

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**WEDNESDAY 26 JUNE 2013 AT 1.30 P.M.**

**PUBLIC HEALTH UPDATE**

Report of Director of Public Health

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**1. Purpose of report**

- 1.1 To brief the Board on the progress of Public Health work since the last report

**2. Summary**

- 2.1 The County Council assumed responsibility for many of the Public Health functions formerly in the Primary Care Trust on 1<sup>st</sup> April 2013. Further responsibilities will be assumed by the County Council in due course including:
- New arrangements for the Medical Examiner system in 2014
  - Commissioning of Health Visiting in 2015
- 2.2 The first meeting of the new Public Health and Localism Cabinet Panel will take place on 27<sup>th</sup> June 2013

**3. Recommendation**

- 3.1 Members note the report
- 3.2 Members note and discuss distinctions, synergies and overlaps between and across Public Health priorities and Health and Wellbeing Strategy Priorities discussed in section 8 below
- 3.3 Members note the role of Public Health on those priorities where they are not the main leads, as discussed in para 8.4 below
- 3.4 Members note and give views on areas for further discussion identified in section 9 below

#### **4. Legislative and Policy Context**

- 4.1 The Health & Social Care Act 2012 sets out the statutory requirement for local authority leadership of public health from April 2013. Some functions formerly in the NHS, Health Protection Agency or other bodies have transferred to a new body called Public Health England, a new executive body of the Department of Health, while others – screening, immunisation - have gone to NHS England (formerly called the NHS Commissioning Board.)
- 4.2 There are a number of statutory functions given to Directors of Public Health (DsPH) and the role of the DPH and Public Health Team will work across the NHS, County Council, District Councils and other partners.
- 4.3 Appendix 1 sets these out in more detail
- 4.4 In Hertfordshire the County Council has established an Executive Member for Public Health and Localism, Cllr Teresa Heritage, with a Deputy, Cllr David Andrews. There is also a Cabinet Panel on Public Health and Localism, which holds its first meeting on 27<sup>th</sup> June 2013. This Executive Member will hold the portfolio for the public health responsibilities of the County Council and also for a range of cross-cutting issues very relevant to Public Health including Localism, Volunteering, Sport and Physical Activity, among others.
- 4.5 Our biggest public health challenges in Hertfordshire are
- Inequalities in health in our areas of highest deprivation
  - Lifestyle issues which lead to chronic disease in middle and older age (smoking related disease, for example, accounts for £335m a year)
  - Avoidable non-communicable disease caused by common risk factors
    - Tobacco, alcohol, inactivity, obesity, poor diet
  - Obesity in children
  - Avoidable Mental ill-health
  - Ensuring healthy and active ageing
  - Sexual Health including late HIV diagnosis in some parts of the county
  - Drug and alcohol use
  - Health problems accumulating across the lifecourse
- 4.6 The transfer of Public Health responsibility is a significant opportunity to work closely with partners in addressing these.

## 5. Funding

- 5.1 This gives Hertfordshire a significant opportunity to develop a robust public health function which gives the County Council a significant opportunity to realise its ambitions for a healthier population.
- 5.2 Under the transfer a Public Health allocation of £34.2million was given to the County Council by the Secretary of State for discharge of the Public Health functions, and a staff team of 46 people transferred. Most of the transferred staff work in direct service provision such as smoking cessation and Chlamydia screening.

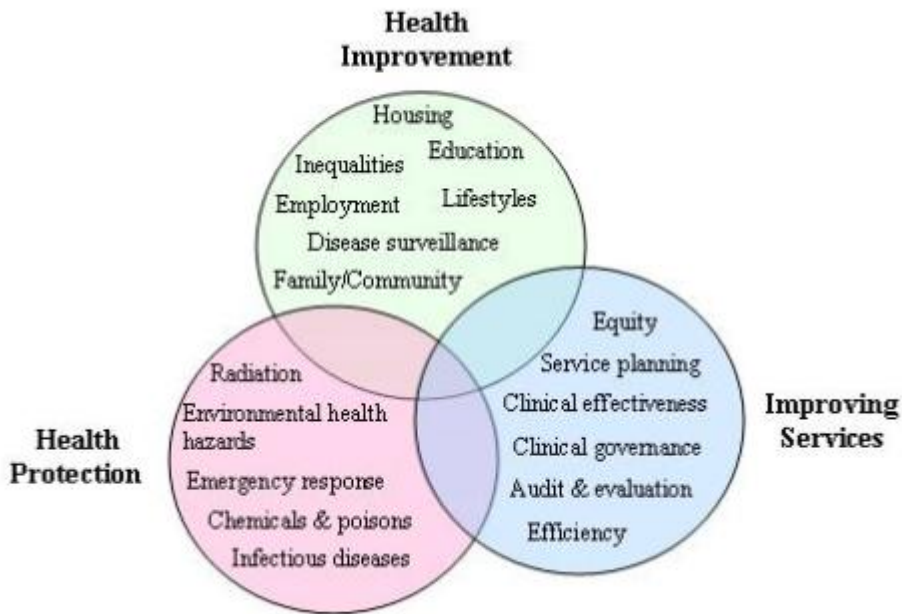
## 6. Working definition of Public Health

- 6.1 Public Health is defined by the standard setting body<sup>1</sup> for public health practice in the UK as The Faculty defines public health as “the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.”
- 6.2 Public Health, on this approach
- is population based
  - emphasises collective responsibility for health, its protection and disease prevention
  - recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinants of health, as well as disease
  - emphasises partnerships with all those who contribute to the health of the population.
- 6.3 In Hertfordshire we are also working to ensure that Behavioural Sciences such as psychology contribute to individual and inter-personal factors in public health, so we have a robust and wholistic approach to public health.
- 6.4 Public Health interventions therefore comprise:
- structural approaches to ensuring good health (policy, legislation, environmental health infrastructure, licensing policy etc) and scientific
  - approaches for services for populations (screening, immunisation)
  - individual tailored approaches to improving and protecting health
- 6.5 One model of Public Health conceptualised public health as working across three domains.

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<sup>1</sup> [http://www.fph.org.uk/what\\_is\\_public\\_health](http://www.fph.org.uk/what_is_public_health)

**Figure 1: Domains of Public Health**



- Health Improvement – efforts to improve population health such as healthy food, physical activity, reducing smoking, etc.
- Health Protection – efforts to protect the public from threats and hazards to good health whether they are biological (outbreaks of communicable disease), chemical (pollution), radiological or nuclear (radiation hazards).
- Healthcare Public Health – ensuring that healthcare services provide the best care for the best outcome and have at their heart the principles of equity and effectiveness. So public health is often engaged in advising commissioners on what is best to commission and decommission to secure best health outcomes for their population, as well as ensuring programmes such as screening for cancer are fit for purpose and of high quality. Appendix 2 covers the statutory duty on healthcare public health.

6.6 The County Council functions cover all three domains of Public Health as shown in Table 1 below:

**Table 1: Functions across Domains of Public Health**

Domain of Public Health	Functions
<i>Health improvement</i>	<ul style="list-style-type: none"> <li>• Director of Public Health commissions a range of statutory services such as sexual health, obesity, school nurses, drug and alcohol misuse services (See Appendix 1)</li> <li>• District Councils for physical activity, housing, food safety etc under existing powers (Public Health Act 1984)</li> <li>• Every agency in Hertfordshire can do something to</li> </ul>

	<p><i>improve population health</i></p> <ul style="list-style-type: none"> <li>• <i>NHS England commissions Screening</i></li> <li>• <i>Clinical Commissioning Groups commission some services</i></li> </ul>
<p><b>Health protection</b> (perhaps still the most unclear part of the system as designed nationally. We are working well together but need clarity.)</p>	<ul style="list-style-type: none"> <li>• <b>Director of Public Health leads system locally</b></li> <li>• <i>District Councils have environmental health functions</i></li> <li>• <i>Public Health England has specialist teams to manage and control outbreaks of disease</i></li> <li>• <i>NHS England commissions immunisations and vaccinations</i></li> </ul>
<p><b>Advice to the NHS on commissioning health services</b></p>	<ul style="list-style-type: none"> <li>• <b>The Director of Public Health has a statutory duty to advise Clinical Commissioning Groups on how to commission effectively to meet the needs of their population</b></li> <li>• <i>Advice to NHS England comes from Public Health England</i></li> </ul>

6.7 Local Authorities will also be responsible for the new medical examiner system for deaths, and in Hertfordshire Public Health and Coroner's services are working together on this.

6.8 There are several key bodies in the Public Health System in England:

- The Secretary of State for Health – statutory duties
- Public Health England – devolves much of his statutory function in public health to Public Health England. A National body, PHE ([www.gov.uk/phe](http://www.gov.uk/phe)) was set up to bring together a range of functions including intelligence, national advice and health protection. It has local teams (the local team footprint for us is Hertfordshire, Bedfordshire, Luton, Milton Keynes and Northamptonshire – the same footprint as NHS England's local area team)
- Directors of Public Health – local leadership of the public health system in County Councils and Unitary Authorities
- District Councils – Environmental Health and other functions including notification of disease
- NHS England – commissions immunisation and screening and some other functions, including Health Visitors which will transfer to the County Council in 2015.
- Clinical Commissioning Groups Commission and provide a range of important health services, some of them commissioned by Public Health. For example, GPs deliver health checks commissioned by the Director of Public Health and immunisation commissioned by NHS England.

6.9 In Hertfordshire we have developed an Officer board, the Public Health Board which has the support of County, NHS and all ten Districts.

## **7. Towards a Public Health Strategy**

7.1 Hertfordshire does well or around the average on many indicators of public health when seen against a national picture. Compared with our statistical neighbours, however, we do less well.

7.2 Our biggest public health challenges in Hertfordshire are currently the subject of discussions by the Executive Member and her Cabinet Panel in identifying priorities for the Public Health Strategy,

7.3 A priority for this year is to develop a Public Health Strategy which will be taken through the Public Health and Localism Panel and on to Cabinet, and which takes an evidence-led approach to improving and protecting the health of our population over the next four years, linked to the Corporate Plan. We will be developing this strategy over the next few months and consulting widely with partners.

7.4 In the meantime, during our first year in Local Government, we have identified five key one year priorities. Some of these are process issues (ensuring we set up systems and governance for commissioning) while others are intended to enable us to deliver better public health (getting a public health strategy developed, developing our approach to lifestyle *health, etc.*)

1. Leadership and Partnership for Public Health and especially deliver of the three Health and Wellbeing Board priorities mandated for public health – alcohol, tobacco and maintaining a healthy weight
2. Public Health services mandated by the Secretary of State
3. Effective commissioning of core PH services
4. Information and intelligence
5. Transition and organisation development

## **8. Distinctions and Overlaps between Public Health and Health and Wellbeing Board Strategies**

8.1 The Health and Wellbeing Strategy, which is led by the Health and Wellbeing Board, does not encompass all of the statutory priorities of the Public Health Service (in the same way that the Strategy does not encompass all of the statutory priorities of the Clinical Commissioning Groups or indeed of other partners.)

8.2 Public Health provides leadership on the three priorities of the Health and Wellbeing Strategy

- Reducing the harm from tobacco
- Reducing the harm from alcohol
- Maintaining a healthy weight and physical activity

8.3 These priorities sit well with the core statutory responsibilities of public health (although they need a range of agencies to lead on them) and so public health has been given the overall lead. The PH team are currently being aligned to deliver these among their other core priorities. They are also significant epidemiological challenges with significant avoidable burden of disease for Hertfordshire.

8.4 For the remaining priorities, leads are identified, but for each of these Public Health lead is also identified. The Board is asked to note that the role of public health in the other priorities has been stated by agreement between officers as providing public health input to support the designated lead. That public health input has been defined as:

- a) Providing epidemiological and other knowledge and data
- b) Identifying evidence for potentially effective interventions, and
- c) where evidence is silent or unclear, identifying interventions and a potential set of evaluation and outcome measures for those interventions
- d) Providing public health advice on implementation
- e) Identifying appropriate outcome measures

## **9. Some Areas for further discussion**

9.1 From a Public Health perspective, there are a range of issues which the Board could usefully discuss where each agency has a role to play, and the role of Public Health can usefully be clarified. The Board could discuss these to inform how it develops its approach to its strategy, the Health and Wellbeing Strategy, over the medium term. These issues include:

- The Joint Strategic Needs Assessment, how this develops and how it fits into an intelligence and knowledge approach for the Board and partner agencies, and the role of epidemiology and other forms of information and knowledge within this.
- The Marmot Framework for addressing health inequalities. The Health and Wellbeing Strategy has already adopted the Marmot principles on a) Proportionate Universalism, b) Lifecourse and c) the need to give every Child a Healthy Start. It would be useful to discuss in future

- How we embed across agencies the Lifecourse and Proportionate Universalism principles would be useful early discussions
- The role of behavioural sciences in improving and protecting the health of the population – for example some pilot work is starting with Herts Valleys CCG on the role of behavioural science in supporting self-management in Chronic disease. Some early similar discussions have been held with East and North Herts CCG.
- Child Health and Early Years

## **10. Conclusions**

- 10.1 This report introduces the broad functions of Public Health. The key challenges for the Council are to deliver and commission across the domains of Public Health effectively, and work effectively with partners.



## **Appendix 1: Statutory Responsibilities of the Director of Public Health**

In general the statutory responsibilities of the Director of Public Health are outlined in the Health and Social Care Act 2012, the NHS Act 2006 and regulations issued under these.

### **Pre-existing responsibilities**

District Councils will keep responsibility for their existing health protection functions, such as the Public Health (Control of Disease) Act 1984 which gives District Councils responsibility for some aspects of investigating outbreaks of food-borne disease and a range of environmental health functions.

### **Directors of Public Health**

Section 30 requires top-tier local authorities to appoint a DPH, acting jointly with the Secretary of State (in practice this joint appointment function is exercised by Public Health England). It gives that individual responsibility for the LA's new public health functions. This section also allows the Secretary of State to direct a local authority to investigate the conduct of a DPH in relation to public health functions delegated from the Secretary of State, and to report back. Any LA that wants to terminate the employment of a DPH must consult the Secretary of State before doing so.

Under section 31 each DPH must produce (and their LA must publish) an annual report on the health of the local population.

Schedule 5 of the Act amends the Local Government Act 1989 to add DsPH to a list of statutory chief officers.

The Director of Public Health is a mandated member of the local health and wellbeing board (section 194(2)(d) of the 2012 Act

### **Health protection**

LAs will have a duty to co-operate with the police, the prison service and the probation service to assess the risk posed by violent or sexual offenders (section 31).

The Director of Public Health has an overarching duty to ensure the local health protection system works effectively.

Under section 18 the Secretary of State can use regulations to delegate his health protection duties to local authorities or to require LAs to undertake their health improvement duties in particular ways.

### **Health improvement**

Section 12 gives each relevant LA (i.e. the County Council in this case) a *duty* to take the steps it considers appropriate to *improve* (as distinct from the duty to *protect*) the health of the people in its area. This section also gives Secretary of

State a *power* to take steps to improve the health of the people of England, and it gives examples of health improvement steps that either LAs or the Secretary of State could take.

Regulations make the commissioning of child weight measurement and NHS health checks a statutory requirement of the Director of Public Health and mandated universal sexual health services.

Existing functions of PCTs in relation to dental public health (set out in regulations) will transfer to LAs (section 29).

The Council will be expected to commission the following services, some of which will be explicitly mandated by the Secretary of State (those in bold.)

<b>Commissioning responsibilities (mandated services*)</b>		
<ul style="list-style-type: none"> <li>▪ Tobacco control and smoking cessation initiatives</li> <li>▪ Alcohol and drug misuse services</li> <li>▪ Interventions to tackle obesity</li> <li>▪ Community nutrition initiatives</li> <li>▪ Increasing physical activity levels in the local population</li> <li>▪ <b>NHS Health Check Programme*</b></li> <li>▪ Public mental health services</li> <li>▪ Dental public health services</li> <li>▪ Accidental injury prevention</li> <li>▪ Population level interventions to reduce and prevent birth defects</li> <li>▪ Behavioural and life style campaigns to prevent cancer and long term conditions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Local initiatives on workplace health</li> <li>▪ Local initiatives to reduce excess deaths as a result of seasonal mortality</li> <li>▪ Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes</li> <li>▪ <b>Comprehensive sexual health services)*</b> (excluding HIV treatment services and terminations)</li> <li>▪ <b>Ensuring NHS commissioners receive the public health advice they need ('core public health offer')*</b></li> <li>▪ Children's public health services including Healthy Child Programme 5-19 years (pregnancy to age 5 including health visiting services from 2015)</li> <li>▪ <b>The National Child Measurement Programme*</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Role in dealing with health protection incidents and emergencies including duty to ensure there are plans in place to protect the health of the population*</b></li> <li>▪ Public health aspects of promotion of community safety, violence prevention and response</li> <li>▪ Public health aspects of local initiatives to tackle social exclusion</li> <li>▪ <b>The local authority role in dealing with health protection incidents, outbreaks and emergencies*</b></li> <li>▪ <b>Local initiatives that reduce public health impacts of environmental risks*</b></li> </ul>

Sections 35 - 37 set out new arrangements for consulting and making decisions on water fluoridation schemes, which will become the responsibility of local authorities.

LAs will have a duty to co-operate with the prison service with a view to improving the exercise of functions in relation to securing and maintaining the health of prisoners (section 29). Existing SoS responsibilities for the medical inspection and treatment and the weighing and measuring of school children are transferred to LAs (section 17).

## **Appendix 2: Healthcare Public Health**

### **Healthcare Public Health**

The Director of Public Health has a duty to advise NHS Clinical Commissioning Groups on best use of NHS resources and best commissioning to improve and protect the health of their population.

### **Guidance**

Under section 31 the Secretary of State can issue guidance that local authorities must have regard to ('statutory' guidance). Guidance can cover LAs' public health functions or the role and status of DsPH and other specialist public health staff.

The function of providing a public health advice service to Clinical Commissioning Groups is a key aspect of the public health reforms introduced by the Health and Social Care Act 2012. The Department of Health Guidance on this function<sup>2</sup> states that:

Good population health outcomes, including reducing health inequalities, rely not only on health protection and health improvement, but on the quality and accessibility of healthcare services provided by the NHS. Healthcare public health advice (the third domain of public health) has been critical in giving NHS commissioning this population focus.

With the changes to the health system and the shift of local leadership on public health to local authorities it is critical that NHS commissioning continues to benefit from public health advice so that the NHS can make the maximum impact on population health.

For this reason the Government intends to give local authorities, as part of their statutory functions around public health, responsibility for providing healthcare public health advice to clinical commissioning groups (CCGs), using a regulation-making power in the Health and Social Care Act.

The function of providing a public health advice service to Clinical Commissioning Groups is set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012.

### **Providing this service in Hertfordshire**

In Hertfordshire we have two NHS Clinical Commissioning Groups:

1. East and North Hertfordshire CCG
2. Herts Valleys CCG

The approach we have taken is for Public Health and CCG colleagues to agree a Memorandum of Understanding, covering which services we will provide for them. We have a nominated senior lead for each CCG and we provide dedicated time from members of the Public Health Team based on the skills required for each particular need or topic.

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<sup>2</sup> Healthcare Public Health Advice Service to Clinical Commissioning Groups, Dept of HHealth, 2012.

We are discussing with CCG colleagues on an ongoing basis how we work together and so it is likely that the work we deliver will change over time.

- The Memorandum proposes that, for each CCG, a senior lead PH consultant will meet regularly with the nominated executive member from the CCG to 'account manage' the relationship. This has started in HVCCG where we have agreed that we will deliver a work programme as a rolling action plan. As the working relationship develops a more formal annual plan will be agreed. We are also delivering work for East and North Herts CCG and we are currently finalising the Memorandum.
- We have also agreed a risk and liability statement with each CCG, so that there are clear boundaries between our advisory role and the CCG decision-making role, and especially it is clear that while we give advice, the final decision, especially in relation to patients and any liability arising therefrom, lies with the CCG.

The work the County Council does as part of Public Health Advice comprises:

1. Leadership – A senior public health representative for each CCG
2. Health Needs Assessment and development including the JSNA
3. Advice on strategy development - interpreting data on population health needs and evidence on effective interventions
4. Public Health advice for particular interventions and patients:
  - a. Individual Funding Requests for rare or highly expensive procedures (some drugs and surgical procedures)
  - b. Prior Approval by a medically qualified consultant in public health for patients to access particular health care services not part of the normal or usual contractual or referral arrangements (e.g. highly specialist eye care)
  - c. Beds & Herts Priorities Forum – the forum seeks promote uniform treatment guidance across Bedfordshire and Hertfordshire by employing a uniform, equitable approach based on the evidence, and provides guidance for CCGs. So for example common policies on effective surgical treatment for Obesity and when other treatment is needed.
5. Advice on policy development for key programmes e.g. women and children's services,
6. Advice on service quality and data including infection control
7. Advice on commissioning decisions - effectiveness and cost effectiveness interventions
8. Advice on hospital associated mortality and clinical quality improvement audit and programme

**ENDS**