

Public Health update and progress report

Purpose of report

To inform the Community Wellbeing Board of progress on public health transition issues, including LGA activity on public health.

Summary

This report gives an update of progress in relation to the transfer of public health functions to local government from April 2013, focused on the following areas:

- Public health funding
- Public health transition stock-take
- Public health workforce
- Health protection
- Public health events and resources

Recommendation

The Community Wellbeing Board is requested to note the report.

Action

LGA officers to action as necessary.

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Background

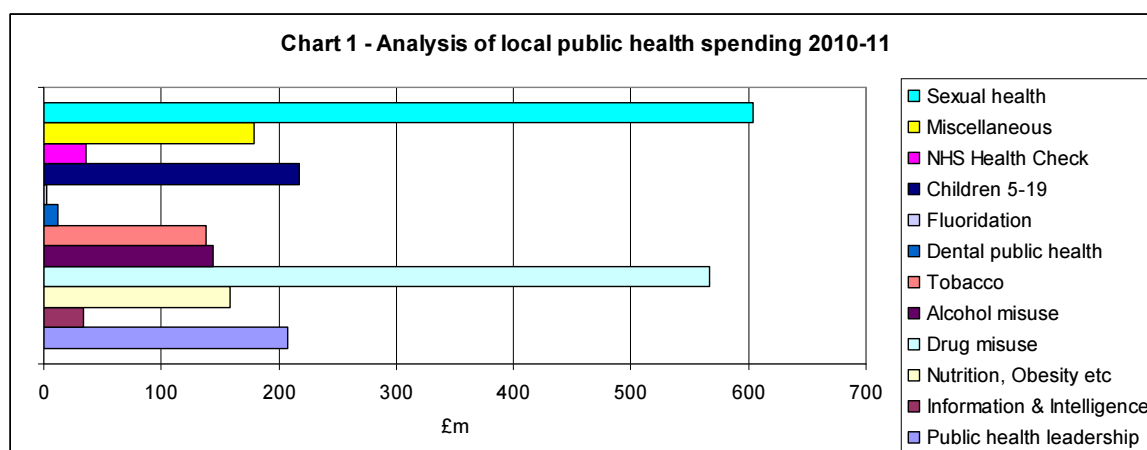
1. The Health and Social Care Act 2012 introduces major new responsibilities for local government, including the transfer of many local public health services from primary care trusts to single and upper-tier local authorities from April 2013. The LGA is working on a wide range of issues to prepare for the transition.
2. Since the last meeting of the Community Wellbeing Board there has been progress on several issues, notably:
 - 2.1 public health funding
 - 2.2 transition of public health to local government
 - 2.3 public health workforce issues
 - 2.4 health protection
 - 2.5 events and resources to support transition
3. This report summarises the key developments since the last meeting of the Community Wellbeing Board.

Public health funding

4. The LGA has sought to make a strong case for increasing investment in public health. Many councils agree with this view. For example, London Councils stated in its response to the DH consultation on Advisory Committee on Resource Allocation proposed distribution formula that: "It is important to get the overall quantum to be spent on public health right. There is a case to be made that this has historically been too low to achieve a significant and sustained positive impact on health outcomes and on health inequalities. Looking forward it will be important to ensure that the total resources available for public health are sufficient to meet needs". Newcastle City Council made the same general point in its response and illustrated this by reference to the significant reduction in early mortality rates from cardiovascular disease, highlighting that this would not have been achieved without investment in public health measures.
5. The evidence demonstrates the value of increasing the level of public health spending devolved locally. There does not appear to be any comparable evidence suggesting that equivalent value would be derived from centrally allocated spend (estimated at £2.2bn in 2012-13 for the NHS Commissioning Board and £620m for the Department of Health), or from that allocated to Public Health England (estimated at £210m for 2012-13).
6. The LGA was able to see analysis prepared by the Association of Directors of Public Health which examined the consequences of the distribution formula proposed in the

Department of Health consultation. This analysis showed that the formula as currently published was regressive and areas with the best health outcomes were likely to be the biggest beneficiaries in comparison to their current spend, with those with the worst outcomes likely to be the biggest losers.

7. LGA officers sought to test this analysis further and found that, if the DH's recommended formula were to be applied, there would only be a three per cent correlation between the funding allocated to an individual authority and the extent of deprivation in the authority. By contrast, at current levels of spending there is a 30 per cent correlation. This finding strongly suggests that some adjustment to the proposed formula is required to incorporate a more appropriate weighting for inequalities.
8. Within the public health functions transferring to local government, there are two dominant categories of expenditure: sexual health services and drug misuse services. Details of the latest available analysis are given in **Chart 1** below.



9. Officers concluded in the light of this analysis that the proposed funding requires further adjustment, because it clearly did not lead to an effective resourcing allocation for sexual health services. The LGA Community Wellbeing Board's response to the DH consultation made the following four points:
 - 9.1 The adequacy of the funding formula cannot be assessed without reference to the quantum of funding. Councils in some areas have serious and well-founded concerns that the future public health investment in their communities could fall well behind likely need. The LGA calls for a clear commitment from the department for an increase in resources to a level that will maximise the value for money available from well targeted investment in public health.
 - 9.2 Whilst the standardised mortality ratio (SMR) for those aged under 75 years may be a reasonable starting point for the construction of a needs based formula, the weighting suggested to help reduce inequalities must be reconsidered. The suggested weighting does not appear to be based on adequate objective evidence and, as has been pointed out by the Association of Directors of Public Health, is regressive.

- 9.3 The formula requires further adjustment to provide an effective resourcing allocation for sexual health services.
- 9.4 Considerably more work is needed to establish the correct baseline level of public health spending. Some local authorities have expressed concerns about the exercise to identify PCT baseline spending on public health, notably in relation to administration and support costs and in specific cases where health budgets faced more general pressures.
10. The Chairman of the LGA and the Chair of the Community Wellbeing Board will be meeting Minister of State for Health, Anna Soubry, in November to discuss the LGA's key concerns regarding the transfer of public health to local government. Public health funding to local government will be the primary item for discussion.

Public health transition stock-take

11. Local government has a strong commitment to leading the effective transfer of public health responsibilities. The LGA has been working, with the Department of Health (DH) to support councils to create as strong a basis to take on their new public health responsibilities in April 2013.
12. In April 2012, a review of progress was undertaken by Regional Directors of Public Health (RDPH) in April this year. The overall picture was that the transition was well underway in almost every area. It was also clear that some powerful new approaches were emerging in particular localities and that there is an appetite for sharing approaches to innovation and transformation. The progress review also highlighted a number of significant issues that remained to be addressed at national level before transition planning could be completed. The LGA, through its engagement processes with government continues to pursue these issues. Progress is being made on these national issues, with some information already sent to local authorities and some further notes in an advanced state of preparation and discussion.
13. A further stock-take of progress, led by local government, has just been completed. The stock-take has two purposes: it will enable the identification and dissemination of good practice and innovation in public health transition; and it will also identify areas that would benefit from further support to ensure a smooth transition of public health. The stock-take has been led in each region by a team comprising a local authority chief executive, the LGA principal adviser, the RDPH and the DH transition lead will summarise the regional position and feed into a national consolidated picture, to be drawn together in early November by the LGA and the DH.
14. Any specific barriers and risks to a successful transition will be addressed by the core group working closely with the local authority in question and health partners to ensure that there is a full understanding of the issues and what might be done to help mitigate them. Support will be provided on the basis of the principles set out in the LGA's approach to sector-led improvement. The position of individual councils will not be reported to government as part of this exercise.
15. The stock-take will also identify any issues that need to be resolved at a national level and highlight examples of innovations and promising approaches to transformation as

well as the regional and national summaries at the earliest opportunity. The national report will be available for dissemination to councils and to Ministers by the end of November.

Public health workforce

16. The final processes leading up to the transfer of public health staff on 1 April 2013 are being put into place. The LGA is involved in consultation and negotiation via the national Concordat Steering Group with the Department of Health and the trade unions. All transfers will be carried out using legal transfer scheme documents which will define the protected rights that staff have on transfer. National guidance will set out for councils what they need to do to help finalise these documents. Discussions are also nearing a conclusion on:
 - 16.1 the pension options for staff who move around the system and new starters
 - 16.2 the administration of clinical excellence awards
 - 16.3 future arrangements for specialist trainees
17. A full range of advice and guidance is available on the [workforce section](#) of the LGA website.

Health protection

18. In the new public health system, health protection work such as local surveillance and health protection case management, outbreak investigation and control will be provided in conjunction with local authorities by local centres of public health England. The decision on who should lead on outbreaks should be guided by who will be making the interventions to control them. The DH has published provisional guidance on health protection arrangements in the new public health system for local authorities and public health professionals. The document is subject to further review in early 2013
19. It is important that there is a shared understanding of the new system and that testing is carried out to ensure resilience during the final transition phase. To support local testing through “informed conversations”, the LGA, the Health Protection Agency (HPA) and the DH issued a series of scenarios to assist all stakeholders in discussions on how the new arrangements for emergency planning, protection and resilience (EPPR) will work locally. Local testing is a requirement for PCTs as part of the NHS 2012/13 planning guidance and we have encouraged PCTs to collaborate with each local authority.
20. This is not intended to be a formal exercise, but rather, a discussion informed by the scenarios above, to develop a clearer understanding of roles and responsibilities. Exercises are being planned regionally through the NHS Commissioning Board.

Public health events and resources

21. On 11 October LGA held a conference on *Healthy workforce, healthy communities*. Co-Chaired by Cllr Jonathan McShane this conference offered delegates a valuable opportunity to see the innovative work already being undertaken by councils and public

health teams, with their partners and communities. Featuring experts drawn from central government, local government and public health, it looked at how to build on existing best practice to identify and tackle the challenges and opportunities of the new public health landscape.

22. On 19 November the LGA will host *Reversing the tide: councils' role in tackling obesity conference*, a free conference for elected members, local government officers and the health sector on how councils and their partners can work together to tackle obesity and health inequalities in children, young people and adults.
23. On 3 December the LGA will host *A breath of fresh air: councils' role in tackling tobacco*, a free conference for elected members, local government officers and the health sector. It will explore the strategic role of health and wellbeing boards, the issues affecting children and young people and the political issues surrounding tobacco control. The conference will be delivered through a series of interactive speaker sessions and workshops. Anna Soubry, Public Health Minister will be speaking at this event.
24. In February 2012, the LGA and DH launched a web-based resource *From Transition to Transformation in Public Health* to assist councils and their partners in preparing for their new public health responsibilities. We have been successful in obtaining further resources from DH to update the materials and are finalising the additional materials to be uploaded to the LGA website in November. The additional six resource sheets will cover the following topics:
 - 24.1 Deeper into the DNA: an update on the transformation of public health
 - 24.2 Developing models for commissioning and delivery in health and wellbeing
 - 24.3 Ageing well: integrating support, care and wellbeing for older people
 - 24.4 Starting well: improving health and reducing health inequalities among children and young people
 - 24.5 Living well: mental health, wellbeing and communities
 - 24.6 Transforming public health in two-tier areas.
25. In addition, we have revisited all of the nine case study areas and provided an update on progress.