Plan
‘Appendix 2: North Tyneside Baseline Spending Allocation

1.9 Contact officers:

Marietta Evans Director of Public Health Tel: 643 2880
Alison Campbell, Finance Business Manager Tel: 643 7038

1.10 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

- (1) Healthy Lives, Healthy People our strategy for public health in England (July 2010)
- (2) Healthy Lives, Healthy People Update and way forward (November 2010)

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

Baseline spending allocations for public health have now been published for all local authorities and the government has advised that service planning should be based on these allocations. (At Appendix 2). The allocations suggest that the spend by the PCT for public health in North Tyneside in 2012/13 should be around £8.513m (£41 per head assuming a population of 198,500) which compares well with the England average of £40 per head but is less than the £65 per head average for the North East. These figures will be the basis for any transfer which would be effective from 1st April 2013.

There are risks for the Council in relation to ensuring that it can deliver outcomes in relation to a comprehensive range of mandated and non-mandated health improvement services within a potentially limited funding allocation. This may be a challenge and will require prioritisation in terms of health needs in the borough and what the council can afford. Detailed work will be undertaken between April and September 2012 to ensure that North Tyneside Council understands the details of the contracts and the services it will be responsible for following the transfer in April 2013. The Council will work close with the Primary Care Trust to ensure that the financial details of the transfer and the Council liabilities are fully understood.

The opportunities for the Council lie in reviewing current commissioned health improvement services and ensuring that the budget is allocated to meet local health needs and address inequalities in health in the borough more effectively and through improved service models.

2.2 Legal

The Health and Social Care Bill proposes the transfer of key public health functions and responsibilities from the NHS to local authorities. The Bill also proposes the abolition of Primary Care Trusts and the re-organisation of the commissioning and provision of healthcare. The transfer of public health responsibilities will require the Council to commission a range of health improvement services and provide key public health functions to protect the health of the local population. The Council will receive a direct ring-fenced grant to carry out these responsibilities. Public health staff will transfer from the PCT to the Council and this process will be governed by the Transfer of Undertaking Protection of Employment Regulations (TUPE). Further reports will be submitted to Cabinet to keep members informed in relation to progress around the transfer of public health responsibilities and any implications that may arise for the Council.

2.3 Consultation/community engagement

2.3.1 Internal Consultation

Senior Leadership Team, Adult Social Care, Health and Wellbeing Sub Committee, Strategic Director of Community Services, Manager - Community Engagement, Members Briefing

2.3.2 External Consultation/Engagement

LINK, Care First, Engage Health, North of Tyne Transition Board

2.4 Human rights

There are no human rights implications directly arising from this report.

2.5 Equalities and diversity

No Equality Impact Assessment has been undertaken in relation to the Public Health Transition Plan at this stage however a detailed review of all transferring public health contracts will be undertaken between April and September 2012 and equality impact assessment will be included as part of this process.

2.6 Risk management

The detailed Public Health Transition Plan and detailed actions provide a risk assessment in relation to the transition process. In addition a specific Risk Management Action Plan is in place within the council. Detailed risk assessment is also being undertaken in relation to the baseline spending allocation and current health improvement contracts.

2.7 Crime and disorder

There are implications in terms of the new local authority responsibility in relation to the public health aspects of promotion of community safety, violence prevention and response.

2.8 Environment and sustainability

There are implications in relation to ensuring access to green and open spaces across the borough to support the population to remain physically and emotionally healthy. There are specific implications around the emergency planning responsibility in relation to reducing public health impacts of environmental risks.

PART 3 - SIGN OFF

- Strategic Director(s) ☒
- Mayor/Cabinet Member(s) ☒
- Chief Finance Officer ☒
- Monitoring Officer ☒
- Strategic Director with Responsibility for Community Engagement ☒