Councillors' Forum

20 September 2012

Item 1

The future of public health in England

Purpose of report

For discussion.

Summary

Members will hear from Duncan Selbie, Chief Executive of Public Health England, on the new role for local government in the leadership of public health, and its relationship with Public Health England. Stephen Jones, LGA Director of Finance and Resources, will update members on public health funding to local government.

Recommendation

Members are asked to note the presentations and discuss the LGA's role in representing the interests and concerns of local government in relation to their new role in public health and on funding for public health.

Action

As directed by the Councillors' Forum.

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The future of public health in England

Background

1. The Health and Social Care Act 2012 significantly extends the powers and duties of local government in the leadership of public health. 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. From April 2013 single-tier and county councils will have responsibility for a wide range of health improvement services.

2. Public Health England (PHE) will be a new executive agency with national responsibility for health protection. The respective responsibilities of local government and PHE from April 2013 are summarised below:

Local authority public health responsibilities	Public Health England
• Weighing and measuring children • Dental public health • Fluoridation • Medical inspection of school children • Sexual health services • Seasonal mortality • Accident prevention • Physical activity • Drug, alcohol and tobacco misuse • Obesity • NHS health check programme • Health at work • Prenatal reduction and prevention of health defects • Prevention and early intervention • Children's public health (5 – 19) • Public health advice to the NHS • Pharmaceutical needs assessment • Appointment of medical examiners to oversee the death certification process (From April 2014) • Children's public health (0-5) from April 2015	• Infectious diseases • Immunisation • Environmental hazards • Emergency preparedness and resilience • Health intelligence and information • Nutrition NHS Commissioning Board will be commissioned to provide: • Screening programmes • Children's public health (0-5) until 2015 • Public health of prisoners

3. The LGA's vision is for local government to take a strong leadership role with other partners to lead a fundamental shift away from treating an ever-growing burden of ill-health, towards a preventative approach that tackles the wider determinants of health. Many councils are already taking this approach and we are working with councils and key partners at national, regional and local level to make this vision a reality in all communities.

4. Local councils, through their Health and Wellbeing boards (HWBs), will work internally with planning and environment; housing; education; leisure and culture; and children and adult services departments, and also externally with new commissioners in clinical

commissioning groups, national agencies and providers in the private and voluntary sector to develop services for individuals in the context of the health needs of their communities.

5. It will be crucial for local government to develop effective and robust relationships with the new components of the health architecture at local, regional and national level. A key partner will be Public Health England.

Developing new partnerships and ways of working

6. The new landscape for health improvement will require the development of relationships between local government and local, regional and national bodies that do not yet exist, though many are operating in shadow form. Many health and wellbeing boards, themselves operating as shadow bodies until April 2013, are already developing strong working relationships with their new partners – clinical commissioning groups, Healthwatch (the new consumer champion for health wellbeing and social care services), the local teams for the NHS Commissioning Board and the putative Local Area Centres for PHE.

7. At national level, we are working closely with the Department for Health (DH) Public Health England Transition Team to develop a shared vision for public health. To this end, we have organised a series of two national and nine regional events to develop and agree a shared vision for the new public health system, running from July until January 2013. We also want to gain a shared understanding and commitment to the actions required to achieve system transformation. The first national event was held on 9 July and brought together senior stakeholders across local government (including the Lead Members of the Community Wellbeing Board), the NHS, government departments, academic institutions and community organisations to look at what we need to do collectively and as individual organisations to build a public health system that achieves sustainable improvements in health and reduces health inequalities.

8. Details of the Community Wellbeing Board's vision and priorities for public health are summarised in **Appendix A** to this report.

9. Public Health England is an executive agency that will provide national leadership across the three domains of public health: health improvement, health protection and public health input into the commissioning of health services. In particular, it will be responsible for ensuring arrangements are in place at national level for emergencies and health protection. It will provide a 'line of sight' from the Secretary of State for Health, to the frontline, on health protection matters. PHE will also have a role in providing information, evidence and good practice of what works in public health to strengthen and support local public health systems.

10. Duncan Selbie is Chief Executive of PHE. At a policy session of the LGA's annual conference in July on the future of public health he gave a commitment to working with a truly local public health system, driven by local priorities and local leaders. A short biography of Mr Selbie is available at **Appendix B** to the report.

11. This session will provide Councillors' Forum members with an opportunity to discuss with Mr Selbie the respective responsibilities of local government and PHE and how we can develop relationships at national, regional and local levels to ensure an effective and sustainable public health system.

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Public health funding

Background

12. Local authorities will receive a ring-fenced public health grant from April 2013 to meet their new public health responsibilities. The Department of Health (DH) has published two documents setting out their proposals for funding health services, including public health services. The LGA has provided briefings to our member authorities on both documents and has made representations to DH on both, setting out our key messages and local authority concerns, which are summarised below.

Proposals for public health funding to local government

Baseline estimates of public health spending

13. In February 2012, the Department of Health (DH) published a document with provisional estimates of funding for services that will be allocated to different commissioners in the new commissioning architecture for health, including public health, which will come into force in April 2013. The total resource for all health services from 2013-14 is £92 billion. A final decision on the public health allocations has yet to be taken. If allocation was on the basis of 2012-13 forecast spending, then the DH has estimated that a total £5.2 billion would be available, of which local authorities would get £2.2 billion, the NHS Commissioning Board a further £2.2 billion, the DH itself £600 million for centrally managed work and Public Health England £210m.

14. Analysis of the baseline figures for public health spend by PCTs across England shows a wide degree of variation both within and between regions, ranging from £10 million to £55 million per local authority area. On a 'per head of population' basis, there is a broad trend of higher per head spending in the North and lower spend in the South (with the exception of London). Reported spending per head ranges from £15 per head in the South East to £116 per head in some London PCT areas. Much of this variation is due to intensity of public health need but some will be a result of the variable commitment to public health by PCTs. Concerns have also been expressed about whether the exercise that DH undertook to measure baseline spending fully captured all elements of PCT public health spend.

Proposed distribution formula

15. On 14 June the Department of Health published an update on public health funding, which set out the Advisory Committee on Resource Allocation (ACRA) interim recommendations on public health funding, initial proposals for the health premium incentive payments and the proposed conditions of the public health grant. The DH sought views on these proposals in a consultation that ran until the end of last month.

16. ACRA's interim recommendation was that the formula would be based on the Standardised Mortality Ratio for people under 75 in a local population (SMR>75). This measures the level of deaths of people under 75 in a local area, compared with the national average and corrected for the age profile of the local population.

17. The Department of Health also confirmed that it intended to protect real terms funding levels for 2013-14, so that no authority would see a large immediate change in its

public health funding. The 'pace of change' towards funding in accordance with any new distribution formula has not yet been determined.

18. Based on the analysis of the ACRA recommendations by LGA, the views expressed to us by member authorities, and discussion at the Executive meeting on 12 July, the LGA has submitted a response to ACRA with our key concerns. They are summarised below:

    18.1 The adequacy of the funding formula cannot be assessed without reference to the quantum of funding. In the light of concerns that have been expressed about the accuracy of the funding baseline, and the potentially regressive effect of ACRA's suggested formula, 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**.

    18.2 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 by ACRA to help reduce inequalities must be reconsidered. The suggested weighting does not appear to be based on adequate objective evidence and is regressive, potentially shifting future resources away from some areas where health outcomes are currently relatively poor despite relatively high levels of spending. This would clearly be an unacceptable result.

    18.3 The LGA welcomes the Department's intention to protect real terms funding levels for 2013-14. We would like to see greater certainty of funding for longer periods to enable local authorities to make strategic decisions in commissioning public health services and to encourage greater integration.

    18.4 The formula requires further adjustment to provide an effective resourcing allocation for sexual health services.

    18.5 As the department's document suggests, considerably more work is needed to establish the correct baseline level of public health spending. Member authorities have also expressed concerns that inadequate amounts were reported in some other areas, notably in relation to administration and support costs and in specific cases where health budgets faced more general pressures.

    18.6 As well as the concerns on the proposed distribution formula, the LGA also has indentified issues regarding the conditions of grant and the future health premium incentive payment.