**SURREY COUNTY COUNCIL**

**CABINET**

**DATE:** **27 NOVEMBER 2012**

**REPORT OF:** **MR MICHAEL GOSLING, CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH**

**LEAD OFFICER:** **DR AKEEM ALI, DIRECTOR OF PUBLIC HEALTH**

**SUBJECT:** **TAKING PUBLIC HEALTH FORWARD IN SURREY**

## SUMMARY OF ISSUE:

Following the Health & Social Care Act (2012), local authorities will take on a range of new responsibilities for protecting and promoting the public's health from April 2013, funded by a ring-fenced grant. This includes the transfer of specialist public health staff from the NHS to local authorities to provide professional leadership for public health. The Surrey public health team relocated to Surrey County Council premises in April 2012 to support the Council in preparing to meet its new responsibilities.

This paper outlines:

- the new public health responsibilities and functions transferring to Surrey County Council
- an overview of how the function operates, including finance, people and performance.
- the opportunities, impact and issues for the Council.

## RECOMMENDATIONS:

The Cabinet is recommended to:

1. Acknowledge and welcome the Council's public health responsibilities from April 2013.

2. Agree to the aims and aspirations for public health in Surrey as set out in this paper.

3. Agree to the steps set out in this paper that aim to encourage and enable all public agencies in Surrey to take actions to improve the life chances of every resident.

4. Agree to a programme of communication and engagement with stakeholders including boroughs, districts, communities and the voluntary, community and faith sector.

## REASON FOR RECOMMENDATIONS:

These recommendations are made because:

- The Council is required to take on its new public health responsibilities, including six mandatory service areas (see Annex 1) from April 2013.

- The public health team has the expertise to enable the Council to deliver its new responsibilities, working in partnership with other organisations, where appropriate, including Public Health England.
- The Council needs to make the most of this opportunity for a new way of working and ensure that its policies reflect its role in providing local leadership for public health.
- Our partners need to understand how the Council will meet its new responsibilities.

**DETAILS:**

**Background**

1. As part of the NHS reforms, transferring public health to local authorities is inextricably linked to the establishment of Health & Wellbeing Boards (HWBB) and Clinical Commissioning Groups (CCGs). HWBBs will bring together statutory partners and public representatives to address all aspects of the population's health and wellbeing by developing Joint Health & Wellbeing Strategies (JHWBS), informed by Joint Strategic Needs Assessments (JSNA). CCGs will be responsible for commissioning a range of health services from NHS and other providers,

2. Councils have worked closely with public health colleagues for many years and all tiers of local government deliver some services relevant to addressing population health, for example housing, community development, education, transport and the environment. The transfer of responsibility for management and delivery of public health to Surrey County Council is an opportunity to facilitate an environment which enables health, through Council services.

3. Nevertheless, the impact of the transfer and its attendant responsibilities also present some risks to the Council and will need to be carefully managed. Each directorate will need to understand its role and contribution to public health. Members will need to understand the new responsibilities transferring to the Council and the scope of decision making.

4. Guidance published in 2011[1] describes how local authorities are expected to deliver public health services and lists the services that they will be required to commission. Annex 1 shows this list of 20 new areas of responsibility, which includes six mandatory requirements. Further guidance published in October 2012[2] describes the legal framework for the reforms and the status and responsibilities of the Director of Public Health (DPH). The DPH will be the lead officer for health in the local authority and a statutory chief officer. They will have specific responsibilities for health protection and emergency health planning and for publishing an annual report on population health.

5. The Public Health Outcomes Framework (PHOF) published in January 2012 describes the Government's vision for measuring the success of its new strategy. It is based on two outcomes:
   - Healthy life expectancy (the number of years, on average, that people can expect to live in good health)

[1] Department of Health (2011) *Healthy lives, healthy people: update and way forward*. Norwich: The Stationery Office

[2] Department of Health (2012) *The new public health role of local authorities*. Gateway reference 17876

- Reduced differences, or inequalities, in life expectancy (the number of years, on average, that people can expect to live) and healthy life expectancy between communities.

6. A range of indicators is being developed nationally to measure progress towards these outcomes. In future, Councils will be expected to report on them. Progress will depend on coordinated collaboration between all Council directorates, Boroughs, Districts and other statutory and voluntary organisations focusing clearly on Surrey's areas of greatest need.

7. Table 1 gives examples of indicators linked to health needs identified in Surrey's JSNA and JHWBS and the rationale for their inclusion in the PHOF.

***Table 1*** **Examples of health needs in Surrey and linked Public Health Outcomes Framework (PHOF) indicators and rationale for the indicators**

| Surrey health need | PHOF Indicator | Rationale for the indicator* |
|---|---|---|
| Children's emotional health and wellbeing | • Children in poverty<br>• 16-18 year olds not in employment, education or training (NEET) | • Childhood poverty leads to poor adult health outcomes and premature mortality.<br>• Young people who are NEET are at greater risk of negative outcomes, including poor health, depression and young parenthood. |
| Adult mental health | • Utilisation of green space for exercise & health reasons<br>• Employment for those with a long-term health condition, including mental illness<br>• Domestic abuse | • Evidence suggests that green spaces benefit both physical and mental wellbeing and cognitive function. through both physical access and use<br>• A recent review concluded that work is generally good for both physical and mental wellbeing.<br>• Tackling domestic abuse will ensure some of the most vulnerable people receive the support, understanding and treatment they deserve. |
| Stroke reduction | • Smoking prevalence<br>• Alcohol-related hospital admissions<br>• Mortality from cardiovascular diseases (CVD), including stroke | • Smoking is the primary cause of preventable illness and death (including from stroke); helping people to stop is the most cost-effective preventive health intervention.<br>• Alcohol misuse is the third greatest overall contributor to ill-health including stroke after smoking and raised blood pressure.<br>• CVD, which includes stroke is the major cause of death in people aged under 75. To ensure the continued fall in premature deaths, concerted action is needed on prevention as well as treatment. |
| Maintaining population immunity from infectious diseases | Population vaccination coverage | • This is the best indicator of a population's protection against vaccine-preventable disease. Monitoring coverage identifies falling immunity before disease levels rise. |
| Dementia care | Dementia and its impacts | • Dementia accounts for more expenditure on health and social care than CVD and cancer combined. |

**Source: Department of Health (2012) Healthy lives healthy people: improving outcomes, supporting transparency Part 2*

**Public Health – the service**

8. Public health has been defined as *'The science and art of preventing disease, prolonging life and promoting health through the organised efforts ….. of society.'*[3]

9. The functions of public health relate to three domains:

- Health improvement, covering lifestyles and the social determinants of health (for example, housing, environment, education and employment) associated with poor health and health inequalities
- Health protection covering infectious diseases and environmental hazards, and emergency preparedness
- Healthcare public health covering service quality, planning, effectiveness, efficiency, audit and evaluation.

10. Public health intelligence, analysis and knowledge management underpin all three domains.

11. At a local level, these functions are currently the responsibility of primary care trusts.

12. Under the NHS reforms, some aspects of the present day public health function will transfer to new organisations:

- the NHS Commissioning Board (NCB) will be responsible for commissioning national screening and immunisation programmes and public health services for children aged 0-5 years
- Public Health England (PHE) will absorb several organisations, including the Health Protection Agency and the Public Health Observatories, which provide national public health intelligence. It will provide leadership public health at a national level, deliver services to national and local government and support development of the specialist and wider public health workforce.

13. Annex 2 illustrates how public health teams in Local Authorities fit into the new NHS structure.

14. Public health teams in Local Authorities will need to work closely with the NCB to ensure that the immunisation and screening services it commissions meet the needs of local populations and maintain quality. They will also work with PHE, particularly on local health protection.

**Aims and aspirations for the taking public health forward in Surrey**

15. Transferring responsibility for public health to the County Council will aim to create a more integrated preventative approach, offering new opportunities to enable improved health outcomes and life chances for children, young people and vulnerable adults.

16. It is hoped that this approach will facilitate changes to the wider determinants of health, such as housing, education and the environment. The public health

[3] Winslow (1920), quoted by Baggott, R. (2000) *Public health, policy and politics*. Basingstoke: Macmillan.

team in the County Council, working with Borough and District Councils, will aim to enable behaviour change in organisations and communities, as well as individuals, to tackle the causes of ill-health and reduce health inequalities. This will include developing a process for assessing the impact on health of Council policies and programmes so that benefits can be maximised.

17. The public health team will aim to develop and maintain effective working arrangements with CCGs, District and Borough councils and voluntary sector partners to enable the delivery of the public health strategy. Individual agreements to provide key public health advice and support have already been offered to all the Surrey CCGs, Boroughs and Districts.

18. The Government knows that local authorities will put health at the heart of everything they do[1]. The Council will aim to ensure robust leadership and governance arrangements for public health are in place alongside its leadership of the HWBB.

19. The public health team will embrace the challenge of doing things differently within the Local Authority and aspire to bring better value for money and improvements in quality and outcomes by removing duplication of effort and developing synergies between existing services.

**Preparing for transfer – next steps**

20. Planning guidance[4] sets out responsibilities and milestones for local authorities and PCTs, in partnership, to agree the approach to development and delivery of the public health vision, arrangements for taking on public health functions and for communications and engagement.

21. The work streams included in transition plans are:
    - Ensuring robust transfer of functions, systems and services
    - Delivering public health responsibilities during transition and preparing for 2013/14
    - Workforce
    - Governance
    - Enabling infrastructure
    - Communications and engagement

22. A Public Health Transition Steering Group, with representation from both the Council and NHS Surrey, is in place to manage the process during 2012/13 by addressing these work streams.

23. National human resources (HR) guidance has been published on good practice for the transfer of staff contracts from the NHS to local authorities.[5] Part of the work of the Workforce and HR work stream of the Public Health Transition Steering Group is to agree on how NHS terms and conditions are

[4] Department of Health (2012) *Public health transition planning for primary care trusts and local authorities*. Gateway Reference 17073

[5] Department of Health (2011) *Public health human resources Concordat*. Gateway reference 16870.
Local Government Association (2011) *The role and responsibilities of local authorities as 'receiver' organizations in the transfer of public health functions.*
Department of Health (2012) *National policy and process on filling of posts in receiving organisations.*

reflected into local government. The public health team is currently undergoing a structural re-alignment to ensure that it is ready and fit for purpose in time for the transfer.

24. The public health team has developed its vision and an operational strategy and plan for 2012/13. Annex 3 is a summary of plans for public health transition and the milestones for achieving it.

## CONSULTATION:

25. The initial drafts of the public health strategy and plan have been drafted following discussions at the Members' Workshop held in March 2012, Surrey County Council Corporate Leadership Team and NHS Surrey Executive Team meetings and with Cabinet Members, NHS Surrey Board, Surrey Transformation Board of Clinical Commissioning Groups, service providers and other professional teams across the county including the public health team.

26. Members of the Public Health Leadership team have visited and communicated with other primary care trusts and local authorities to compare progress and share learning. Authorities consulted included West Sussex, East Sussex, Brighton & Hove, Kent and Hampshire.

27. The draft agreement to provide public health advice and support to Borough and District councils was shared first with Guildford Borough Council.

## RISK MANAGEMENT AND IMPLICATIONS:

28. The main sources of risk to public health transition relate to:
    - Maintaining continuity of delivery
    - Workforce issues, for example staff retention
    - Potential finance issues, depending on the public health grant
    - Information governance issues, ensuring public health analysts have access to NHS information from local authorities.

29. Table 2 summarises the risks and mitigating actions being taken.

***Table 2*** **Risks associated with the transfer of the Surrey Public health team from NHS Surrey to Surrey County Council and mitigating actions being taken.**

| Risk | Impact | Probability | Mitigation and management |
|---|---|---|---|
| Staff decide not to transfer | High | Medium | Flexible approach to working hours and staff locations<br>Regular and frequent communication and consultation with staff, and explanation of HR processes |
| Public health grant is inadequate to meet new commissioning requirements, leading to service cuts and reputational damage | High | Medium | Act to maximize chances of an adequate grant based on correct information to DoH.<br>Plan spending for different funding scenarios |
| PH analysts' access to some confidential NHS data sources from the local authority is unresolved | Medium | Medium | Information governance issues need national solutions |

| Risk | Impact | Probability | Mitigation and management |
|---|---|---|---|
| Practical disaggregation of contracts not achieved leading to lack of clarity for SCC on portfolio of contracts to be commissioned and relevant commissioning information and potential discontinuity of services. | High | Medium | Joint meetings taking place at strategic and operational levels to resolve issues. Data capture tool developed to share information on elements of the community contracts to be separated out. |
| Lack of clarity on spending patterns under existing contracts leads to future funding problems as block contracts are disaggregated. | High | Medium | Seek to obtain and analyse full contract details, work is ongoing nationally, regionally and locally to deal with this issue. |

## Financial and Value for Money Implications

30. Under the New Burdens Doctrine, the Government is committed to ensuring that local authorities are adequately funded for their new responsibilities and additional net burdens. Local authorities will receive ring-fenced public health grants for the first time in 2013/14. Shadow allocations are expected to be announced on 19 December 2012. The Department of Health will place conditions on how the grant is used to ensure transparent accounting processes and that it is spent on public health functions.

31. An allocation of £213,000 has already been made to Surrey to contribute towards the costs of public health transition. Relocating the public health team cost £127,000. Additional costs during 2012/13 will come from project support, HR, finance and procurement infrastructure and communications.

32. In February 2012, the Department of Health published estimates of spending per head of population for each local authority, based on PCT's reported baseline public health spending in 2010/11. Surrey's estimated spend of £17 per head was the second lowest in the country. The Council and NHS Surrey made joint representations to the Department of Health demonstrating that Surrey's reported spending in 2010/11 did not accurately reflect NHS Surrey's current budget for the transferred functions.

33. The Department of Health's latest guidance on public health finance[6] describes interim recommendations on the relative distribution of public health funding in England, based on measures of population need. According to these recommendations, Surrey's allocation is 1.6% of the total public health budget for England, the third highest percentage share of 19 local authorities in South East England. The allocation for South East England is 14% of the total. Further adjustments are being made to the formula for allocations. Until the total public health budget for England is announced, it is not possible to translate percentage shares into budget allocations.

34. The Council will have the opportunity in the next financial planning round to hear about the spending planned and to explore possible investments in effective public health interventions in addition to the ring-fenced grant should that be considered a priority. It would be appropriate for members to have the

[6] Department of Health (2012) *Healthy lives, healthy people: update on public health funding.* Gateway reference 17695

opportunity to scrutinise the budget proposals once the grant amount has been notified, and for that purpose the Overview & Scrutiny Committee meeting in January is proposed.

## Section 151 Officer Commentary

35. The Chief Finance Officer has been fully involved in the transition arrangements and believes that appropriate action is under way to identify and minimise the financial risks involved. The Chief Financial Officer has worked with PCT colleagues to ensure that accurate information has been supplied to the Department of Health, so that sufficient funding to deliver public health functions is secured.

## Legal Implications – Monitoring Officer

36. As set out in the report, responsibility for public health functions will transfer to the County Council in April 2013 under the Health and Social Care Act 2012. The NHS employees providing the service will also transfer and become the responsibility of Surrey County Council at the same time.

37. From April 2012, the public health team has been located in Surrey County Council premises, in advance of the transfer of their employment, to assist the smooth transition of the service. An agreement has been developed by Legal Services to clarify the rights and responsibilities of all parties during the transition.

## Equalities and Diversity

38. The public health team are committed to complete a full equalities impact assessment (EIA) for the transfer of public health functions to Surrey County Council in the first quarter of 2013. However, a rapid assessment, using the EIA template, was completed to support the initial transfer of staff to County Council premises. A summary is provided overleaf, please also see Annex 4.

| | |
|---|---|
| **Information and engagement underpinning equalities analysis** | *For the transfer of staff:*<br>Engagement with public health staff through a survey, team meetings and away days.<br><br>*Background information for the transition:*<br>Information on inequalities was obtained from the JSNA sections on deprivation, people and society and health related conditions and from needs assessments and engagement with identified groups, for example people living in disadvantaged areas, prisoners, young offenders, gypsies and travellers.<br><br>Summary of key points: In Surrey there is a life expectancy gap of 5.4 years between the most and least disadvantaged ward populations, linked to higher prevalence of CHD, COPD and diabetes. In addition, over 23,000 children aged under 16 are living in poverty. Childhood poverty is strongly associated with poor adult health outcomes and premature mortality. Particular challenges arise from dispersal of disadvantaged groups across the County. |

| | |
|---|---|
| **Key impacts (positive and/or negative) on people with protected characteristics** | *For the transfer of staff:*<br>Staff with caring responsibilities may be disproportionately affected by a move of base.<br><br>Staff engagement identified concerns that older staff would be disadvantaged if applying for posts (it is expected that this would apply in the case of staff members in a post not identified as associated with the functions transferring to the County Council).<br><br>*Background information for the transition:*<br>Public health is concerned with reducing health inequalities, so services it commissions will always be targeted at areas of greatest need and take into consideration the barriers that different groups of people might face in accessing them.<br><br>The public health team is introducing a process for identifying the impacts on health of new policies and programmes and maximising their positive benefits and minimising their negative impacts on health.<br><br>Examples of engagement with particular groups:<br>• You're Welcome' quality standards for contraception and sexual health services for young people<br>• Big Health Service Check for LD<br>• IFR process –transparent & equitable<br>• Long term community development & engagement with BME population in Woking<br>• The Surrey Breastfeeding Strategy identified ways of engaging with fathers to increase their support for breastfeeding. Breastfeeding rates in Surrey have improved since the strategy was adopted.<br>• Stop smoking services for pregnant smokers<br>• THT outreach for MSM |
| **Changes you have made to the proposal as a result of the EIA** | *For the transfer of staff:*<br>Negative impacts on staff with caring responsibilities identified before the relocation were mitigated by offering all staff the choice of location for their base and later, the opportunity to change their base if their circumstances had changed.<br><br>Concerns for older staff about being disadvantaged if applying for posts (it is expected that this would apply in the case of staff members in a post not identified as associated with the functions transferring to the County Council) have been addressed by a clear commitment to principles of openness and transparency in appointment procedures which was made at the beginning of the transition process.<br><br>*Background information for the transition:*<br>There are plans to complete a detailed EIA of public health functions in the local authority in Q1 2013.<br><br>The team is developing a process to assess the health |

| | |
|---|---|
| | impacts of Council policies, programmes and services to ensure that they do not lead to or exacerbate health inequalities. |
| **Key mitigating actions planned to address any outstanding negative impacts** | Mitigating actions are already in place to address identified negative impacts. There are plans to complete a detailed EIA of public health functions in the local authority in Q1 2013. |
| **Potential negative impacts that cannot be mitigated** | None identified. |

**Corporate Parenting/Looked After Children implications**

39. Public health professionals are trained at improving health and wellbeing of vulnerable populations of children and adults. Embedding the public health team offers the Council more local expertise to support and evaluate the implementation of agreed priority actions relating to corporate parenting and looked-after children.

**Safeguarding responsibilities for vulnerable children and adults implications**

40. Public health professionals are trained at supporting safeguarding functions for vulnerable populations of children and adults. Embedding the public health team offers the Council more local expertise to support and evaluate the implementation of agreed priority actions relating to vulnerable children and adults.

**Public Health implications**

41. Locating the PH function in the County Council has the potential to maximise positive impacts on the environmental, socio-economic and cultural conditions which determine health and to spread the message that 'Public health is everyone's business.' The team's influence on different directorates within the Council and Boroughs and Districts will increase understanding of how services and policies affect public health, and will embed the PHOF into planning and implementation. Public health specialists have the skills to provide health intelligence and evidence of effective interventions to support this approach to the PHOF.

42. For example, by being embedded in a large organisation, the public health team can potentially influence the behaviour of large numbers of employees and, so, the wider population:

- Stop smoking campaigns are easier to run with the internal promotional support of the Council communications team.
- Front line social care staff are now encouraged to take up flu vaccine and then influence their clients to do the same
- A pilot project with Guildford Borough Council is defining new ways of working to ensure the Council places health at the centre of everything they do. The learning will be adapted for other Boroughs and Districts across Surrey.

43. Public health is rooted in community development which is easier to approach from a local authority than an NHS base. Public health is about identifying the needs of specific populations where health inequalities exist; narrowing health gaps by ensuring services are accessible and targeted where there is most need. Health Champions embedded in disadvantaged communities can act as health advocates to tackle the effects of social exclusion. This approach is already being applied successfully in Surrey.

44. Examples of public health interventions in Surrey which have had positive impacts on socio-economic and cultural determinants of health for disadvantaged populations beyond the original remits include:

- HENRY (Health Exercise & Nutrition for the Really Young), a nationally accredited programme implemented through a partnership between children's centres and a voluntary organisation, has demonstrated beneficial effects on mental health and employability beyond promoting healthy eating and exercise to families at risk of obesity. It also positively influenced the health behaviours of children's centre staff.
- Assessing the health needs of young offenders identified mental and physical health needs which when met, reduced the likelihood of re-offending.
- A 'Cook & Eat' project with a voluntary organisation for troubled young people including offenders opened up future employment options.

**Climate change/carbon emissions implications**

45. Reducing car use and encouraging 'active transport', that is walking and cycling, are important elements of lifestyle improvement and are included in public health strategies for preventing obesity and diseases of the heart and circulation.

**WHAT HAPPENS NEXT:**

46. The public health team will implement its plans for re-structuring and its legal transfer to the Council, including an equality impact assessment and consultation with staff in advance of the legal transfer in April 2013.

47. A public health budget will be developed in line with the corporate budget setting timetable and will be informed by the announcement of the ring-fenced public health grant in December 2012.

48. Contracts for public health services identified for termination or transfer from NHS Surrey to the Council will be terminated or transferred in agreement with the relevant providers from April 2013.

49. Plans will be made for continuing professional development of the members of the public health team from April 2013.

50. Communication to all stakeholders about the role of public health in the Council will continue and be stepped up using a range of communication methods including presentations at meetings, workshops, reports and newsletters.

51. Arrangements will be made for collecting and recording data for the public health outcomes framework indicators from April 2013.

52. A process will be developed for embedding assessing the health impacts of Council policies and programmes and ensuring benefits are maximised and harms minimised.

---

**Contact Officer:**
Louise Hurst Public Health Consultant, 07825 281383

**Consulted:**
The public health team was formally consulted about the relocation and consultation about re-alignment is ongoing.

The process of public health transition in Surrey has been informed by discussion at:

- the Public Health Member Reference Group (Councillors Mary Angell, Helyn Clack, Michael Gosling and Tim Hall)
- NHS Surrey Transition Assurance Committee
- Surrey County Council Corporate Leadership Team
- NHS Surrey Cluster Management Team

**Annexes:**
Annex 1 – Local authorities' new public health responsibilities
Annex 2 – Diagram showing public health relationships with the new NHS structure
Annex 3 – Summary of public health transition plans and milestones
Annex 4 – Rapid Assessment of Staff Transfer to Surrey County Council Premises

**Sources/background papers:**

- All background papers used in writing this report are referenced in the text.

---