Community Wellbeing Board

11 March 2015

Public Health Update

For information and discussion.

Summary

This report provides an update on the transfer of responsibilities for the commissioning of public health responsibilities for 0-5 year olds from NHS England to local government on 1 October 2015 and an update on tobacco control and public health workforce matters announced since January.

Recommendation

Members of the Community Wellbeing Board are asked to discuss the issues raised in the report and agree actions where this is required.

Action

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

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Local Government Association

Community Wellbeing Board

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Public Health Update

Transfer of public health commissioning for 0-5 year olds

Progress summary:

1. Since the last Board report in January:

1.1. The Department of Health (DH) has published the draft regulations for the five mandated universal health checks. We have secured wording that makes it very clear that councils will only be expected to take a reasonably practicable approach to delivering the checks, and to continuous improvement over time. Providers should be able to share information about the current level of performance so councils know their pre-transfer baseline. http://www.local.gov.uk/health/-/journal_content/56/10180/5886759/ARTICLE#mandated-elements

1.2. Following a delay in publication, DH wrote to local authority chief executives in February to confirm final funding allocations for 0-5 public health services, this is based on the principle of "lift and shift". The vast majority of local authorities did not raise concerns. For a very small number of local authorities, DH recognised that some further adjustment may be required and there are ongoing discussions in some areas which may lead to further changes by mutual local agreement. DH plan to publish allocations for the 13 outstanding local authorities by mid-March.

1.3. DH has confirmed that the extra £2 million that will transfer to local government to fund the new burden on commissioning will be a reoccurring cost for 2016-17.

1.4. The current allocations do not relate to need but are based on existing provision. We have argued that it should be an urgent priority to move to a needs based funding formula. The Advisory Committee on Resource Allocation (ACRA) is planning to consult with councils in February on the 0-5 element of the public health grant which should help to move towards a needs-based formula from 2016-17.

1.5 NHS England regions (previously called "Area Teams") are working with local authorities to agree a course of action for the transfer of contracts. The options include novation of existing contracts or setting up a NHSE separate contract with the provider to run alongside the NHS England contract. The NHSE process needs to be finalised by the end of March. The timescales for gaining agreement through local authorities' governance arrangements will be tight and is a risk we have flagged nationally as part of discussions.

1.6 The self-assessment will be sent out to local authorities in March. We are also developing briefings for elected members and health and wellbeing boards.

Public Health Survey of Portfolio Holders

2. To coincide with the two year anniversary since the transition of public health into local government, in our new survey of portfolio holders with responsibility for public health showed that:

    - 95% agreed or tended to agree that the transition of responsibility for public health had gone well in their council.
    - 96% agreed that bringing public health under local council control will deliver better public health for the local population.
    - 91% said that their public health team was effective at championing public health issues.
    - 60% said that insufficient resources were the main barrier; 35% a mismatch between local and central government. Only 5% of respondents identified poor working relationships and 5% a lack of political will as the main barriers to the council achieving better public health outcomes in the local area over the next two years
    - 79% of the respondents who wanted to see more preventative health activity identified mental health as an area for increased activity and 71% obesity in children.

3. Findings show that amongst portfolio holders, embedding public health within Local Authorities has given cause for optimism. There appears to be greater belief that this move will lead to better health outcomes, and public health is working well with other departments. Clearly, insufficient resources and embedding public health within the council remain a challenge for some.

Smoking in cars with children

4. On 11 February Parliament voted to end, from 1 October this year, people smoking in cars when carrying children. This is a significant step forward in protecting children from the dangers of second-hand smoke. To coincide with this, Public Health England (PHE) have begun their Smoke free Homes and Cars campaign. The aim is to raise public awareness of this change in the law.

Standardised Cigarette Packs

5. On 21st January 2015, Public Health Minister Jane Ellison MP announced that: “We will bring the regulations before Parliament in this Parliament. Should Parliament support the measure, we will be bringing the prospect of this country’s first smoke-free generation one decisive step closer.”

6. In April 2012, the UK Government launched a consultation on whether to introduce standardised packaging, following a commitment in the Tobacco Control Plan for England. In July 2013, a cross Party group of peers tabled an amendment to the Children and Families Bill to give the Government powers to make Regulations on standardised packaging.

7. On 28th November 2013 the Government announced that it would table its own amendment to the Bill (now Section 94 of the Children and Families Act 2014). This

amendment was passed in both the House of Lords and House of Commons. The Government also appointed the paediatrician Sir Cyril Chantler to review the public health evidence on the issue. He reported on 31st March 2014, concluding that: "I am satisfied that the body of evidence shows that standardised packaging, in conjunction with the current tobacco control regime, is very likely to lead to a modest but important reduction over time on the uptake and prevalence of smoking and thus have a positive impact on public health."

8. Government regulations were tabled on 23 February to introduce standardised packaging for tobacco products to a vote in Parliament before the General Election. No date for a vote has been set yet but it can't happen before 3rd March and obviously has to happen before Parliament rises.

Tobacco Levy

9. The Chancellor announced in his autumn statement a commitment by the Government to a consultation on how tobacco companies could make bigger contributions to the public purse.

10. The LGA welcomed the Chancellor's announcement in the Autumn Statement that the Government is minded to introduce a levy on tobacco manufacturers and importers. We agree with the Chancellor's observation that: "Smoking imposes costs on society, and the Government believes it is therefore fair to ask the tobacco industry to make a greater contribution."

    10.1 The cost to the NHS of treating smoking-related illness is estimated to be between £2.7 billion and £5.2 billion a year. The costs to local councils are also considerable.

    10.2 Local authorities across England are spending an additional £600 million on social care as a result of smoking-related illness.

    10.3 The cost of clearing cigarette litter is estimated to cost councils at least £342 million each year. A conservative estimate of the cost of smoking-related fire is £507 million annually.

    10.4 Total identified expenditure on tobacco control by local councils is in the region of £250 million each year.

    10.5 Stop smoking services and interventions funded by council public health teams are estimated to cost £140 million each year.

11. In our response to the consultation which ended on 18 February, we said the money raised could be spent on measures that prevent youth uptake, tackle smoking in pregnancy, encourage smokers to quit, tackle counterfeight and illicit tobacco and help councils clean up the streets of cigarette litter that blight our neighbourhoods.

12. The consultation aligns with key messages outlined within the LGA publication 100 Days: Tackling Tobacco and Nicotine Dependency launched in January. http://www.local.gov.uk/documents/10180/6869714/publication+-+L15_14+100+Days+Smoking_v05.pdf/ad12dafe-6ad0-4a8c-8e33-9205e96addd3

13. However we were concerned if money raised through the levy went into the Consolidated Fund this wouldn't deliver the preventative and regulatory action needed in terms of escalating trading standards, environmental health and public health

activity. We believe that the levy should be distributed to reflect local prevalence rates, to ensure that money is focussed on areas of greatest need.

14. Kris Hopkins MP, Minister at the Department for Communities and Local Government is reported to have brought the specific issue of smoking-related littering to Treasury Ministers' attention and would like to understand how, if a levy is introduced, the tobacco industry could contribute to the cost to local government of dealing with smokers' litter.

15. The recent debate on spending pressures has catalysed renewed interest in hypothecating taxation for the NHS.

Public Health Workforce

16. The main workforce issues we have been engaged with have been about stability and flexibility in the workforce as we move on from the transition period.

17. The two-year protection of terms and conditions in the transfer scheme ends in April and a significant number of councils will be looking to harmonise to local terms. Many will have compelling financial reasons to do this but we agree this has to be done sensitively. Some councils are clearly going to offer additional protections for staff for a few years to ease the situation. We are working with Public Health England and others to provide general advice and are available also to provide individual assistance to councils.

18. A key aspect of decisions around terms and conditions is the need to recruit successfully. A lot of the best skilled staff will come from an NHS background (both medical and otherwise) of course and councils need to decide whether to offer NHS terms to attract them or to offer local terms with a suitable market supplement as necessary. Both approaches can be justified legally and councils seem to be making quite pragmatic choices - around 50% of consultant posts have been offered on NHS terms according to our informal monitoring.

19. One of the biggest barriers to successful recruitment is the restrictions on the ability to offer continuity of service to staff moving between NHS and local government for terms and conditions other than redundancy. We are about to issue some joint advice with PHE on what can be done under the current regulations, including for pensions. PHE and LGA have approached Cabinet Office jointly to press for changes in regulations to allow for a more flexible market.

20. Successful recruitment to sustainable Public Health teams needs a steady supply of people with the right skills and competencies. We are seeking to ensure that Health Education England (HEE) at a national level can ensure that LETBs at a local level are delivering the right sort of development programmes for the right numbers. We need to ensure also that jointly developed national programmes such as the pilot talent management system are able to continue in some form. Talent management is important because it brings together people from across the public health system to improve their ability to take wider responsibilities.

21. An issue that is causing some current problems is the question of whether or not the transferred staff on NHS contracts are entitled to any pay increase. There is no obligation to give them the Agenda for Change increase if they would have received one in their previous role because the right to pay increases does not transfer under the so-called "static" interpretation of TUPE. They are not on LG terms unless harmonised (in which case the problem doesn't arise) so any decision to give them the LG pay increase would be, as it were, an ex gratia one.

NHS Five Year Forward View

22. The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. It starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years.

23. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system. It is proposed that there will be six major work streams, each with their own board and a working group to support delivery. They are as follows:

    - Partnership
    - Quality
    - Prevention
    - Models of care
    - Information
    - Workforce

24. Simon Stevens, Chief Executive of NHS England (NHSE) has recommended a "devo-max" approach to empowering local councils in England to make local decisions on fast food, alcohol, tobacco and other public health-related policy and regulatory decisions, going further and faster than national statutory frameworks where there is local democratic support for doing so. The LGA is represented on the six work streams and we will be working with NHSE and PHE.

Public Health Transformation – adding value to tackle local health needs

25. Last month the LGA launched *Public Health Transformation – adding value to tackle local health needs* at the LGA/ADPH Annual Public Health Conference. The compilation of case studies shows how local authorities are continuing to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred in April 2013. It follows last year's compilation, Public health transformation nine months on: bedding in and reaching out. The case studies were chosen because they show a range of ways in which public health in councils is approaching its new roles. They include councils spread across England, covering both rural and urban environments and with varying levels of deprivation and affluence.

Financial Implications

26. None.