LONDON BOROUGH OF BROMLEY
AND BROMLEY PRIMARY CARE TRUST

SHADOW HEALTH AND WELL-BEING BOARD

DATE:	**13th January 2011**
SUBJECT:	**Public Health In Bromley** **- Proposal for a Section 75 agreement**
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1. REASON FOR REPORT

This report seeks the endorsement of the Shadow Board in progressing to the conclusion of a Section 75 agreement between the PCT and the Council to transfer the existing Public Health staff and functions into the Local Authority in advance of the future statutory timetable of April 2013. The recommendation is that the transfer in Bromley would be from 1st April 2011.

2 RECOMMENDATIONS

2.1 The Board endorses the approach set out in this report to enable the transfer of public health functions and budgets from the PCT to the Council with a target completion date of 1st April 2011.

2.2 The Board recommends to the Council and to the PCT Board that a Section 75 transfer be entered into along the lines set out in appendix 2

3 BACKGROUND

3.1 In July 2010 the Government set out its long term vision for the future of the NHS and the White Paper "Equity and Excellence Liberating the NHS" proposed a radical range of changes to health services and the role of local authorities in health provision. A later document, the White Paper "Healthy Lives : Our Strategy for Public Health in England" provided more detail on how local communities and local government will be placed at the heart of public health in England.

Key changes proposed include

- the transfer of the role of Director of Public Health currently within PCTs to local authorities where they will be the strategic lead in public health;
- ring fencing public health budgets allocated to local authorities;
- A dedicated public health service – Public Health England – within the Department of Health;
- An evidence based approach to public health initiatives –
  - Public Institute for Health Research;
  - School for Public Health Research; and
  - A Research Unit on Behaviour and health;
- Central role for Chief Medical Officer and planned NHS commissioning in Public Health;
- Stronger incentives for GPs to play a role in public health.

The timetable for changes is as follows:

- December 2010 – March 2011 – consultation on the Public Health outcomes framework funding and commissioning within the White Paper.
- Early 2011 – establishment of Shadow Public Health England at the DH and arrangements initiated with local authorities, including matching of PCT DPH's.
- Late 2011 - public health professional work force strategy to be developed;
- April 2012 – Public Health England to assume full responsibilities. Shadow ring fenced public health financial allocations to local authorities published;
- April 2013 – full transfer of public health functions and budget to local authorities

The transfer of the public health functions ties in with the proposal to abolish PCTs in their entirety or in their present form after April 2013.

3.2 **Benefits of locating public health in local government**

The location of Public Health within local government brings a number of key benefits:

- Local authorities deliver a number of services, or have considerable influence over services, that are important for the promotion of good health and the prevention of illness, disease and trauma. It is well recognised that a decent home, clean water, good nutrition, a proper education, sufficient income, healthy behaviours and habits, a safe neighbourhood, a sense of community and citizenship are fundamental determinants of health and well-being, and are critical to the reduction of health inequalities.

- Given the new NHS-related responsibilities placed on local government, a public health team becomes a potentially important source of clinical and professional expertise and capacity to enable the effective integration of health and social care, and facilitate effective engagement with GPs and other NHS providers.

- Local authorities have the resources to facilitate effective patient and community engagement both of which are vital for health improvement

- The analytical and health intelligence expertise and experience of public health specialists will help local authorities fulfil their roles with regard to

establishing and supporting effective local health watches, as well as engaging in a more effective process for conducting Joint Strategic Needs Assessments (JSNAs).

4 THE SCOPE OF PUBLIC HEALTH

The White Paper uses the Faculty of Public Health definition of public health:
'The science and art of preventing disease, prolonging life, and promoting health through the organized efforts of society'.
There are three key domains of public health practice that the PH Team in LBB would be expected to deliver, both in the transition period and the long term:

4.1 Health improvement

This domain of public health practice is concerned with improving the health and wellbeing of populations and reducing inequalities by using health promotion, prevention and community development approaches to influence the lifestyle and socio-economic, physical and cultural environment of populations, communities and individuals, and includes addressing inequalities, education, housing, employment, family/community, lifestyles, and surveillance and monitoring of specific diseases and risk factors. The sorts of areas of work include diet and nutrition, smoking cessation and prevention and drugs and alcohol treatment and prevention.

4.2 Health protection

This area of practice is concerned with action for the general environment (e.g. clean air, water and food), prevention of the transmission of communicable diseases, and protection against environmental health hazards, through the application of a range of methods including disease monitoring, management of outbreaks and other incidents that threaten the population's health and wellbeing, hazard identification, risk assessment and the promotion and implementation of appropriate interventions. The kind of work includes infectious disease surveillance, prevention and control, immunisation, screening and sexual health.

4.3 Improving health services

- The Faculty of Public Health believes that GPs' understanding of local populations and experience can bring much to the commissioning process. However, it is imperative that Public Health specialists work alongside GPs, using their expertise to inform GP commissioners about how illnesses and diseases affect their population, what healthcare interventions are effective, analysing outcomes and interpreting information to identify where interventions and services need to improve and be made more efficient. These areas include effective and cost effective health services commissioning (including applications for treatment outside normal contracts) and improving the quality of services provided.

4.4 Some of these broad areas of delivery and the routes of commissioning are detailed in appendix 1.

4.5 Public health, the NHS and GP Consortia

It is essential to retain a strong link between public health and the rest of the NHS whilst it is integrating into local government. These links need to be robust in the transition phase as well as the long term. Public health outcomes cannot be delivered unless the principles of a preventive and population-wide perspective are embedded within all elements of the NHS – clinical or otherwise.

Re-organisation of NHS structures and the move of public health into local government runs the risk of creating an undesirable distance or barrier between public health and the NHS. So it will be important to ensure that the negative consequences of such an outcome are mitigated. Public Health should be seen as one of the most effective ways of providing a bridge between health and care services.

The link between Public Health and the NHS will be retained in part by the White Paper proposal that the local DPH would be jointly appointed by local government and the national public health service. In addition, recent communication from the Department of Health suggests that local Directors of Public Health will also have direct accountability to the Secretary of State.

It is essential that connections to the NHS are maintained at the local level. Although the Health and Wellbeing Board provides one platform for bringing together GP consortia with local public health and other relevant actors, there will be a need to consider how GP consortia and local public health work together on a more day-to-day and operational basis.

Local public health functions are currently delivered mainly through Primary Care Trusts, mostly under the management of a Public Health Director. However, many public health functions are also delivered through the other directorates of a PCT, whilst some public health directorates deliver broader functions that support good clinical governance, improvements in quality and commissioning. The challenge for central government, local authorities, outgoing PCTs and emerging GP consortia is to create a sustainable and effective public health function that has the ability to improve health from the heart of local government.

5 OPTIONS FOR PUBLIC HEALTH IN BROMLEY

Whilst one option is to wait for central direction around transferring the public health function from April 2013, there is considerable merit in taking steps to anticipate the proposals and build on the direction of travel outlined in the White Paper.

If this is the preferred option, then consideration needs to be given as to how public health functions can be integrated within Bromley Council in advance of the formal transfer date. There are both formal and informal methods which could be applied.

Informal working arrangements could be based around a broad commitment by the two organisations leading to a formal transfer of service and will be based around a broad Memorandum of Understanding. This could create uncertainties around service levels responsibilities and financial provision and consideration should be given to making use of the powers contained within Sections 75 and 256 of the National Health Services Act 2006 to establish a formal arrangement supported by

the necessary legal agreements. This will have the advantage of clearly setting down how services will be provided during the transitional period, will ensure that critical services are not significantly destabilised during the transitional and provide clarity on staffing arrangements and the basis of funding. If the Board is agreeable to taking things forward in this way a suggested target date for completion of the S75 Agreement and transfer to the new arrangements would be 1st April 2011.

A considerable amount of work would be required to achieve this. Critical to any Agreement will be:

- Definition of the scope and range of services which will be covered by the Agreement;
- Identification of staff who will be seconded to Bromley, together with management arrangements;
- The identification of budgets which will transfer, the Council's contribution and how budget pressures will be funded;
- The structural location of the public health service under the S75 Agreement within Bromley;
- Service standards and performance;
- A commitment to work to further integrate/develop the service in advance of the formal transfer date of April 2013;
- Administrative arrangements around support, premises, etc;
- Identifying provisions for indemnities, liabilities and dispute resolution.

6. PUBLIC HEALTH IN BROMLEY - Staffing and budgets

6.1 The Public Health Directorate consists of 42 staff members, lead by the Directors of Public Health (1 WTE), in addition to 5 Consultants (3.2 WTE) and 7 Public Health Specialists (5.6 WTE). The directorate includes the screening team which provides call and re-call service for cancer screening programmes and diabetic retinopathy screening for Bexley and Greenwich PCTs as well. The total staff budget is in the region of £2 million but this includes some posts that are being deleted and also som screening posts that are likely to remain with the NHS. Public Health services are both provided directly by members of the Public Health team or commissioned through primary or community health services.

The budgets for the range of Public Health programmes delivered by the Public Health team is being assessed and may be subject to the section 75 agreements. There is also a contract between the PCT and the PCT Community Provider Unit (Bromley Healthcare) and it is likely that this budget will be retained by the PCT at this stage although monitoring of the public health outcomes achieved will rest with the Directors of Public Health and their team.

A further sum, still to be determined, covers the running costs including premises, back-office, ICT, finance, HR etc.

7 LEGAL IMPLICATIONS

The key legal implications are set out in section 5 covering key aspects of any agreement and appendix 2 which indicates the contents page of a typical section 75 Agreement. However there is also a need to consider key risks associated with a section 75 agreement . These are:

Budgetary risks
If there are increased service demands on the public health function then until formal transfer in 2013 these will be managed by placing responsibility for funding with the PCT subject to agreed procedures being followed on notification or management of pressures. These procedures are a common part of s 75 agreements.

Employment Risks
Public Health employees will not be employed by the council until formal transfer and the key employment risks will remain with the PCT. There will be a small residual risk around discrimination claims – however following recent case law this will be in reality no greater than under the present working arrangements.

Priority Conflict
There is good practice of joint working already in place through e.g. the partnership board and the proposed arrangements are likely to reduce rather than increase risk.

Reputational risk
The London Director of Public Health will retain overall responsibility for the functions until 2013 and in any event a formalised working arrangement will again operate to reduce risk in this area. Local Directors of Public Health are also currently overseen and are accountable to the London Director of Public Health in respect of clinical and professional practice and this will persist under these proposed arrangements.

Appendix 1 –PUBLIC HEALTH TYPES OF ACTIVITY AND COMMISSIONING RESPONSIBILITIES

	Activities to be funded from new public health budget	Proposed commissioning route/s (including direct provision in some cases)	Associated activities to be funded by the NHS budget
Infectious disease	Current functions of the Health Protection Agency and public health oversight of prevention and control including coordination of outbreak management,	Public Health England At a local level, local authorities will need to work closely with Public Health England Health Protection Units (HPUs).	Treatment of infectious disease Co-operation with Public Health England on outbreak control and related activity
Sexual Health	Contraception, testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, and outreach and prevention.	LA to commission comprehensive open-access sexual health services. Public Health England to fund commissioning by NHS Commissioning Board of contraceptive provision through primary care commissioning arrangements. LAs will fund and commission contraceptive services (including through community pharmacies) for patients who do not wish to go to their GP or who have more complex needs. LA responsible for commissioning fully integrated termination of pregnancy services.	HIV treatment and promotion of opportunistic testing and treatment
Immunisation against infectious disease	Universal immunisation programmes and targeted neonatal immunisations	Vaccine programmes for children, and flu and pneumococcal vaccines for older people, via NHS Commissioning Board (via GP contract) NHS to continue to commission targeted neonatal Hepatitis B and BCG vaccination provision, funded by Public Health England. LA to commission school programmes such as HPV and teenage booster	Vaccines given for clinical need following referral or opportunistically by GPs

Standardisation and control of biological medicines	Current functions of the HPA in this area	Public Health England	
Radiation, chemical and environmental hazards, including public health impact of climate change	Current functions of the HPA, and public health oversight of prevention and control, including outbreak management co-ordination of	Public Health England supported by local authorities	
Screening	Public Health England will design, and provide the quality assurance and monitoring for all screening programmes	Public Health England responsible for design and quality assurance of screening programmes and funding, managing, piloting and rolling out of new programmes and extending current ones. NHS Commissioning Board will commission established programmes on behalf of Public Health England, as specified and with funding transferred for that purpose.	
Accidental injury prevention	Local initiatives such as falls prevention services	Local authority	
Public mental health	Mental health promotion, mental illness prevention and suicide prevention	Local authorities will take on responsibility for funding and commissioning mental wellbeing promotion, anti-stigma and discrimination and suicide and self-harm prevention public health activities. This could include local activities to raise public awareness, provide information, train key professionals and deliver family and parenting interventions.	Treatment of mental ill health, including Improving Access to Psychological Therapies (IAPT), will not be a responsibility of Public Health England but will be funded and commissioned by NHS

Nutrition	Running national nutrition programmes including Healthy Start . Any locally-led initiatives	Public Health England and local authority	Nutrition as part of treatment services, dietary advice in a healthcare setting, and brief interventions in primary care
Physical activity	Local programmes to address inactivity and interventions to promote physical activity, such as improving built environment and maximising the physical activity opportunities offered by the natural environment	Local authority	Provision of brief advice during a primary care consultation e.g. Lets Get Moving
Obesity programmes	Local programmes to prevent and address obesity, e.g. delivering the National Child Measurement Programme and commissioning of weight management services	LAs responsible for obesity and physical activity programmes, including encouraging active travel. LAs responsible for running the National Child Measurement Programme at the local level, with Public Health England co-ordinating the Programme at the national level.	NHS treatment of overweight and obese patients, e.g. provision of brief advice during a primary care consultation, dietary advice in a healthcare setting, or bariatric surgery
Drug misuse	Drug misuse services, prevention and treatment	Local authority	Brief interventions
Alcohol misuse	Alcohol misuse services, prevention and treatment	Local authority	Alcohol health workers in a variety of healthcare settings
Tobacco control	Tobacco control activity, incl. smoking cessation, prevention enforcement, communications	Local authority	Brief interventions in primary care, secondary, dental and maternity care
NHS Health Check Programme	Assessment and lifestyle interventions	Local authority	NHS treatment following NHS Health Check assessments and ongoing risk management

Health at work	Any local initiatives on workplace health	Local authority	NHS occupational health
Reducing and preventing birth defects	Population level interventions to reduce and prevent birth defects	Local authority and Public Health England	Interventions in primary care e.g. pre-pregnancy counselling or smoking cessation programmes and secondary care services incl. specialist genetic services
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis via awareness of symptoms	Local authority	Integral part of cancer services, outpatient services and primary care. Majority of work to promote early diagnosis in primary care
Dental public health	Epidemiology, and oral health promotion (including fluoridation)	Public Health England to lead on co-ordination of oral health surveys. LAs lead on providing local dental public health advice to the NHS. NHS Commissioning Board will commission dental services and community oral health programmes. Contracts for existing (and any new) fluoridation schemes will become the responsibility of Public Health England	All dental contracts
Emergency preparedness and response incl. for pandemic influenza	Emergency preparedness including pandemic influenza preparedness and the current functions of HPA in this area	Public Health England, supported by local authorities	Emergency planning and resilience remains part of core business for the NHS. NHS Commissioning Board responsible for mobilising NHS in the event of an emergency

Health intelligence and information	Health improvement and protection intelligence and information, including: - data collection and management; - analysing, evaluating and interpreting data; modelling; - using and communicating data. This includes many - existing functions of Public Health Observatories, Cancer Registries and the Health Protection Agency	Public Health England and local authority	NHS data collection and information reporting systems (for example, Secondary Uses Service)
Children's public health for under 5s	Health Visiting Services including the Healthy Child Programme for under 5s and the Family Nurse Partnership	Public health services for children under 5 will be a responsibility of Public Health England including funding the delivery of health visiting services, including the leadership and delivery of the Healthy Child Programme for under 5s (working closely with NHS services such as maternity services and with children's social care); health promotion and prevention interventions by the multiprofessional team and the Family Nurse Partnership. Local areas will need to consider how they join-up with Sure Start Children's Centres to ensure effective links. In the first instance, these services will be commissioned on behalf of Public Health England via the NHS Commissioning Board. In the longer term, health visiting to be commissioned locally.	All treatment services for children (other than those listed above as public health-funded) NHS Partners will need to help to focus on child protection and specifically the early intervention end of support for families through Local Safeguarding Children Boards.

Children's public health 5-19	The Healthy Child Programme for school-age children, including school nurses	Public health services for children aged 5-19, including public mental health for children, will be funded by the public health budget and commissioned by local authorities. This will include the Healthy Child Programme 5-19; health promotion and prevention interventions by multiprofessional teams and the school nursing service.	All treatment services for children (other than those listed above as public health funded, e.g. sexual health services or alcohol misuse)
Community safety and violence prevention	Specialist domestic violence services in hospital settings, and voluntary and community sector organisations that provide counselling and support services for victims of violence including sexual violence, and non-confidential information sharing activity	Local authority	Non-confidential information sharing
Social exclusion	Support for families with multiple problems, such as intensive family interventions	Local authority	Responsibility for ensuring that socially excluded groups have good access to healthcare
Public health care for those in prison or custody	e.g. All of the above	Where public health services are delivered in prison or for those in custody, these interventions will be funded by Public Health England. However, such interventions will be commissioned by the NHS Commissioning Board on behalf of Public Health England	Prison healthcare