

Panel Discussion - Public Health Transition

Purpose of Report

To provide an update on the priorities in this work area for the year ahead.

Summary

The report outlines the suggested vision and direction for the future work of the LGA's Community Wellbeing Board on the Public Health Transition.

Appendices A, B and C respectively provide biographies of Duncan Selbie, Chief Executive (Designate), Public Health England; Dr. Diana Grice, Vice-President, Association of Directors of Public Health; and Professor Lindsay Davies, President, Faculty for Public Health, who have been invited to take part in a panel discussion on the future on Public Health following the 2012 Health and Social Care Act and the transfer of responsibility for Public Health to local government.

Recommendation

Members are invited to discuss the focus of the Board's work on Public Health Transition for the rest of this financial year and to begin to identify likely priorities for 2013/14.

Action

To be taken forward by officers as directed by members of the Board.

Contact officer:

Alyson Morley / Paul Ogden

Position:

Senior Adviser(s)

Phone no:

02076643230 / 02076643277

E-mail:

Alyson.Morley@local.gov.uk / Paul.Ogden@local.gov.uk

Panel Discussion - Public Health Transition

Vision

1. We would welcome the Board's steer on the following overall vision for public health:
 - 1.1. The transfer of local public health services from primary care trusts to local government, coupled with the creation of Health and Wellbeing Boards, is one of the most significant changes to the health and wellbeing landscape in a generation. Our vision is for local government to work together with other partners to lead a fundamental shift away from treating and ever-growing burden of ill-health towards a preventative approach that tackles the wider determinants of health. Local councils through their Health and Wellbeing Boards will work internally with planning and environment, housing, education, leisure and culture, children and adult services as well as externally with providers in the private and voluntary sector to develop services for individuals in the context of the health needs of their communities.

Suggested LGA priorities for the coming year

2. The priorities for the LGA that we believe will help to deliver this vision are outlined below:
 - 2.1. For LGA to lead the development of a new system of public health, in partnership with our key stakeholders, that adopts a place-based approach to public health and addresses the wider determinants of health to improve health outcomes for communities.
 - 2.2. Develop a unified vision of public health, which goes beyond the transfer of staff and resources, and changes our approach from one that treats sickness to a system in which all partners actively promote health and wellbeing, and in so doing reduces the costs of health and social care.
 - 2.3. Public health funding – to represent the interests of local government in partnership with public health stakeholders to ensure that local government make a robust and compelling case for a sufficient total quantum of public health resource and a fair funding formula which enables them to meet their new public health responsibilities.
 - 2.4. Public health workforce – in the short-term, to ensure a smooth transition of the public health workforce to local government and in the long-term to fully embed public health within the local government workforce and commissioning strategies.
 - 2.5. Health Protection – to ensure that reform delivers effective protection for the population from health threats, based on a clear line of sight from the top of government to the frontline; clear accountabilities; collaboration and co-ordination

at every level of the system; and robust, locally sensitive arrangements for planning and response.

- 2.6. Work with partners in public health, Public Health England and the National Institute for Clinical and Health Excellence to provide a solid, accessible and robust evidence base that can be used at local level to inform priorities and public health commissioning.
- 2.7. LGA and the Department of Health are working together towards fully-competent local arrangements for public health by 1 April 2013. The assurance arrangements will be as simple and clear as possible with strong ownership and leadership by the local PH system.

Proposed Outline of Work

3. The LGA has worked with all our key stakeholders to develop a dialogue, shared vision and shared support materials to ensure that the new system of public health achieves improved health outcomes for communities. Our key support products, events and activities are summarised below:
4. **From transition to transformation** - The LGA has worked with DH Public Health England Transition Team (PHETT), the Association and Directors of Public Health and experts in local government to develop a web-based resource to assist local authorities and their public health partners in maximising the transformative potential of the transfer of public health to local government. Launched in February 2012, the resource comprises a number of discussion sheets on key aspects of the transfer, nine case studies and links to resources and further information.
5. We have secured matched funding from PHETT to revise the current resource to reflect the changes in legislation and latest statutory guidance, and produce additional fact sheets and case studies. The refreshed resource will be launched in October 2012.
6. **Public health and GP stakeholder group** – we have established regular meetings between CWB Board members and national representatives of GP and public health stakeholders in order to establish an ongoing dialogue on how we can work together at national level to support the implementation of the health reforms at local level. The meetings have enabled us to communicate our key messages on the health reforms to our partners and develop a shared understanding of how we can work together. We hope that the commitment to partnership working at national level sends a clear message to local areas that they too need to develop shared objectives, priorities and models of collaborative leadership.
7. **Public health funding** – we have consistently and strongly advocated that local councils need sufficient resources, which are equitably distributed, in order to fulfil our new public health responsibilities. We have produced timely briefings to our member authorities to ensure that they are fully informed of progress on public health funding and have an opportunity to comment on and contribute to the LGA's response to Government proposals. We continue to negotiate with DH at officer and member level to secure a fair and adequate funding settlement for public health.

8. **Public health vision** – we have organised a series of national and regional conferences to shape the national vision for public health and to identify what support we can provide at national level, in partnership with DH, Public Health England Transition Team (PHETT), the Association of Directors of Public Health ADPH, NHS Confederation and others to assist local areas to achieve their vision of a public health system which improves health and wellbeing and reduces health inequalities.
9. **Workforce issues** – the LGA has been working with DH and public health stakeholders to ensure the smooth transition of the public health workforce to local government in April 2013. Looking to the future, we are working with public health partners to develop a new workforce strategy for public health that reflects the new home of public health in local government and the potential opportunities this brings: in combining professional and political leadership to drive the public health agenda, and in ensuring that the specialist public health workforce has the skills and expertise to work within and beyond councils to integrate public health services and an awareness of the potential of mainstream services to improve public health.
10. **Sector-led improvement** – to work with stakeholders across the new health and social care system, including Public Health England, the NHS Commissioning Board, Care Quality Commission, and the Department of Health to develop a common approach to system-wide improvement, which is aligned and builds on the LGA's approach to sector-led improvement.
11. **Public Health Conferences** - Over the past 12 months a series of conferences covering the key public health and policy issues has been delivered this has included; the first public health annual conference, sexual health, physical activity, health protection, alcohol strategy, tackling health inequalities in two tier areas, tobacco control and children's health.
12. The conferences shared examples of good practice, key messages, stimulated discussion and enabled information sharing. The events were well subscribed, however since the passing of the bill the focus and content of these key public health issues has changed. Therefore, we are proposing developing and delivering a new series of conferences to reflect the current issues and progress as local authorities and their partners prepare for the transfer of public health responsibilities in April 2013 and local authorities set themselves up for statutory running.
13. The conferences will launch a two page toolkit with key questions to ask, key resources, policy overview, short case study examples which will help local authorities and their partners work together to deliver the public health agenda. Forthcoming events to include: Obesity, Tobacco, Teenage Pregnancy, Mental Health, Drug and Alcohol dependency.