

# North Tyneside Council Report to Cabinet Date: 9 September 2013

**ITEM 7(a)**  
Title: Response to Overview  
and Scrutiny Report on  
Transition of Public Health  
into Local Authority

**Portfolio(s):** Public Health and Adult  
Social Care

**Cabinet Member(s):** Councillor Lesley  
Spillard

**Report from Directorate:** Public Health

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

**Wards affected:** All Wards

## **PART 1**

### **1.1 Purpose:**

The purpose of this report is for Cabinet to consider the comments and action plan as set out in Appendix A in response to the recommendations received from Overview and Scrutiny in a report on the Transition of Public Health into the Local Authority.

### **1.2 Recommendation(s):**

It is recommended that Cabinet:

Agree the proposed responses to the recommendations identified in the Cabinet report on 8<sup>th</sup> July 2013 from the Overview and Scrutiny Committee on 'Transition of Public Health into the Local Authority', as shown in Appendix A.

### **1.3 Forward Plan:**

This report appears on the Forward Plan up to 30 September 2013.

### **1.4 Council Plan and Policy Framework**

This report relates to the draft Council Plan, Our North Tyneside 2014-2018, Priority 1 Our People will – Be supported to live healthier and longer lives.

## **1.5 Information:**

### **1.5.1 Background**

- 1.5.2 The Public Health Transition Sub-group was established by the Adult Social Care, Health and Wellbeing Sub-committee of the Overview and Scrutiny Committee to investigate the transfer of public health from NHS North of Tyne to North Tyneside Council.
- 1.5.3 The main objective was to seek assurance that the transfer would be smooth and with adequate resources to create a high quality and locally accountable health system.
- 1.5.4 As part of their investigation, Members met with officers of the Council between 15<sup>th</sup> January and 16 May 2013 in order to gather evidence and the information needed to formulate recommendations.
- 1.5.5 The sub-group examined the public health grant for 2013/14, and gained assurance that this was adequate to put plans in place to deliver on our statutory responsibilities for public health and improve the health of the local population. However, the Members were concerned, that as the Council continues to be under pressure to make savings further demands would be placed on the public health grant. The sub-group believe that the production of a medium to long term strategic plan for public health could prevent funding being vired into other areas.
- 1.5.6 In relation to the governance arrangements for public health, Members concluded that it would be beneficial to establish a member led committee or board which could provide additional assurance to the council and lead integration of public health functions across all portfolios. After considering a number of options the sub-group recommend the establishment of a Public Health Advisory Board.
- 1.5.7 Finally the sub-group discussed in detail the plans for future commissioning of public health improvement contracts and services. The Director of Public Health has developed a North Tyneside Health Improvement Commissioning Strategy and a Procurement Programme 2013-15. Members felt it was important that the Council had an overarching public health policy statement or vision which would give direction to service specifications and the re-procurement of public health services.
- 1.5.8 The Director of Public Health had presented a report to Cabinet on 14<sup>th</sup> January 2013, 'Transfer of Public Health Functions from North Tyneside PCT to North Tyneside Council', outlining the progress in relation to transferring public health functions from North Tyneside PCT to North Tyneside Council in line with the requirements of the Health and Social Care Act 2012.
- 1.5.9 The Cabinet was appraised of transition plans and governance arrangements so that it could be assured that the change was being managed in line with national guidance and milestones.
- 1.5.10 The Director of Public Health also presented a report to Cabinet on 11<sup>th</sup> March 2013, detailing the 'Final Transfer Scheme for Public Health' to ensure that the transfer was undertaken in accordance with the Health and Social Care Act 2012 and by the deadline of 1 April 2013. The sign off of the Final Transfer Scheme for Public Health was approved by Cabinet.

## **1.6 Decision options**

The following decision options are available for consideration by Cabinet:

### Option 1

Cabinet may accept the recommendation set out in paragraph 1.2 above.

### Option 2

Cabinet may not accept the recommendation set out in paragraph 1.2 above.

### Option 3

Cabinet may also accept, reject or amend any of the proposed responses at Appendix A on an individual basis.

### Option 4

Cabinet may refer the matter back to Officers for further consideration of particular issue(s).

Option 1 is the recommended option.

## **1.7 Reasons for recommended option**

Cabinet is recommended to agree with the proposal set out in section 1.2 in order that this may be fed back to the Adult Social Care and Health and Wellbeing Overview and Scrutiny Committee. The Committee will monitor progress on implementing the recommendations with the Director of Public Health.

## **1.8 Appendices:**

Appendix A – Cabinet Response to Overview and Scrutiny Recommendations.

## **1.9 Contact officers:**

Marietta Evans, Director of Public Health Tel. (0191) 643 2880

Ian Atkinson, Public Health Business Manager Tel. (0191) 643 2882

Wendy Burke, Acting Public Health Consultant Tel. (0191) 643 2104

Alison Campbell, Finance Business Manager Tel: (0191) 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) Cabinet report of 8 July 2013, Agenda Item 5 - Overview and Scrutiny Report, Transition of Public Health into the Local Authority.

## **PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING**

### **2.1 Finance and other resources**

If recommendation 4 (as set out in Appendix A) is accepted, which relates to the establishment of a Public Health Advisory Board, consideration will need to be given to the resources required to set up and manage the Board. Costs will be within the envelope of public health funding available.

If recommendation 6 is accepted, which relates to the provision of commissioned health improvement services by North Tyneside Council, commissioning and procurement decisions will be made within the envelope of public health funding available.

The Authority has received a £10.4m ring-fenced grant to fund the transfer of public health responsibilities in 2013/14 and will receive £10.8m in 2014/15. This funding is available at the discretion of the Director of Public Health.

### **2.2 Legal**

The recommendations set out in this report take into account the Health and Social Care Act 2012, which significantly changes the way in which public health in England is delivered.

### **2.3 Consultation/community engagement**

During the review the sub-group met with senior public health representatives.

### **2.4 Human rights**

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

### **2.5 Equalities and diversity**

There are no equality and diversity implications arising directly from this report.

### **2.6 Risk management**

Any significant risks arising from the recommendation responses will be considered as part of implementation and discussed with the Senior Risk Advisor.

## 2.7 Crime and disorder

There are no crime and disorder implications arising directly from this report.

## 2.8 Environment and sustainability

There are no environment and sustainability implications arising directly from this report.

### PART 3 - SIGN OFF

- Chief Executive  X
- Strategic Director(s)  X
- Mayor/Cabinet Member(s)  X
- Chief Finance Officer  X
- Monitoring Officer  X
- Strategic Manager for Policy, Partnerships, Performance and Communication  X

## **Appendix A**

### **Cabinet Response to Overview and Scrutiny Recommendations Completed Action Plan**

#### **Transition of Public Health into the Local Authority**

In accordance with Section 122 of the Local Government and Public Involvement in Health Act 2007, Cabinet are required to provide a response to the recommendations of the Overview and Scrutiny Committee within 2 months. In providing this response Cabinet are asked to state whether or not it accepts each recommendation and the reasons for this decision. Cabinet must also indicate what action, if any, it proposes to take.

<b>Overview and Scrutiny Recommendation</b>	<b>Officer Commentary</b>	<b>Cabinet Decision (Accept or reject)</b>	<b>Action to be taken (if any) and timescale for completion</b>
<p>1. That Cabinet ask the Director of Public Health to give priority to producing a medium to long term strategic plan for public health.</p>	<p><u>This recommendation is supported.</u></p> <p>April 2013 marked the transfer of public health from the NHS to local authorities. The new public health role puts the Council in a prime position to improve health outcomes and tackle health inequalities. This public health role should impact on all Council functions as almost everything the local authority does has a health impact. A medium to long term strategic plan for public health will allow the Authority to take a systematic and corporate approach to maximise the health potential of the Council.</p>	<p>Accept</p>	<p>The Director of Public Health (DPH) to prepare a Public Health Policy Statement (see recommendation 5) based on the Marmot Review policy objectives. Adopt and adapt the policy objectives most relevant to our local circumstance, and the challenges set out in the Joint Strategic Needs Assessment, and produce a medium to long term Public Health Strategy.</p> <p>December 2013</p>
<p>2. That Cabinet ask the Director of Public Health to ensure that Service Level Agreements are set up with any Council based service in receipt of public health grant monies.</p>	<p><u>This recommendation is supported.</u></p> <p>Under the Health and Social Care Act 2012 key public</p>	<p>Accept</p>	<p>Heads of Service to be asked to provide the DPH with Service Specifications / Service Agreements for all public health services funded by the Grant. The Standard Public Health Service</p>

	<p>health functions were transferred to local government. A Public Health ring fenced grant has been allocated by the Department of Health to North Tyneside Council to allow the Council to discharge these new statutory responsibilities. The grant can only be spent on activities whose main purpose is to improve the health and wellbeing of the local population and the Chief Executive is required to sign an annual 'Statement of Assurance' to this effect. The duty to secure best value also applies.</p> <p>The Director of Public Health (DPH) has agreed that part of the Public Health Grant will be used by Council Heads of Service (HoS) to provide public health services or to fund public health services provided externally. Service level agreements will set out the purpose and terms and conditions of the grant.</p>		<p>Specification template will be used. Public health outcomes will be set out in each Service Specification. The HoS will provide a named representative to act on their behalf in matters relating to this agreement. The HoS will notify the DPH of the outcome of any service reviews or contract variations. This Agreement and Service Specifications will be available for the purposes of internal audit.</p> <p>October 2013</p>
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<p>3. That Cabinet ask the Director of Public Health to ensure that robust performance management processes are in place to monitor the key indicators, so that the maximum 'health premium' reward is achieved.</p>	<p><u>This recommendation is supported.</u></p> <p>The Public Health Outcomes Framework sets out key indicators of public health from the wider determinants of health through to effectiveness in reducing premature mortality. North Tyneside Council will be held to account for performance against the indicators. The overall goals are to increase healthy life expectancy and reduce health inequalities.</p> <p>In 2015/16 a 'Health Premium' will be available to local authorities with the main aim being to incentivise health improvement. It is likely to be based on performance against key indicators in the Public Health Outcomes Framework. The 'Health Premium' will only be paid to local authorities who also deliver appropriately their mandatory services.</p>	<p>Accept</p>	<p>The Public Health Directorate to develop PIRT (Performance Information Reporting Tool), to include the public health outcome indicators and additional indicators relevant to the public health contracts, to measure service activity. PIRT to give an "in-year" view of a particular indicator, setting latest performance in the context of performance so far that year. PIRT to give the latest performance against a performance trajectory to allow the Directorate to monitor and manage progress.</p> <p>October 2013</p>
<p>4. That Cabinet agree to establish a Public Health Advisory Board as</p>	<p><u>This recommendation is supported.</u></p>	<p>Accept</p>	<p>The DPH to take the lead to establish the Public Health Advisory Board.</p>

<p>outlined in Option B (paragraph 6.3.10).</p>	<p>Given the new statutory responsibilities, mandatory services and ring-fenced budgets for public health, it is appropriate to consider a member led Public Health Advisory Board to provide additional assurance to the Council and to lead integration of public health functions across all portfolios. Political leadership is fundamental for making a transformational change to the delivery of public health.</p> <p>The Board could also play a key role in advising the decision makers, i.e. Health and Wellbeing Board, relevant Cabinet Members and Cabinet on public health matters.</p>		<p>The resources required to set up and manage the Board to come from the public health ring-fenced grant.</p> <p>December 2013</p>
<p>5. That Cabinet agree a Council public health policy statement.</p>	<p><u>This recommendation is supported.</u></p> <p>The health gap in life expectancy is increasing between neighbourhoods within North Tyneside and between North Tyneside and other parts of the</p>	<p>Accept</p>	<p>The Marmot Review, <i>Fair Society, Healthy Lives</i> provides a framework of policy objectives to tackle health inequalities. The Marmot Review is the blueprint for practical policies aimed at reducing health inequalities. Over 75% of local authorities are now working to embed these Marmot principles in their approaches to improving health and</p>

	<p>country. North Tyneside Council is leading action across the partnership to tackle health inequalities through the Health and Wellbeing Board. A Public Health Policy Statement will help mobilise efforts across Council services to tackle the wider determinants of health inequalities.</p>		<p>reducing inequalities.</p> <p>The DPH to adopt and adapt the Marmot Review recommendations most relevant to our local circumstances, and the challenges set out in the North Tyneside Joint Strategic Needs Assessment, to produce a clear Public Health Policy Statement. This Policy Statement to set out the principles and objectives that will form the framework for action to reduce the health gap and deliver the Council Plan commitment to improve health outcomes.</p> <p>October 2013</p>
<p>6. That Cabinet approve, in principle, to the provision of commissioned health improvement services by North Tyneside Council, where this would achieve improved health outcomes, reduced inequalities and best value.</p>	<p><u>This recommendation is supported.</u></p> <p>The health improvement services currently provided by the Trust were commissioned by the PCT to deliver NHS Operating Framework priorities and targets. It is widely accepted that the government policy to transfer public health responsibilities to the local authority was not about the same programmes being offered by a different organisation but a complete transformation of the</p>	<p>Accept</p>	<p>In June 2013, North Tyneside Council Cabinet approved in principle the development of health improvement services within the Authority and agreed to receive a detailed plan as to how such a model could be created.</p> <p>The DPH to lead the development of this plan. By October 2013 firm proposals to have been developed for Cabinet following consultation with the CCG, providers and service users that:</p> <ul style="list-style-type: none"> <li>• Articulates the desired vision for health improvement in North Tyneside</li> <li>• Sets out the associated outcomes and how these contribute to the vision</li> </ul>

	<p>delivery agenda. Health improvement services are non-mandatory public health services, and the commissioning of these services should be guided by the local Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Public Health Outcomes Framework.</p> <p>Health improvement services have to be cost effective and sustainable. Effective delivery requires effective community involvement. This can only happen through services designed to empower individuals and communities.</p> <p>The overall purpose of developing 'in-house' health improvement services should be to ensure the provision of responsive and flexible evidence based services that reduce the gap in life expectancy and healthy life expectancy both within North Tyneside and between North Tyneside and other areas.</p>		<ul style="list-style-type: none"> <li>• Sets out options for the service models available to deliver improved service integration and better health outcomes</li> <li>• Recommends the service model that should be adopted by the Authority</li> </ul> <p>October 2013 – Proposals for health improvement services to be considered by Cabinet</p> <p>April 2014 – Proposals for health improvement services to be implemented</p>
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