Decision No 13/00024

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From: **Graham Gibbens, Cabinet Member for Adult Social Care & Public Health**
Meradin Peachey, Director of Public Health

To: **Social Care and Public Health Cabinet Committee**

Date: **21 March 2013**

Subject: **Public Health Transition**

Classification: Unrestricted

Summary: On the 1 April 2013 the County Council will assume statutory responsibility for the delivery of significant elements in Kent of the new Public Health system for England. This paper updates this Committee on the progress made during this transition year in preparing for these changes. This includes ensuring that there is an appropriate level of assurance in the delivery of the new system.

Recommendations:

The Cabinet Member for Adult Social Care and Public Health will be asked to take two separate decisions:

- Decision number 13/00024 - To agree for the County Council to take over responsibility for the existing National Health Service contracts that are used to deliver those Public Health programmes for which the Authority will have responsibility for from 1 April 2013.
- Decision number 13/00023 - To agree that KCC shall take on responsibility for the relevant existing National Health Service (NHS) Assets and Liabilities that relate to the previous delivery of Public Health programmes for which the Authority will have responsibility for from the 1 April 2013.

Members of this Committee are asked to:

1. Note the contents of this report
2. Consider and either endorse or make further recommendations on the proposed decisions to be taken by the Cabinet Member

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1. Introduction

1.1 This Committee has received frequent updates on the transfer of the locality-led element of the new national Public Health system to the County Council in April 2013. This report provides a final update for Members and seeks this Committee's views and comments on the assurance mechanisms in place to ensure the safe delivery of the new system. Members' views are also sought on two decisions the Cabinet Member intends to take to support the transition process. As a reminder the new system for public health in England will consist of four elements:

- National Commissioning Board
- Public Health England (PHE)
- Clinical Commissioning Groups
- Upper Tier Local Authorities

2. Contracts

2.1 The work that will be transferred will include the shaping and delivery of some 23 Public Health (PH) programme/ services. See appendix 1 for full list. The PH team currently commission external providers to deliver the majority of these programmes. These contracts are currently let by the NHS. These will need to be re-let by KCC on the 1 April 2013 to ensure service and business continuity in to the new financial year.

2.2 KCC's procurement team have been working through the details of the existing contracts, conducting the appropriate due diligence tests. Following this work the intention is for KCC to take direct responsibility for these contracts in its own right. This will need to be a decision to be taken by the Cabinet Member. The collective value of these contracts is approximately £37m placed with 10 primary providers[1]. There is a further £2m of Locally Enhanced Agreements.

2.3 The budget allocation that will be provided to the County Council for PH work in 2013/14 is sufficient to meet the costs of these contracts.

2.4 The disaggregation of NHS contracts and the identification of which part of the new National Health Service will take forward the responsibility from 1 April has been a difficult and complex process.

[1] This does not take into account the number of locally enhanced service providers, CVS providers for alcohol and substance misuse contracts or district councils

Whilst every effort has been taken to maximise KCC's best interests in this regard it is important to say there is an anticipation that unexpected issues may arise after April. Although it is not expected to be significantly financially, work is in to develop contingency plans to manage any unanticipated issues.

3. Assets and Liabilities

3.1 As part of the legal steps underpinning the new PH infrastructure there is a need to identify existing NHS Primary Care Trust (PCT) assets and liabilities and to transfer these, as appropriate, to the new 'receiver' organisations. For certain aspects of PH this will be KCC. The transfer scheme is drawn up by the NHS and signed by the Secretary of State. If an organisation is named on a transfer scheme they cannot refuse not to receive those assets and liabilities identified. That said it still requires the Cabinet Member to take a formal decision to accept any asset or liability. The transfer of NHS Personnel is subject to a separate transfer scheme and this is being considered by the Personnel Committee at it March 2013 meeting.

3.2 KCC does not intend to receive any physical assets (such as computers or furniture).

3.3 KCC's Legal Services team is conducting due diligence on the draft transfer order relating to KCC and at the time of writing are still waiting for clarification on a couple of points. The latest draft transfer order identifies only a limited number of assets and liabilities (such as the transfer of Personnel records and the transfer of a web site) and the current expectation, subject to the completion of the due diligence process, is that this transfer is probably a simple legal formality. However, this is a statutory process and it is important to report this to Members. A further update will be provided at the meeting of this Committee.

4. Health Protection

4.1 Health protection includes (but is not confined to) infectious disease, environmental hazards and contamination, and extreme weather events.

4.2 The statutory responsibility to protect the health of the population transfers from the Health Protection Agency (HPA) to the Secretary of State for Health on 1 April 2013. The Secretary of State's responsibilities will mainly be discharged through Public Health England (PHE). However, there are also some specific delegated powers to Local Authorities under the 2012 regulations. These are to give information and advice on appropriate health protection arrangements within their local area to every responsible person and relevant body. This means that KCC will be responsible for disseminating information about severe weather events like heat wave

planning as we approach summer. KCC will also be responsible for advice on Health Care Acquired Infection. Specialist nursing resource will be available in the public health team to do this.

4.3 PHE will be responsible for providing the specialist health protection functions currently carried out by the HPA including the specialist response to incidents.

4.4 As part of the Local Authority's responsibilities the Director of Public Health (DPH) has a duty to prepare for and lead the Local Authority's response to incidents that present a threat to the public's health. This would include severe weather events, chemical and environmental hazards and pandemics like swine flu. In KCC this means that all emergency responses will need public health advice. The Council's emergency plan will need to be amended. We will retain a 24 hour public health consultant rota which will be available to members, emergency planners and officers for public health advice. The DPH will remain a member of the Kent Resilience Forum (KRF) to ensure that KCC can provide appropriate advice to all agencies on public health issues.

4.5 District and Unitary Authorities also have defined responsibilities in respect of environmental health, which are discharged in a variety of different ways in different geographical areas. For example, some Districts combine their environmental health capacity across a wider area with DPH leadership from the County; some Unitary Authorities have environmental health within the DPH's leadership responsibilities, whilst in others they are entirely separate. In Kent there have been no discussions with District Councils about changing their current responsibilities for environmental health.

4.6 The DPH is a statutory member of the Health and Wellbeing Board. The function of Health and Wellbeing Boards is to ensure leaders from health and care systems and the public work together to improve the health and wellbeing of their local population and reduce health inequalities. Board members will work together to ensure public engagement and input to joint strategic needs assessments and to health and wellbeing strategies. Boards will also ensure that commissioners work collaboratively to meet the health and wellbeing needs of the community.

<u>DPH and PHE relationship</u>

4.7 The DPH has a duty to prepare for and lead the Local Authority's response to incidents that present a threat to the public's health. PHE has a duty to deliver the specialist health protection response. These roles are complementary and both are needed to ensure an effective response. In practice this will mean that there must be early and on-going communication between the organisations regarding emerging

health protection issues to discuss and agree the nature of response required.

4.8 In Kent we are establishing a Health Protection Committee that will bring together not only PHE and KCC but also the National Commissioning Board (NCB) as all 3 organisations have responsibilities in Health Protection. This committee will address the following:

1. Health Care Acquired Infection
2. Public Health Emergency Planning
3. Management of incidents and outbreaks
4. Surveillance of infectious diseases including sexual transmitted diseases
5. Immunisations and screening

This Committee is an opportunity for the Directors of Public Health for Kent and Medway to ensure appropriate action is taken to keep residents safe.

PHE Delivery

4.9 PHE continues to deliver the specialist health protection functions described in the HPA's previous work on the "model health protection unit". These are:

- Responding to and managing outbreaks and incidents
- Responding to cases, enquiries and providing advice
- Surveillance and epidemiology study
- Health protection leadership/stakeholder relationship management
- Contributing to and influencing HPA Programme Board activities and other internal work streams
- Research and development
- Underpinning activities (management, governance arrangements etc.)

This includes the provision of PHE support for the DPH addressing issues of environmental health planning applications (e.g. for waste incinerators)

Health and Wellbeing Boards

4.10 Local Authorities, with their Health and Wellbeing Boards (HWBs), and through their DPH will wish to assure that acute and longer term Health Protection responses and strategies delivered by PHE are delivered in a manner that properly meets the health needs of the local population. Public Health England Centres and Directors of Public Health will agree the reporting of health protection arrangements to Health and Wellbeing Boards to include local agreement of health protection

priorities on an annual cycle and any ad hoc reporting for serious incidents or areas of concern.

4.11 PHE is not expected to be represented on the HWB but to attend for specific health protection related discussions. Attendance would be primarily in support of the DPH who is the local leader for health in the Local Authority.

Mobilising Resources for Incidents

4.12 The DPH with their local health leadership role will work with colleagues from PHE to establish arrangements for mobilising resources to respond to incidents and outbreaks. This will include advice to Clinical Commissioning Groups, discussions with the Area Teams of the NHS Commissioning Board and particularly through the joint chairmanship arrangements of the Local Health Resilience Forum.

Communications, Information and Concerns

4.13 The PHE Centre and the DPH will develop a shared understanding around communications about health protection concerns. The PHE Centre will keep the DPH informed about health protection issues and of the action being taken to resolve them.

4.14 PHE will provide to Local Authorities, via their DPH, the information, evidence and examples of best practice to support the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies. There needs to be a clear programme of engagement at national and local level to determine what form this information can most helpfully be provided in.

4.15 PHE will support transparency and accountability across the public health system including the provision of information and discussions with local authorities in relation to achievement of public health outcomes.

4.16 PHE will also highlight issues of concern to local authorities, for example if there is no system for Environmental Health Officer support to respond to outbreaks of infection.

Workforce and Training

4.17 PHE will support the DPH in providing development and educating Health and Wellbeing Boards on issues of relevance to the health of the local population. Public Health England will support Local Authorities to develop a trained and knowledgeable public health workforce, including in the area of health protection.

Scientific Technical and Advisory Cell

4.18 This is a statutory part of emergency planning whereby the police gold commander can call upon scientific advice when needed. In the absence of clear advice from PHE the DPH will continue to ensure that when needed a group of experts will be called and clear advice is given to the gold commander

Health Service Emergency Planning Response

4.19 The NCB has established a Local Health Resilience Partnership in each Local Resilience Forum area. The Director of Public Health is the joint chair of the Kent and Medway Local Health Resilience Partnership on behalf of both Kent and Medway Councils. The constitution of these partnerships has been prescribed by the National Commissioning Board. This is an opportunity for KCC to provide its statutory advice to NHS providers and to ensure that NHS emergency planning response planning is appropriate.

4.20 A public health rota will continue so that KCC has 24 hour access to expert public advice for any potential or actual incidents. The DPH will continue to attend the KRF as expert public health advice

5. Quality Assurance

KCC Commissioned Services

5.1 Quality indicators will be developed for contracted providers and performance managed by the Public Health business unit and will be reported by exception as part of KCC procedures.

5.2 The Public Health team will develop an internal Quality Committee to review and monitor the quality of PH services provided. This should include patient experience, serious untoward incidents, risk management, data collection, staff development, effectiveness, especially picking up National Institute of Clinical Excellence (NICE) PH guidance and implementation, as well as clinical effectiveness, and broader NICE where it applies to our clinical services.

NCB Quality Committee

5.3 The NCB is establishing quality committees in every Local Area Team. The terms of reference are determined nationally and specifically exclude social care. This committee includes all those with a commissioning responsibility or input into the quality of health services. KCC is a member as well as CCGs, CQC and monitor. It is here that KCC can ensure that NICE guidance and other national standards are implemented and an opportunity to raise members concerns about quality of health services.

6. Public Health Professional standards

6.1 Public Health professionals need to maintain registration and fulfil the new requirements for revalidation and all the current requirements for CPD. KCC's Human resources function will monitor compliance with professional qualifications. A public health consultant with additional training in educational standards will be designated as the training lead to ensure public health registrars receive the appropriate training. KCC is waiting to hear about authorising KCC as a site for Public Health trainees.

7. Public Health Memorandum of Understanding with Clinical Commissioning Groups

7.1 A Memorandum of Understanding has been agreed by the Cabinet member and Clinical Commissioning Groups (CCG) chairs describing the role of public health advice. This will be monitored 6 monthly with CCG chairs by the DPH.

8. Reporting on Public Health Outcomes and Spend

8.1 The Department of Health has advised Local Authorities how it wants public health spend notified yearly. This includes a signed statement by the chief executive or equivalent that the public health budget has been appropriately spent. KCC will use the same categories on the finance system to report to members.

8.2 A public health outcomes framework, with details of the indicators has been published. PHE has not yet described how it wants to monitor these. KCC public health has already reported on these outcomes to the Health and Well-Being Board and will report the same to the relevant cabinet committee.

9. Public Health Commissioning

9.1 The Head of Public Health Commissioning within the KCC Public health team will manage a business unit that will:

- develop and monitor a risk register and contribute to the corporate risk register
- utilise the oracle finance systems and report the budget progress to the cabinet committee and liaise with the finance business partner
- report performance to the cabinet committee and performance committee
- report to the procurement board as services will be considered for re procurement over the next few years
- develop business continuity plans in liaison with the emergency planning team

10. Community Safety

10.1 Currently Public Health represents the Primary Care Trusts on 12 Community Safety Partnerships. The Cabinet Member for Customer and Communities, in his role as the chair of the Kent Community Safety Partnership has written to Kent and Medway CCGs asking them how they would like to be represented on the Kent Community Safety Partnership in their new role.

10.2 The DPH has a key role in working with the Police and Crime Commissioner to improve health and reduce the impacts of crime and disorder. The DPH will implement these responsibilities as a member of the Kent Community Safety Partnership and through the provision of crime and disorder strategic needs assessment relevant to public health issues.

11. Conclusion

11.1 From the 1 April 2013 the County Council will take forward a direct and key role in protecting and improving the health of the local population. Rightly this comes with the associated responsibilities and accountabilities. The County Council is well placed to build on the success of the Kent Public health team to date and to fully reflect the fundamental principles of localism in future strategy and delivery. The organisational changes within the NHS means that new systems and processes have either been developed or being finalised to provide oversight and assurance within Public Health. This is a period of dynamic change and I will continue to report to this Committee on how these new systems are embedded in to both KCC and into wider partnership structures.

12. Recommendations:

12.1 The Cabinet Member for Adult Social Care and Public Health will be asked to take two separate decisions:

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Background Documents

None

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Appendix 1

Public Health Services Transferring to KCC

	Service
1	Tobacco control and smoking cessation services
2	Drug misuse services
3	Alcohol misuse services
4	Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) school nursing
5	The National Child Measurement Programme
6	Interventions to tackle obesity such as community lifestyle and weight management services
7	Locally-led nutrition initiatives
8	Increasing levels of physical activity in the local population
9	NHS Health Check assessments
10	Public mental health services
11	Dental public health services
12	Accidental injury prevention
13	Population level interventions to reduce and prevent birth defects
14	Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
15	Local initiatives on workplace health
16	Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
17	Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
18	Local initiatives to reduce excess deaths as a result of seasonal mortality
19	The local authority role in dealing with health protection incidents, outbreaks and emergencies
20	Public health aspects of promotion of community safety, violence prevention and response
21	Public health aspects of local initiatives to tackle social exclusion
22	Needs Assessment and commissioning advice to CCGs
23	Needs assessment and commissioning advice to NCB