

**REPORT TO:** Executive Board  
**DATE:** 22 September 2011  
**REPORTING OFFICER:** Chief Executive  
**SUBJECT:** Transforming Public Health  
**WARDS:** All

**1.0 PURPOSE OF REPORT**

1.1 This report sets out draft proposals for consultation on the future of public health and health improvement in Halton.

**2.0 RECOMMENDATION: That**

- 1. the Board support Option 2 contained in Section 5.0 of the report; and**
- 2. In conjunction with NHS partners the Chief Executive take steps to recruit a dedicated Director of Public Health for Halton.**

**3.0 SUPPORTING INFORMATION**

3.1 In 2010, the Government published its proposals on the future of Public Health in the form of a White Paper. The Public Health White Paper 'Healthy Lives, Healthy People' stipulates a strengthened focus on public health. It places new public health responsibilities and resources in local government. A ring-fenced grant will be made available to Local Authorities. It commits to tackling health inequalities and establishes an integrated new service in Public Health England (PHE).

3.2 The White Paper clarifies the following:

- Confirming the leadership role of local government across the three domains of public health; health improvement, health protection and population healthcare.
- Setting out the proposed list of mandatory public health functions for local government
- Confirming that a limited number of core conditions will be placed on the ring-fenced grant to local authorities, to maximise flexibility while ensuring it is spent on public health.
- Setting out more detail on the new role of the director of public health in local authorities
- Specifying that clinical commissioning groups and the NHS

Commissioning Board will receive specialist population health commissioning advice from directors of public health

- Updating progress on the commissioning routes for public health,
- Setting out the high level principles for the new Emergency Preparedness, Resilience and Response system.

3.3 Services that Local Authorities will be mandated to provide are specified and responsibility, with ring fenced grant will be transferred to the Council in 2013, the main areas include:

- Tobacco control
- Alcohol and drug misuse services
- Obesity and community nutrition initiatives
- Increasing levels of physical activity in the population
- Assessment and lifestyle intervention as part of the NHS Health Check Programme
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to prevent birth defects
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes
- Comprehensive sexual health services including STI test and treat and abortion
- Local initiatives to reduce excess winter deaths

Health Visiting and Child development 0-5 years services will be transferred to the Local Authority in 2015.

3.4 Halton Borough Council suffers from some of the worst health inequalities in England. Until relatively recently Halton had the worst cancer survival rates, one of the highest number of hospital admissions due to alcohol and some of the worst life expectancy rates in England. Whilst NHS Halton & St. Helens public health service have attempted to provide advice to address these issues, the Borough has lacked a whole system and holistic approach to tackle health inequalities and health promotion. The White Paper therefore presents the Council with opportunities to improve the health of our local population. This approach is in line with the National Support Team for Health Inequalities and the Marmott Review and any proposals would need to incorporate:

- **Healthy Policies & Legislation:** Working with the policy team, legal services, trading standards, planning and environmental health to build on current good practice and implement health inducing policies and legislation e.g.: supplementary planning guidance on take-aways, healthy catering policy, smoke free

playgrounds. Research has demonstrated that unemployment is a barrier to improved health. It is therefore imperative that issues surrounding employment are at the core of policy development to ensure that health inequalities are addressed.

- **Training:** Build on current Train the Trainer Behaviour Change Programme and expand it. In addition identify opportunities to develop further training for Council staff/Elected Members, partners and community groups.
- **Team around the Community:** Integrated working so front line staff resources all mirror the “Team around the family” and Community team models ensuring that the interface with Acute trusts is maintained and developed.
- **Grouped services:** Physical integration of services as far as possible This will support full utilisation of all community resources for that area effectively e.g.
  - ✚ Green spaces
  - ✚ Professional support
  - ✚ Community development
  - ✚ Community fire stations
  - ✚ Council buildings- multi use around health
  - ✚ Care homes
  - ✚ Halton hospital site
- **Healthy Lifestyle Zones:** Workplaces, schools, colleges, hospitals, care homes, GPs, become zones where a range of health improvement services are available e.g. Vaccinations, stop smoking services, lifestyle advice, emotional health & well being. Within the Healthy Lifestyle Zones there is no unhealthy food, smoking, alcohol.
- **Healthy Lifestyle Programmes:** Continuation of current healthy lifestyle programmes including tobacco control, healthy eating, emotional health & well being, sexual health etc.

#### 4.0 **BACKGROUND TO CURRENT SERVICES**

##### 4.1 **Current Public Health Team**

Halton and St Helens PCT is currently responsible for providing expert public health guidance across Halton and St Helens Councils until 2013. The Public Health Team is not operational, it leads on strategy and policy for health protection, health improvement and public health intelligence. It consists of an acting Director of Public Health, Consultants in Public Health, a Public Health Intelligence Team, a business manager, Public Health Registrars and a

Foundation Level doctor. The Registrars and the Foundation Level doctor are currently in training and are attached to the Public Health Team for a specific time to gain experience and learning under the supervision of one of the Consultants. In addition to all of the above roles and service provision the Local Authority has been actively involved in supporting the Public Health agenda through policy, research, commissioning, strategy development and service provision at a community, family and individual level.

#### 4.2 **Health Improvement Team**

Halton and St Helens PCT are currently responsible for commissioning Health Improvement Services for Halton and St Helens. It commissions these services from Bridgewater Community Trust, Warrington and Halton Foundation Trust Hospital, Knowsley Integrated Provider Service, Halton and St Helens voluntary sector and the private sector. Bridgewater Community Trust Health Improvement Team Manager coordinates the programmes in conjunction with senior managers from the other organisations. The Bridgewater Community Trust Health Improvement Team also delivers services on behalf of the Big Lottery Fund and Wirral PCT. There are currently 116 staff covering Halton and St Helens Councils with a variety of terms and conditions.

#### 4.3 **Health Collaboration**

Currently there is a wide range of health improvement activity undertaken in partnership with the Local Authority. Underpinning this programme of work is the Children & Young People's Plan and a range of Adult Community areas, in particular, the Prevention and Early Intervention Strategy.

#### 5.0 **FUTURE MODEL OF PROVISION**

5.1 The White Paper states that local authorities should be co terminus with their GP Commissioning Consortia and that a dedicated Director of Public Health should be the principal advisor on public health and be responsible for delivering the key new public health functions, including the production of an annual Public Health report. The Director of Public Health will be a member of the Health and Well Being Board, the Clinical Commissioning Senate, GP Commissioning Consortias, and expected to be a member of senior Boards and strategy groups for example Health and Well Being Boards.

There appears to be two primary options to consider:

- 1) **Halton & St. Helens Councils integrated commissioning model**

The Council could continue to approach public health in the same way as it is currently organised with more council emphasis upon commissioning. There would be one joint Director of Public Health for both Councils. This model would rely upon the Bridgewater Community Trust delivering health improvement services.

Advantages – some efficiencies could be identified, there would be less accountability for the provision of service.

Disadvantages – the Director of Public Health would be considerably stretched having to attend numerous Boards and groups and accountability may not be clear. Such a model would not be Halton focussed.

## **2) Integrated Halton approach**

This model would be based upon a Council wide approach with its own Director of Public Health and Health Improvement Service. Appendix 1 provides more details on the proposed structure.

Advantages – Halton would have its own dedicated Director of Public Health and Health Improvement Service. There would be significant opportunities to integrate a range of differing Council services which would yield efficiencies. The focus would be upon Halton and its population and accountability would be much clearer. It would also provide opportunities to collaborate and be more holistic.

Disadvantages – robust emergency planning and public health on-call services would need to be in place.

It is possible to consider a Warrington partnership, however, the policies, services and approaches are substantially different and significant work would need to be undertaken to develop a future model and framework. However, it is suggested that dialogue with Warrington is undertaken to consider future longer term models.

- 5.2 It is therefore proposed that Halton has its own Public Health service that will provide health improvement services across Halton and to other areas if commissioned to do so. The team would be accountable to a dedicated Director of Public Health. It is proposed that an immediate appointment is made to provide the leadership necessary to implement the changes required before the 2013 transfer of responsibilities. The team will integrate the Public Health team and current Health improvement Team, with each department in Halton Borough Council that works around prevention and early intervention. They will deliver to the private sector, voluntary sector, schools, colleges, hospitals, care homes, GPs, the community and

local families. Appendix 2 outlines the proposed structure.

5.3 Appendix 3 details the proposed outline model of provision, which will incorporate a locality approach to the provision of health and well being services within Halton.

#### 5.4 **Health Improvement Services Structure**

The proposed structure will deliver a Halton specific service, which is integrated within the Communities Directorate Adult Services Prevention and Assessment Division. The Divisional Manager for Health and well being services will also undertake the duties of Health Improvement lead within the public health team. The post will be responsible to the Operational Director prevention and assessment, and accountable to the Director of Public health for the Health improvement commissioning lead. In addition the service will be in a position to provide Health Improvement Services to neighbouring Authorities as required.

#### 5.5 **Collaboration**

Although a Halton specific service is recommended it is recognised that the Council and its partners need to collaborate with a range of differing organisations within and outside of the Borough. For example, it could be more efficient and effective if social marketing campaigns are co-ordinated across Merseyside. We envisage there will be many other such examples of collective collaboration.

### 6.0 **POLICY IMPLICATIONS**

6.1 The report “Fair Society, Healthy Lives” the Marmot Review, published in February 2010 further endorsed the important role that Local Government plays in reducing health inequalities. The independent strategic review, chaired by Professor Sir Michael Marmot, made key policy recommendations in terms of the social determinants of health- where action is likely to be most effective in reducing health inequalities . These are:

- early child development and education
- employment arrangements and working conditions
- social protection
- the built environment
- sustainable development
- economic analysis
- delivery systems and mechanisms
- priority public health conditions
- social inclusion and social mobility.

## 7.0 **FINANCIAL IMPLICATIONS**

7.1 Indicative budgets have been previously publicised and work has now commenced on the detailed budget. Immediate funding for a dedicated Director of Public Health for Halton has been confirmed by the Chief Executive for NHS Merseyside Cluster.

7.2 Overall, grant funding for public health will be determined in December 2011.

## 8.0 **HUMAN RESOURCE IMPLICATIONS**

8.1 Should the model be accepted then there are a range of HR issues to be considered. TUPE will apply and Warrington Council, who appear to be the most advanced Council, have agreed to support Halton on the processes to transfer staff from NHS bodies.

## 9.0 **RISK ANALYSIS**

9.1 A comprehensive project plan is attached at Appendix 5.

9.2 From 2013 accountability for Public Health services will become the responsibility of Local Authorities and this will require a high level of planning and preparation to ensure that the transition is managed to avoid disruption to service users, carers, staff and stakeholders.

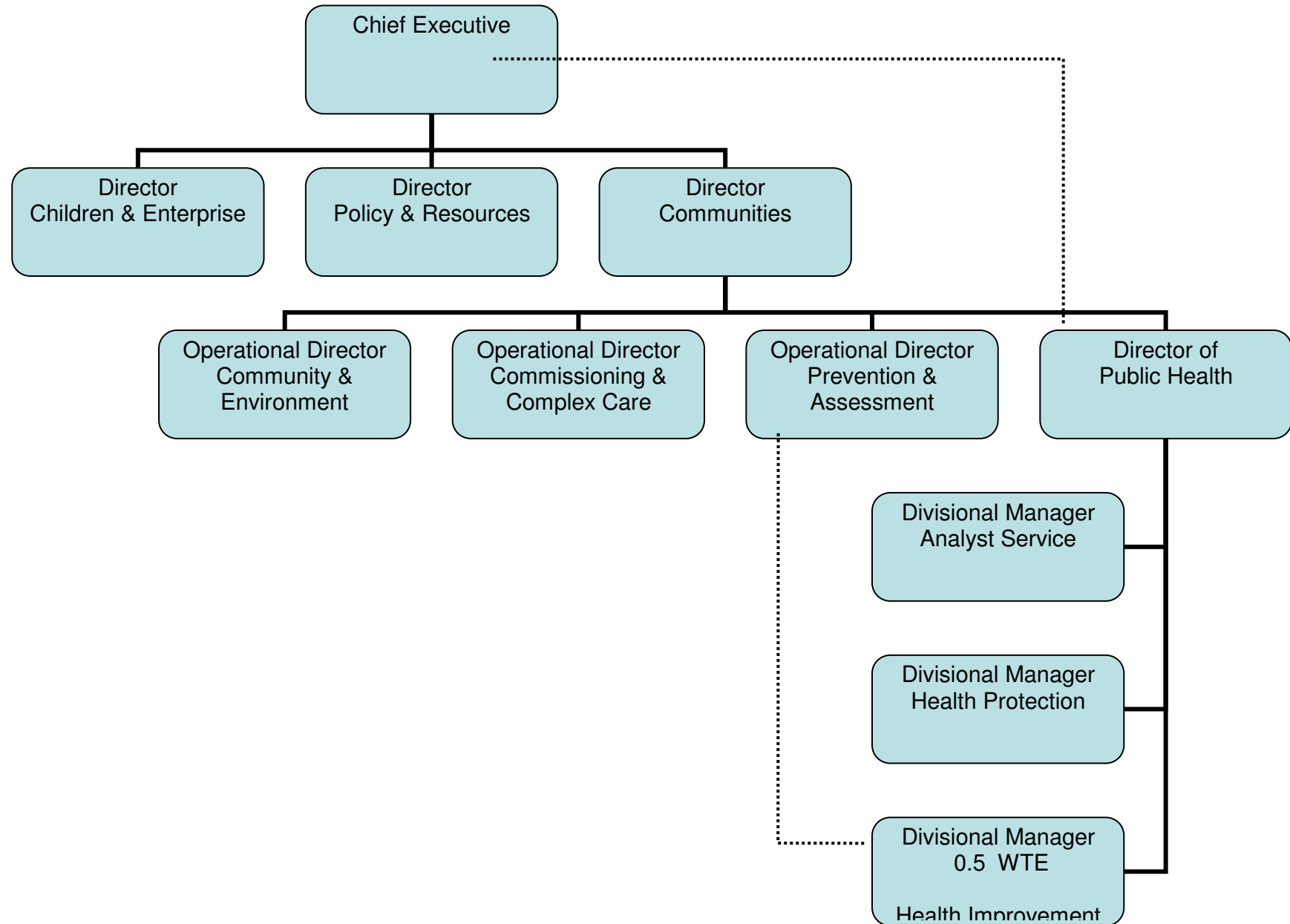
## 10.0 **EQUALITY & DIVERSITY ISSUES**

10.1 It has not been appropriate, at this stage, to complete a Community Impact Review & Assessment (CIRA), however at each stage within the project plan the equality issues will be addressed.

## 11.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

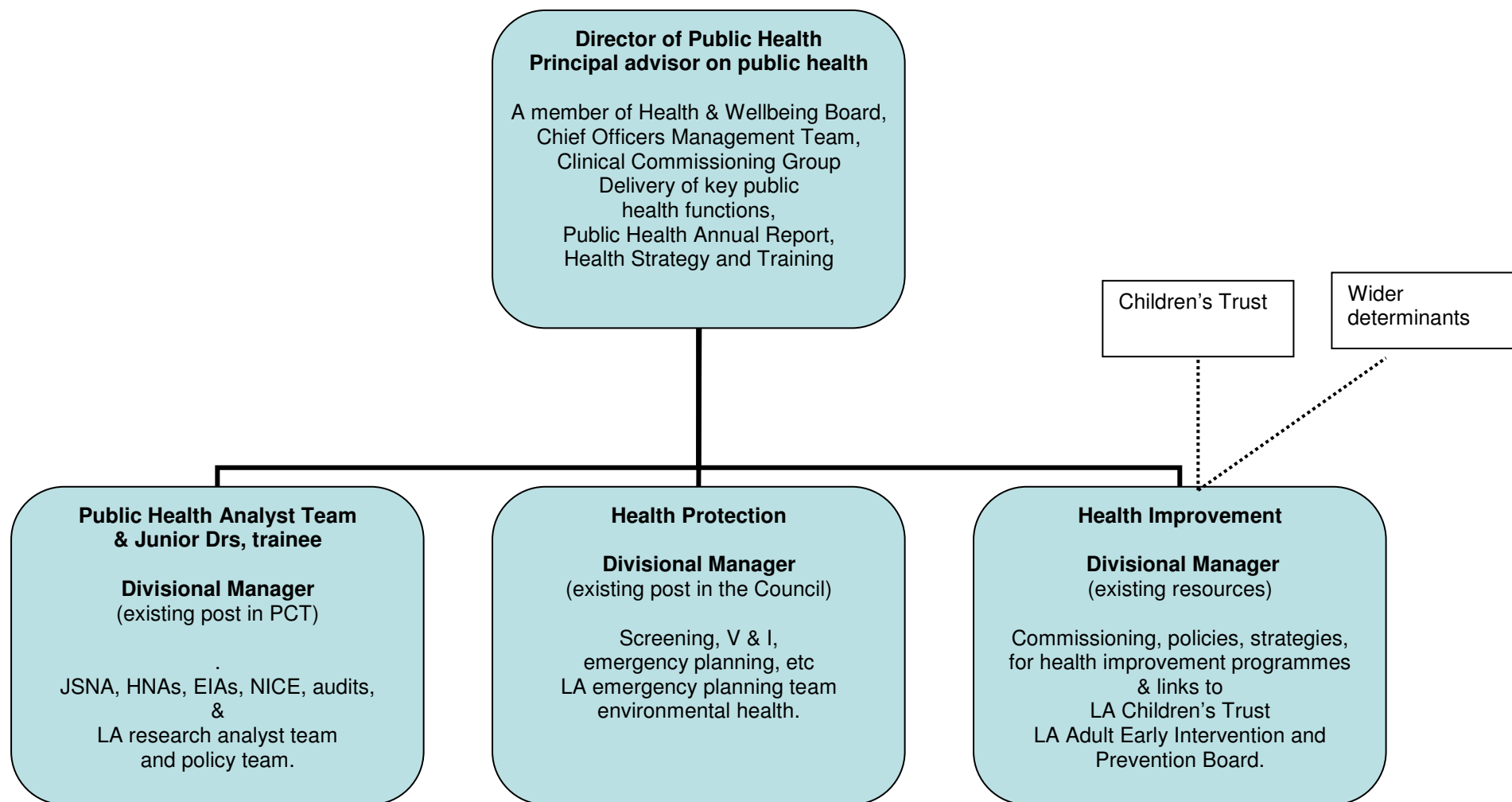
None under the meaning of the Act.

HALTON BOROUGH COUNCIL CHIEF OFFICER PROPOSED STRUCTURE





PROPOSED PUBLIC HEALTH TEAM



**APPENDIX 3**

