DECISION

RIBBLE VALLEY BOROUGH COUNCIL
REPORT TO HEALTH & HOUSING COMMITTEE

Agenda Item No.

meeting date: THURSDAY, 22 MARCH 2012
title: FORMAL CONSULTATION – DELIVERING THE PUBLIC HEALTH REFORMS IN LANCASHIRE, AND THE IMPLICATIONS FOR THE HEALTH WORKING GROUP
submitted by: MARSHAL SCOTT - CHIEF EXECUTIVE
principal author: COLIN HIRST - HEAD OF REGENERATION & HOUSING

1 PURPOSE

1.1 To consider the Council's response to the consultation from Lancashire County Council on reforms to public Health services and to consider the future role of the Health Working Group.

1.2 Relevance to the Council's ambitions and priorities:

- Council Ambitions – To help make people's lives safer and healthier.
- Community Objectives – To ensure the communities views are represented.
- Corporate Priorities – To be a well-run Council.
- Other Considerations – None.

2 BACKGROUND

2.1 The Health and Social Care Bill will shortly see the transfer of public health responsibilities from the Primary Care Trusts to the County Council. The County Council has been putting in place the necessary structures to help deliver this change and has produced a consultation paper to provide both an update and to seek views on its measures and proposals. A copy of the paper is attached at Appendix 1 for reference.

2.2 The closing date for responses is 22 March 2012. Consequently in order to protect the Council's interests, the Health Working Group and relevant Officers considered the paper and prepared a response. A copy of the response is attached at Appendix 2. This has been submitted on the proviso that it is subject to member ratification and that following Committee further comments may be made.

2.3 As will be seen from the response, a number of issues arise. In particular the group has welcomed the recognition of the role of districts in the process, however has identified concerns that the role is somewhat underplayed in the proposed structures. Similarly issues are raised in connection with the risk of a continued "clinical" approach as opposed to a holistic approach in the way in which public health is addressed and the opportunity to deliver in a different manner may be missed.

2.4 The role of the voluntary sector is also not as well recognised, as perhaps it should be particularly where services and patient/carer support may rely on the sector. This is seen as important for areas such as Ribble Valley. It is also now clear that there will be a number of boundaries and groups that will operate across Ribble Valley

under the proposed structures and there is concern that this situation needs to be recognised by the County and commissioning bodies in order to avoid inconsistencies. The issues raised are seen as the main areas at this stage that warrant a response but in effect they are the starting point for further discussions and certainly the main aspects that Ribble Valley will need to keep under review in terms of the implications for our community. It is important to have in place a mechanism to keep these matters under review and to ensure services are at least maintained if not enhanced and that Ribble Valley residents are not placed at any disadvantage as a result of the new approach to public health.

3 IMPLICATIONS FOR THE HEALTH WORKING GROUP

3.1 Members will be aware of the work of the Health Working Group that was established in the June 2011 to respond to the proposed public health changes. It was intended to provide the opportunity for closer review and understanding of the new Health Agenda to help inform the Council's work and to enable a steer to be given.

3.2 As there is increasing clarity on how the County Council and the GP Commissioning Groups are likely to operate, it is becoming clearer that Ribble Valley will need to have in place a structure that will allow a strong voice for the area to feed into the Health and Wellbeing Boards and commissioning groups that are being established. It is suggested that the existing Health Working Group takes on this role in the form of a Health and Wellbeing Executive. This will allow the Council to feed into the various structures that are being developed that are intended to work across the Ribble Valley area. It is also suggested that the Chair of the Ribble Valley Health Improvement Group (RVHIG) is invited to join the group in an advisory role and that the existing RVHIG acts as the operational support group to provide information, advice and service expertise to the Executive Panel. In part the intention in establishing the Executive is to create a Member led, recognisable structure that will more readily feed into the emerging framework providing a locally focused group to represent the Borough's interests.

3.3 The Terms of Reference for the Health sub-group although fairly generic will need to be revised as they do not provide specifically for the role of the group to extend in effect to that of a Health and Wellbeing Executive. Equally as a working group it does not have delegation to make decisions or represent views in its own right. Members may wish to give consideration to this as part of their discussion on this report. If Committee supports the principle of this role it is suggested that the working group undertakes a detailed review of its Terms of Reference at its next meeting.

4 RISK ASSESSMENT

4.1 The approval of this report may have the following implications:

- Resources – None.
- Technical, Environmental and Legal – None.
- Political – The opportunity to make a response to consultation demonstrates the Council is taking a lead on these key matters and the formation of the Health and Wellbeing Executive demonstrates a commitment to these issues.
- Reputation –There is a significant interest in public health matters.

5 **RECOMMENDED THAT COMMITTEE**

5.1 Endorse the consultation response set out at Appendix 2 and that the Chief Executive be asked to confirm the Council's response.

5.2 Agree in principle to the creation of a Health and Wellbeing Executive and ask the Health Sub-Group to develop the role giving consideration to its membership and Terms of Reference as appropriate and that a report is brought back to the next meeting of this committee.

CHIEF EXECUTIVE

BACKGROUND PAPERS

1 Health Sub Group Files

For further information please ask for Colin Hirst, extension 4503.

Public Health Lancashire - Consultation Paper

1. Introduction

In September 2011, Lancashire County Council's Cabinet and the NHS Lancashire Executive received a paper on the transfer of responsibility for public health from PCTs to the County Council, subject to the passage of the Health and Social Care Bill. They approved recommendations to begin the process of appointing a Director of Public Health and to develop proposals for the organisation of the public health function within Lancashire County Council (LCC). The purpose of this paper is to provide public health staff and stakeholders with an update on progress with the public health transition, to set out proposals for the public health function within LCC, and to suggest the measures to be taken to facilitate a smooth transfer of the public health resource and service.

2. Progress with the Public Health transition

Healthy Lives Healthy People was published in November 2010. Responsibility for public health will transfer from Lancashire's three PCTs to LCC in April 2013 (subject to the passage of the Health and Social Care Bill), supported by a public health ring-fenced grant. The three Directors of Public Health (DsPH) in Lancashire had already agreed to work more closely together on a number of priorities to maximise business continuity and secure capacity to prepare for the development of a local public health service; Public Health Lancashire. A Public Health Lancashire Steering Group was established in 2010 to oversee the public health transition, with the intention that it report to the Lancashire Health and Wellbeing Board once established. The Steering Group includes the DsPH and representatives from LCC, NHS Lancashire, District Councils, Strategic Health Authority and Health Protection Agency It directed the production of a single business plan which set out the vision, mission and values of Public Health Lancashire and priorities for the transition and business continuity (summarised in appendix 1). A programme management approach is being used to support the implementation of the business plan.

In May 2011, Dr Frank Atherton began to work with LCC for two days per week as Lead Director of Health for the Transition. He is also the Director of Public Health representative on the NHS Lancashire Executive and Board. He acts as executive lead for the Public Health Lancashire programme and co-chairs the steering and leadership groups.

The transition element of the Public Health Lancashire Business Plan includes the workstreams which bring together NHS, LCC and public health staff and their representatives to support a smooth public health transition and transfer of public health responsibility:

- Financial Resources
- Human Resources
- Capacity and Capability
- Functions and Offer
- Communications

Financial resources – data on public health spend and assets has been obtained and analysed Historical public health spend data has been submitted to the Department of Health and as used to inform the estimated baseline for the Public Health ring-fenced grant which was announced on 7th February 2012 Work is underway to understand the scope and nature of public health contracts and recommend priorities for contract or commissioning reviews.

Human Resources – An HR project team has been established which includes HR specialists from both LCC and NHS Lancashire, staff representatives and public health staff from both organisations. A draft HR framework is being developed jointly between LCC and NHS Lancashire HR. This sets out the HR principles to guide the transfer of staff (Appendix 2). The draft HR Principles are:

- Promote transparency in our selection and appointment processes
- Promote partnership working with the Trades Unions
- Promote a culture that welcomes healthy challenge to ensure we work together to achieve the best outcomes for the population and staff
- Promote timely and meaningful consultation
- Work at an appropriate pace to minimise disruption and uncertainty
- Ensure all staff are treated consistently throughout the transition
- Ensure that all staff are well informed and have a voice within the process
- Endeavour to retain valuable skills, experience and organisational memory for future benefit
- Ensure that anyone that leaves is treated with dignity and respect

In November 2011 NHS Lancashire entered into formal TUPE consultation with the recognised trade unions. The Trade Unions have been notified by NHS Lancashire of 3 envisaged measures. NHS Lancashire has written to LCC to request notification of any measures envisaged by LCC in relation to this intended transfer

Work is also underway to understand which staff are affected by the public health transition. For the purposes of Regulation 13 of TUPE, the affected employees are those who will or may be transferred, those whose jobs are at risk on account of the proposed transfer, and those who have internal job applications pending at the time of transfer.

Capacity and Capability – training events for public health staff to develop knowledge and skills in relation to working in local government have been undertaken. Key members of the group have received training in competency based workforce development so they can support workforce design.

Functions and Offer – the proposed functions of Public Health Lancashire have been mapped and are summarised below. Discussions have taken place with district councils to specify the public health support they require to capitalise on their important contribution the health and wellbeing of their citizens. Work is currently underway to specify the Public Health Lancashire offer to Clinical Commissioning Groups

Communications – Communications bulletins are distributed regularly to staff. Engagement events with staff have been undertaken.

3. Public Health Functions

Public health is defined by the Faculty of Public Health as: *The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society.*

There are three domains of public health:

- **health improvement and equity** (including supporting healthy lifestyles and addressing inequalities in health and the wider social influences of health);
- **health protection** (including protecting the public from infectious diseases and environmental hazards and ensuring preparedness); and

- **health and social service quality** (including service planning, efficiency, audit and evaluation)

All three domains are underpinned by **public health intelligence**, which analyses, interprets and presents a wide range of data about the population's health and what can be done to improve it.

Subject to legislation, Lancashire County Council will therefore become responsible for protecting and improving the public's health across the whole life course and for providing specialist public health support to the NHS, particularly to Clinical Commissioning Groups.

If the Health and Social Care Bill is passed, LCC will only be successful in improving outcomes if it integrates action to improve health and wellbeing and reduce inequalities into all of its functions. The Director of Public Health and his/her team will therefore need a broad reach across the County Council and to work in partnership with district councils which have a significant influence on community health and wellbeing. It is envisaged that the transfer of the public health function into LCC will bring a set of new skills to the organisation that can be deployed across the whole spectrum of LCC services. Examples of these skills and tools include prioritisation, needs assessment, evidence based practice and behaviour change techniques.

It is proposed that the new Public Health Function is organised in line with the three domains of public health: health protection, health improvement/equity and health and social service quality. Within each domain of public health we envisage that LCC will:

- Undertake public health advocacy – Public health will champion evidence based action to address needs and stimulate assets to improve and protect the health and wellbeing of Lancashire's citizens

- Deliver public health programmes – Public health will develop, deliver and evaluate the impact of public health programmes to protect and improve the health and wellbeing of Lancashire's citizens

- Deliver corporate responsibilities – Public health will take on responsibility for corporate functions where it is best placed to do so. It will provide public health skills and tools across the organisation.

- Develop a public health culture within Lancashire – Public health will work collaboratively with other parts of the County Council, district councils and other partners to maximise the contribution that they make to improving health and wellbeing and narrowing the health gap.

- Collaborate with neighbouring local authority public health services at sub-regional and regional level where appropriate, to increase the effectiveness of public health advocacy and influence and to increase efficiency.

3.1 Health protection

Health Protection is concerned with action to ensure a healthy 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.

Under the new arrangements some elements of health protection will be integrated into the new Public Health England, an executive agency within the Department of Health.

At the local level the local DPH will be jointly appointed with Public Health England and will be firmly rooted in local government Local Authorities will have a statutory responsibility to ensure that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks to full scale emergencies, and to prevent such threats arising in the first place. This will include local plans for immunisation and screening.

Environmental Health Officers in district councils already contribute to health protection across a broad range of activities including food safety and healthy eating, occupational health and safety, decent, safe and warm housing and environmental protection. It is important that health protection capacity in the field is maintained. The 2009 influenza pandemic demonstrated the importance of having an effective, capable national and local health protection response, and it is vital that existing expertise is maintained and built upon

3.2 Health improvement and equity

Health improvement is concerned with improving the health and wellbeing of populations and reducing inequalities by developing and implementing healthy public policy and using health promotion, prevention and community development approaches to influence the behaviour and socio-economic, physical and cultural environment of populations, communities and individuals It includes addressing inequalities, education, housing, employment, family/community, lifestyles, and surveillance and monitoring of specific diseases and risk factors.

This domain is also concerned with addressing inequalities in health. The Marmot review identifies six priorities for health equity and working with the rest of the County Council and external partners to address these will be important functions within Public Health Lancashire.

i. Give every child the best start in life
ii. Enable all children, young people and adults to maximize their capabilities and have control over their lives
iii. Create fair employment and good work for all
iv. Ensure a healthy standard of living for all
v. Create and develop sustainable places and communities
vi. Strengthen the role and impact of ill-health prevention

Local authorities already undertake wide reaching work to address the social, economic and environmental determinants of health. The transfer of responsibility for public health from the NHS to local authorities will provide opportunities for the Director of Public Health to have an overview and influence over a wide range of determinants of health either directly or indirectly.

Within a local government context, the development of strategy and healthy public policy and its successful implementation through the three domains of public health, requires the availability of a number of support functions. Public health specialists will need the access to good quality intelligence about the health needs and assets of the local population and to evidence about which interventions are effective. They will need to use priority setting tools and techniques and have access to local government policy skills such as political management, horizon scanning and interpretation of national policy. In order to maximise the impact of policy and strategy implementation on the public's health, public health specialists will need to assess the health impact of policy, develop the wider public health workforce and undertake performance management.

3.3 Health and Social Service Quality

Clinical Commissioning Groups (CCGs) will become responsible for commissioning most NHS services. GPs' understanding of local populations and their experience can bring much to the commissioning process. LCC will be responsible for providing public health support to NHS commissioners including Clinical Commissioning Groups. Public health specialists will work

alongside GPs, using their expertise to inform CCGs 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

Public health specialists in the area of healthcare public health have a unique vantage point. They have the skills, the bird's eye view, and the information to look beyond the individual patient to serve a population group of patients. Public health specialists have a key role in advising CCGs and the National Commissioning Board on how best evidence based interventions can be offered in primary care include supporting the commissioning of integrated services. Public Health Lancashire will therefore be able provide an important bridge between the County Council and local NHS

Health services also have a central role in preventing illness and supporting patients to make healthier lifestyle choices. There is a risk that separation of public health from the rest of the NHS, both financially and organisationally might lead the NHS to focus on treating ill health rather than preventing it. A wide range of health and social care professionals have many opportunities to offer brief interventions to support behaviour change, such as smoking cessation or reducing alcohol consumption.

Further detail of the specific functions within each of the domains is shown in Appendix 3 of this paper.

A map of the functions that Public Health Lancashire will be expected to deliver is shown in Appendix 4 of this paper.

4. Implications

It is clear from the most recent national guidance that, subject to legislation, LCC will become responsible for a wide range of public health functions summarised above and proposed in Appendix 4. There are both uncertainties and opportunities in relation to the transfer of public health from the NHS to LCC, which will influence how these functions will be organised and managed within LCC. **It is therefore proposed that the functions outlined in Appendix 4 are located under the direction of the Director of Public Health for a two year transitional period (April 2012-March 2014).** During this transitional period a number of key issues will need to be considered to inform the on-going development of a public health function within LCC. These include:

4.1 Financial Resources

Information on the estimated baseline public health grant for Lancashire based on current spend was published on 7th February 2012. A need based allocation formula for the public health ring fenced grant is expected to be consulted on at the end of February 2012. The public health ring fenced grant allocation for 2013/14 is expected to be announced in December 2012. The proposals within this paper will need to be reviewed in light of this financial information when it is available.

4.2 Development of LCC's commissioning function

The County Council is currently working across its directorates to develop a corporate approach to commissioning. The terms of reference for this work are currently under development. Depending on how this develops, some of the capacity for the commissioning of public health services could be integrated into a LCC corporate commissioning function. Lancashire Drug and Alcohol Action Team currently commission many substance misuse services on behalf of the County Council and PCTs, through a pooled budget. This resource will form part of the public health ring-fenced grant. It is proposed that the commissioning of substance misuse services is included within the scope of the public health function and the work to develop LCC's commissioning function.

4.3 Integration with other LCC functions

There are a number of areas in which current public health and LCC functions are closely aligned. These provide opportunities for integration. Public health functions could be integrated into similar LCC functions or alternatively the Director of Public Health could take corporate responsibility for these areas. Examples of areas for potential integration include, but are not limited to:

- Research and intelligence
- Emergency planning
- Public engagement
- Communications and marketing
- Health improvement in children and young people's settings
- Death certification

NHS Lancashire and LCC Executive Teams have agreed that task and finish groups should be established comprising stakeholders from across public health, LCC, the NHS and District Councils where appropriate, to co-produce options for the management of the functions listed above. In some instances there are already relevant Public Health Lancashire workstreams in place, the membership of which should be expanded to include local government and wider NHS stakeholders to enable the co-production of management options.

4.4 Health and Wellbeing Strategy and Policy development

Health strategy and healthy public policy is an important approach used within public health, which focuses on population level interventions. The Joint Health Unit and Partnerships team based within LCC supports the development of the Health and Wellbeing Board and Strategy and the interpretation and development of health policy, using tools such as health impact assessment. It has local authority political management skills and experience currently scarce within the workforce to be transferred from the NHS. Consideration will need to be given to the most appropriate location of these functions following the implementation of the reforms. The NHS Lancashire and LCC Executive teams have agreed that a workstream on health and wellbeing strategy and policy development be established to identify how this function can best be managed within LCC.

4.5 Public health support to district councils and CCGs

Proposals that specify how public health can support district councils have been developed. It is proposed that a workstream mobilised jointly with district council representatives agree how these can be implemented. A group has been established to develop the public health core offer to CCGs. There are opportunities to align this 'locality' support with that provided by other parts of LCC.

4.6 Relationships with the wider public health system

Consideration will need to be given to how the local authority public health service will work with other parts of the public health system. It is likely that there will be a sub-regional office of Public Health England (PHE) with a range of responsibilities but with a particular focus on health protection. A workstream should be established to agree respective roles and responsibilities in order to reduce duplication and ensure the system works effectively.

The current reforms to the criminal justice system provide opportunities to consider relationships between public health and community safety. A workstream should be mobilised to co-produce options for how the two should would together.

4.7 Physical location of PH staff

The locality functions of Public Health Lancashire will mean that it will be essential for public health staff to be based across the county, within or alongside district councils and CCGs. Accommodation requirements and options including possible co-location with other parts of the public health system such as Public PHE should also be explored

5. Next steps

The proposed next steps for the public health transition are detailed below. A summary is shown in the table below

Overall programme

- An Equality Impact Assessment of the Public Health Lancashire programme will be undertaken by February 2012

- A Public Health Transition Plan will be developed jointly between LCC and NHS Lancashire and will be submitted to the Department of Health in March 2012

Financial Resources

- A high level review of the public health contracts will be undertaken to understand scope and activity of each contract and recommend priorities for contract/ commissioning reviews by April 2012.

- Additional financial analysis will take place on estimated public health baseline published in February 2012

- Pensions options for transferring staff will be identified by LCC and NHS Lancashire and analysis of the financial implications will take place

- Consideration will need to be given to the allocation of potential redundancy and displacement costs between the sender and receiver organisations as well as the responsibility for pre and post transfer liability issues.

- Identification of accommodation requirements and development of options will be completed by April 2012 Negotiation with district councils, CCGs and PHE about office accommodation for PH staff will take place between April and July 2012.

Human Resources

- A high level human resources concordat between the NHS and Local Government has been published and informs guidance published in January 2012. A local HR framework has been drafted jointly by NHS Lancashire and LCC in partnership with our recognised Trade Unions to guide the transfer of public heath staff into a shadow public health function. It will be published for formal consultation with staff in February alongside the consultation on the shadow public health function.

- A Job Description for the Director of Public Health has been developed and recruitment is set to commence imminently. It is hoped that a DPH will be appointed by April 2012. It is proposed that in the interim, the Lead DPH for the Transition acts as the designated officer to lead the consultation with all affected employees within NHS and LCC and the recruitment process following ratification of the structure by LCC and NHS Lancashire.

- It is proposed that the Public Health functions outlined in this paper are consulted on with staff from February 2012.

- It is proposed that recruitment to the DPH direct reports responsible for each of the three main functions of Public Health Lancashire (Health Equity, Health Protection, Health and Healthcare Partnerships) take place in April 2012 subject to ratification, informed by the

outcome of the formal consultation with affected staff and their representatives. This will enable this team to work up the competency and staffing requirements of the transitional structure using the Public Health Skills and Career Framework. A structure showing the proposed direct reports is shown in Appendix 5. It is proposed that this be consulted on with staff alongside the Public Health Lancashire Functions map in February 2012. It is proposed that these posts be recruited on an interim basis (until March 2014).

- Following endorsement of the Public Health Lancashire transitional functions, work will be undertaken to specify competences for each of the functions. The resulting transitional structure will be reviewed in light of the estimated public health baselines published in January. This will enable the development of a workforce structure which will be shared with public health staff affected by the transition and the subject of formal consultation.

- The aspiration is that a new Public Health Lancashire workforce structure will be available for consultation with staff in May 2012. Following review in light of the consultation, it is envisaged that recruitment to the new structure will commence in June 2012 with an aspiration that the new structure will be implemented by October 2012.

- Some of the Public Health Lancashire functions are closely related to existing LCC functions and consequently there are a number of options about how they could be most effectively and efficiently organised following the reforms. It is important that the full range of stakeholders is able to influence their design. It is therefore proposed that task and finish groups comprising the appropriate stakeholders are established to develop options for the organisation of the following functions:
    - LCC commissioning function (group already established, led by Steve Gross)
    - Research and intelligence
    - Emergency planning
    - Public engagement
    - Communications and marketing
    - Health improvement in children and young people's settings
    - Death certification
    - Health and wellbeing strategy and policy development

Capacity and Capability

- Once the Public Health Lancashire functions are agreed (following staff consultation and endorsement by LCC and NHS Lancashire), the competences for each of the functions will be specified and role descriptions will be produced

Public Health Offer

- It is envisaged that a Public Health 'offer' to Clinical Commissioning Groups and District Councils will be developed jointly with district council and CCG partners by April 2012

Communication

- It is envisaged that formal consultation with staff on the Public Health Lancashire transitional functions and structure will take place in February and May respectively. The aspiration is that events to provide affected staff with opportunities to give their views will take place.

Anticipated timescales

February 2012	• Equality Impact Assessment undertaken • LCC and NHS Lancashire Executive Teams approve the

	following for consultation with staff: o Draft HR framework o Draft Public Health Lancashire functions o Proposal to recruit transitional structure Direct Reports • Formal consultation commences late January for 30 days • Financial analysis of the baseline allocation • Mobilisation of co-production workstreams for areas of possible integration
March 2012	• Consultation closes • Review of feedback from functions consultation • Director of Public Health recruitment
April 2012	• Reviewed paper summarising the HR framework, Public Health Lancashire functions and recruitment of Direct Reports ratified by LCC and NHS Lancashire executive teams • PH contract review timetable completed • PH 'offer' to district councils and CCGs co-designed • Public Health transition plan completed
May 2012	• Appointment of Director of Public Health • Appointment of transitional structure Direct Reports • Workforce redesign – competencies and role descriptions • Develop accommodation requirements and negotiate with District Councils and CCGs about options for accommodation for public health staff • Financial analysis of draft staffing structure • Consultation on draft staffing structure • Staff consultation events
June 2012	• Review of feedback from staffing structure consultation • Staffing structure ratified by LCC and NHS Lancashire Executive • Recruitment to the structure commences
October 2012	• New Public Health structure implemented • Assigned staff notified and TUPE due diligence
April 2013	• TUPE transfer of NHS public health staff to LCC
April 2013 – March 2014	• Completion of co-produced workstreams for public health areas of possible integration with other LCC functions • Consultation with staff and stakeholders on proposals for the management of public health areas with the potential for integration with other LCC functions
April 2014	• Implementation of Public Health within Lancashire County Council

5. Recommendations

Lancashire County Council Management Team and NHS Lancashire Executive Team have agreed the following recommendations:

1. Note the proposed functions for which LCC will be responsible from 1st April 2013

2. Approve the transitional functions map for consultation with staff affected by the transfer of Public Health to LCC in February 2012 (Appendix 3)

3. Approve the proposals for the recruitment of the top tier of the transitional structure i.e. DPH Direct Reports for consultation with staff in February 2012 (Appendix 5)

4. Approve the draft Human Resources Framework (Appendix 2) is released for consultation with staff in February 2012

5. Agree to the establishment of task and finish groups to co-produce the following functions where there are opportunities for integration or system improvement. These include but are not limited to:
    - Commissioning
    - Research and intelligence
    - Emergency planning
    - Public engagement
    - Communications and marketing
    - Health improvement in children and young people's settings
    - Health and wellbeing strategy and policy development
    - Public health support to District Councils and CCGs
    - Relationships with the wider public health system
    - Death certification

6. Authorise the Lead Director of Public Health for the Transition as the Designated Officer to lead the consultation with all affected employees within the NHS and LCC and the recruitment to the direct report posts within the transitional structure, as an interim measure until the substantive DPH is appointed

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Dr Frank Atherton, Lead DPH for the Transition
Deborah Harkins, Head of the Joint Health Unit

15th February 2012

Appendix 1 - Vision, Mission & Values of Public Health Lancashire

Vision - By 2020, Lancashire's citizens, communities and organisations will be healthy and resilient, enabled by the effective delivery of a local public health system.

Mission - to lead work to improve and protect the health and wellbeing of Lancashire's citizens and improve the health of the poorest fastest, by:

- Protecting the population's health from major emergencies and remain resilient to harm
- Tackling factors which affect health and wellbeing and health inequalities
- Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities in healthy behaviours
- Reducing the number of people living with preventable ill health and reduce inequalities in preventable ill health
- Preventing people from dying prematurely and reduce inequalities in healthy life expectancy

Public Health Lancashire will judge its success at delivering its mission using the Public Health Outcomes Framework[1].

The *Values* of Public Health Lancashire are:

- **Fair and equitable**– All people in Lancashire have the right to be well, irrespective of their background and circumstances
- **Asset approach** - Communities in Lancashire have the capacity, gifts and abilities to lead healthy and fulfilled lives and it is the role of agencies to support community assets to be realised
- **Evidence and best practice** – Public Health Lancashire will commission and deliver interventions informed by the research evidence and best practice
- **Needs led** – Public Health Lancashire will focus its efforts on addressing the needs of Lancashire's citizens
- **Partnership** - Public Health Lancashire will be co-designed with both tiers of local government and GP consortia to ensure that it supports them deliver their new responsibilities. In order to do this both tiers of local government and emerging consortia will be invited to co-design the service which will involve the voluntary sector.
- **Subsidiarity** - Public Health Lancashire will always endeavour to do the right thing at the right level. Lancashire is a diverse county with a wide range of assets and needs. Partners with an influence on population health and wellbeing operate at a number of levels. Public Health Lancashire will therefore be flexible so it can work at all of these levels.
- **Resilient** – Public Health Lancashire is developing in a rapidly changing and complex environment. Changes now need to be able to withstand the challenges of changes in the future
- **Integrated** - Public Health Lancashire will seek to reduce duplication by integrating its functions with local government and in collaboration with other parts of the system

Priorities for business continuity and readiness for the transition

Health Improvement	• Behaviour change • Healthy settings • Minimising the impact of the recession on population health
Health Protection	• Emergency planning • Screening

[1] Health Lives, Healthy People: transparency in outcomes – proposals for a public health outcomes framework .November 2010

	• Immunisation and vaccination
Health and Social Service Quality	• Public health contribution to addressing long term conditions • Public health contribution to the commissioning of children and young people's health services
Health intelligence	• Development of a Lancashire public health observatory • Incorporating intelligence about assets into the JSNA • Monitoring the impact of the demographic, social, economic and policy changes

Transition priorities

- Financial Resources
- Human Resources
- Capacity and Capability
- Functions and Offer
- Communications

Appendix 3 - Description of Public Health Lancashire Functions

The specific functions that will be undertaken within each of the domains of public health are detailed below.

Health Protection

- Development of plans for public health incidents and emergencies
- Response to public health incidents and emergencies
- Provide support to the National Commissioning Board with the quality assurance and monitoring of screening programmes (including leading the management and co-ordination of screening incidents
- Provide support to the National Commissioning Board with the quality assurance and monitoring of vaccination and immunisation services (including leading the management and co-ordination of vaccination and immunisation incidents)
- Provide expert advice on the introduction of new screening and immunisation programmes

These functions will need to be reviewed following the publication of policy documents on the specific roles of Public Health England and Local Government are published (expected in December 2011)

Health Improvement

Commissioning for Health improvement

Lancashire County Council will lead the commissioning of lifestyle and other primary prevention and wellbeing services and initiatives, including performance management of contracts and ensuring integration of wellness into other services. The following health improvement services and interventions could be commissioned:

- Health checks
- Drug and alcohol services
- Nutrition/ healthy eating
- Weight management
- Physical activity
- Stop smoking services
- Sexual health services
- Tobacco control
- Infant feeding (breastfeeding, infant nutrition)
- Public mental health
- Accident and falls prevention
- Winter death reduction
- Violence prevention
- Health Trainers

Building healthy communities, environments and culture

Provide support to individuals, organisations, and communities through settings based, asset based and community development approaches e.g

- Health promotion in educational establishments
- Health promotion in workplaces

- Health promotion in prisons
- Health promotion in NHS
- Health promotion in residential and nursing homes
- Developing healthy cities, towns, communities and streets

Develop, provide and commission a large range of public health campaigns, initiatives, and health education approaches that will build on the development of social capital, social inclusion and skills development. For example personal skills, professional health promotion skills, health literacy, raise awareness of early symptoms, prompt early diagnosis and healthy lifestyles and prevention, using:

- Social marketing
- Community engagement and empowerment
- Brief intervention and awareness training
- Providing public health skills training
- Support and develop advocacy and lobbying skills amongst communities

Provide support to thematic and geographic partnerships ensuring a population health perspective, identifying shared priorities across partners that impact on H&W and supporting partners to identify their contribution to improving H&W, developing and using appropriate public health approaches e.g. large scale change programmes. Partnerships that will be supported include:

- District level Strategic Partnerships
- Drug and Alcohol Partnerships
- Tobacco Free Lancashire
- Physical activity and obesity partnerships
- Crime Reduction Partnerships / Safer Lancashire Partnership
- Partnerships that support wider determinants health e.g. adapting to climate change, housing, accidents, domestic abuse

Strategy and Policy

Within a local government context, the development of strategy and healthy public policy and its successful implementation through the three domains of public health policy, require the availability of a number of support functions. These include:

- Health policy development
- Political management
- Health and Wellbeing Board
- Health and Wellbeing Strategy
- Public Engagement/ HealthWatch
- Health Intelligence including:
    - Health (Joint Strategic) Needs Assessment
    - Asset Mapping
    - Health Impact Assessment
    - Health Equity Audit
    - Surveillance (including health surveys)
    - Scenario modelling
    - Knowledge management (horizon scanning, identification best practice, literature search / review)
    - Health economics analysis (e.g. Programme Budgeting analysis, cost benefit analysis),
    - Benchmarking
    - Socio/geo-demographic segmentation & analysis

- Support to social marketing
- Support (epidemiological) research,
- Operational research (e.g. PDSA cycle)

Health and Social Service Quality

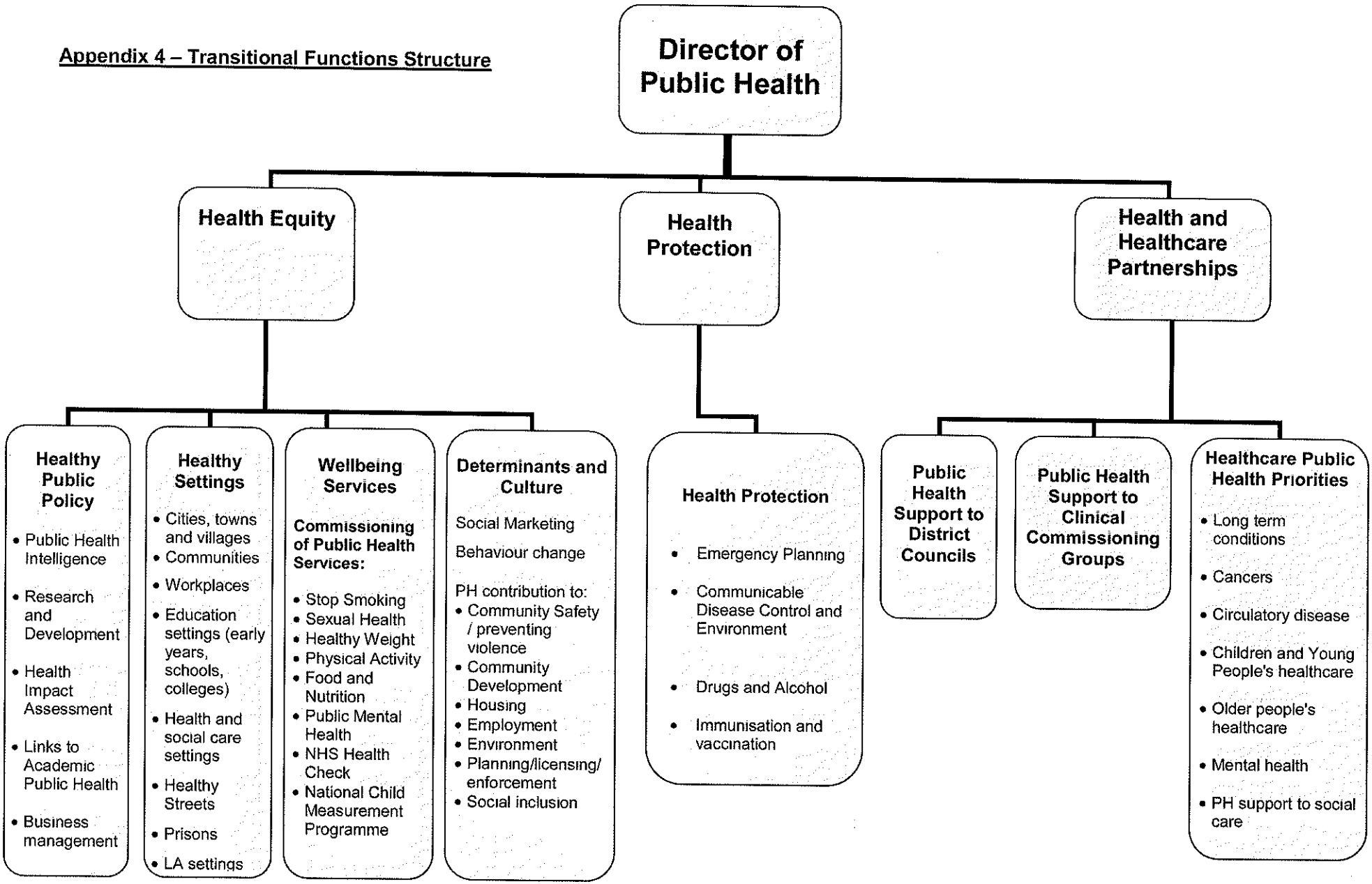
The local public health service will provide commissioning support to Clinical Commissioning Groups, the National Commissioning Board and Local Authorities in their social care commissioning roles. This includes:

- Public health expert support o the commissioning of healthcare services
- Providing high quality public health intelligence to provide local understanding of health needs
- Providing data/intelligence to support service redesign processes, using data to inform decision making, and data interpretation
- Priority setting
- Advising on commissioning of services to meet the health needs of underserved groups
- Facilitating service user/ community engagement in policy making, service redesign and planning,
- Advising on integrating patient pathways across health and social care
- Advising commissioners on the use of CQUIN and other quality frameworks
- Health economics and programme budgeting (understanding investment against outcomes)
- Predictive modelling and risk assessment
- Designing and advising on the commissioning of programme and service evaluations (including providing access to national and regional research networks)
- Identifying funding and resources to develop research proposals and influence system change
- Population segmentation and customer insight
- Critical appraisal of published evidence on preventative interventions
- Management and co-ordination of public health data; undertaking and/or advising on health equity audit, equality impact assessment and health needs assessment to identify unmet need and improve the commissioning of more equitable service delivery
- Support the development and implementation of processes for management of individual funding requests

Business support

- Business Management
- Business Support/ Administration
- Programme management
- Workforce development

Appendix 4 – Transitional Functions Structure



APPENDIX 2

please ask for Chris Hughes
direct line 01200 414479
email chris.hughes@ribblevalley.gov.uk
my ref CH/IW
your ref
date 14 March 2012

Dear Dr Atherton

PUBLIC HEALTH LANCASHIRE – CONSULTATION PAPER

I am writing on behalf of the Borough Council in response to your letter of 21 February 2012, seeking comments on the above paper. The following comments represent the views of a member/officer working group, and will hopefully, be ratified at a meeting of the Council's Health & Housing Committee on 22 March 2012.

Further to our discussions, I would like to make the following observations:

1 It is encouraging that the paper acknowledges the role of districts, both now and in the future. It does not, however, recognise that districts are currently supporting outcomes across most of the public health spectrum. Appendix 4 in the report suggests that the role of districts is a discreet element of public health, whereas we feel that it is much broader than indicated.

2 Whilst the report details each element of public health that will transfer under the new arrangements, it appears to have merely transferred one siloed approach to another, and does not give us much confidence that the new arrangements will deliver anything different or innovative. This is partly due to the general 'clinical' approach adopted in the paper. Perhaps we should be focussing here on outcomes, rather than functions moving forward.

3 We feel that the development and functions of LCC's commissioning function will be very important, as it could have the ability to allow for initiatives that deliver against local priorities. Whilst we recognise that most commissioning will be done on a countrywide or cluster basis, it is important that a mechanism exists for more localised commissioning, similar to that adopted currently through children's trust arrangements.

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Lancashire Public Health Network
Room 178, Preston Business Centre
Watling Street Road
Fulwood
PRESTON PR2 8DY

4 There appears to be no mention of the role of the voluntary sector. Given that they currently make a significant contribution to public health outcomes, they must have a role under any new arrangements.

5 On a more general note, we have concerns that local determination will be lost as borough boundaries will not, in some cases, be co-terminus with new public health structures, and clinical commissioning footprints; indeed, the Ribble Valley will be served by 3 CCGs under current proposals, making any locally focussed integrated working very difficult.

In conclusion, we are pleased to have been given the opportunity to comment on the development of the new public health framework, and to emphasise the Borough Council's continued and, hopefully, enhanced contribution to the new public health agenda.

Yours sincerely

M Scott
CHIEF EXECUTIVE