

30 March 2017**Agenda Item: 4**

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH PUBLIC HEALTH MANDATORY FUNCTIONS

Purpose of the Report

1. To provide assurance for the Public Health Committee on fulfilment of mandatory Public Health functions by Nottinghamshire County Council, for noting by the Committee.

Background

2. Public Health transferred to Nottinghamshire County Council (NCC) on 1 April 2013 as part of implementing the Health and Social Care Act 2012. The Act specified a number of mandatory functions for Public Health which became the Council's responsibility. The Council also received a ring fenced allocation of Public Health grant, to support these mandatory functions along with other activities at the Council's discretion which would lead to Public Health outcomes. The ring fenced grant was expected to continue until 2018; however a recent announcement has identified that the ring fence will remain in place until 31 March 2019.
3. The grant conditions specify that grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 ("the 2006 Act"). The conditions also state that the local authority must
 - "have regard to the need to reduce inequalities between the people in its area with respect to the benefits that they can obtain from that part of the health service provided in exercise of the functions referred to in paragraph 3;
 - "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services."
4. With regard to the use of Public Health grant for other functions of the local authority, the conditions state that "the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or in connection with, the exercise of the functions described in paragraph 3; and the authority must be satisfied that, having regard to the contribution from the public health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money."
5. The conditions provide for the Secretary of State to be able to require a further external validation to be carried out by an appropriately qualified independent accountant or auditor.

6. The Council fulfils the conditions above by completing annual returns to the Department of Health confirming that the Public Health grant has been used for the purposes specified. These returns are signed by the Director of Public Health and the Council's S151 Officer. The Public Health Committee of the Council additionally receives reports on the use of Public Health grant.

Information and Advice

7. Appendix 1 sets out in detail the mandatory functions specified in the Health and Social Care Act or added as a result of subsequent legislation, and identifies how these functions are being delivered at Nottinghamshire County Council. A brief summary is given in paragraphs 8-12 below. Discharging these duties depends on both County Council workforce and budget to commission services and the partnership working and wider integration of Public Health approaches across the County Council and the local health and care system.
8. The Director of Public Health statutory role is enshrined in the job description for the post of Director of Public Health (DPH) at Nottinghamshire County Council. The role is identified as including independent advocacy for the health of the population and as part of delivering this, the DPH produces an independent annual report. Benefits of this arrangement include: compliance with the statutory requirements; continuation of sustained Public Health leadership; and visibility within the wider health system.
9. The Health Improvement duty is delivered through a mix of commissioned services, partnership working, and staffing. The Public Health intelligence function is a significant element in this piece of work, as the production of the annual Joint Strategic Needs Assessment (JSNA) is of paramount importance in identifying where health improvements need to be made.
10. Health Protection duties are contained in the Director of Public Health job description, with delegation of specific responsibility for health protection to a named Public Health consultant, whose portfolio includes support for Public Health England (PHE) in the management of incidents and emergencies, oversight role for health protection strategy group, and health emergency planning. This Consultant is the principal link within Public Health to the emergency planning section of Nottinghamshire County Council. Additional resources are assigned at Senior Public Health and Commissioning Manager (equivalent of Group Manager) level to provide policy leadership on community infection prevention and control. Partnership working on this topic includes (amongst others) work with Public Health England, NHS England, and district councils.
11. Advice to Clinical Commissioning Groups (CCGs) is a responsibility of all of the Public Health Consultants. The Director of Public Health has overall responsibility for ensuring Public Health leadership, input and support for all CCGs across Nottinghamshire and attends the Clinical Congress meeting of the Chief Officers of all the Notts CCGs. Each of the Consultants has one or more CCGs identified for which they provide individual public health leadership and support. Consultants also attend relevant strategic management meetings of their assigned CCGs. Consultants may identify support at Senior Public Health and Commissioning Manager level for particular items of work. The Public Health intelligence function also forms part of this mandatory function, as the Public Health advice is intended to ensure that NHS commissioned services take account of health needs of the population, as identified in the JSNA.

12. Other mandatory functions, such as the National Child Measurement Programme, the NHS Health Checks programme and the sexual health service, are contained within the specifications for individual Public Health commissioned services. All of these are reported on regularly to Public Health Committee via the quarterly performance and quality reports on Public Health Commissioned Services (recently expanded to include activities funded with realigned Public Health grant). Part of the Public Health staffing establishment is focused on performance and contract management of the commissioned services, to ensure that budget control is maintained and quality of services is assured.

Other Options Considered

13. This report has been brought for information. No other options are required.

Reason for Recommendation

14. The Public Health Committee has responsibility for overseeing the Public Health grant, so that it is used for the purposes for which it was provided, including all of the specified mandatory functions.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

16. The activities described in this report are funded out of the £43.26m 2016/17 Public Health grant allocation to Nottinghamshire County Council. The staffing element within that budget is £2.388m in 2016/17.

RECOMMENDATION

That the committee

- a) Notes the arrangements to ensure the mandatory Public Health functions are fulfilled by the County Council

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

Kay Massingham

Public Health Executive Officer

T: 0115 993 2565

E: kay.massingham@nottscc.gov.uk

Constitutional Comments (SLB 02/03/2017)

Public Health Committee is the appropriate body to consider the content of this report.

Financial Comments (DG 08/03/2017)

The financial implications are contained within paragraph 16 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Report to Public Health Committee 12 May 2015, Public Health Finance Plan 2015/16

Report to Public Health Committee 21 January 2016, Public Health Grant Realignment 2015/16 Progress Report

Electoral Divisions and Members Affected

- All

