



REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH ARRANGEMENTS ACROSS NOTTINGHAMSHIRE COUNTY

Purpose of the Report

To seek support for the transformation of Nottinghamshire County Council into a fully empowered public health organisation, in the light of the review of *Redefining Your Council*.

Background

1. ***Public health is the art and science of preventing disease, prolonging life and improving health through organised efforts of society***

***Science without art sits on a shelf
Art without science wastes money***

In practice, the PH system combines science (eg technical skills relating to knowledge, information analysis, evidence of effectiveness etc), and art (eg using the views and opinions of professionals, politicians, patients, carers, and many other stakeholders) to produce a robust and effective approach to improving the health and wellbeing of the population, and at the same time reducing health inequalities.

It operates under 3 headings:

- a) **Health improvement**, including developing and implementing a number of PH policy areas such as tobacco, obesity, substance misuse, sexual health, children's health age 5-19, oral health, mental health, workplace health, health inequalities
- b) **Health protection**, including community infection control, screening, vaccination and immunisation programmes, health emergency planning
- c) **Health services**, including giving PH advice and support to CCGs to ensure they commission services based on population need

Some of these functions, like health improvement are the direct responsibility of the DPH, whereas some, like the health protection areas, the DPH has a responsibility to ensure adequate arrangements are in place.

2. Public Health Outcomes Frameworks

The performance of the new health and wellbeing system will be measured through a new Public Health Outcomes Framework (PHOF), under the leadership of the Health and Wellbeing Board. This is one of a suite of frameworks¹ through which the Government intends to ensure accountability and transparency.

Councils and Health and Wellbeing Boards will be expected to improve their performance against the measures in the PHOF through addressing the health needs of their local population. These are set out in the Joint Strategic Needs Assessment (JSNA) then prioritised and tackled through their Health and Wellbeing Strategy.

3. National and Local context

The *Health and Social Care Act 2012* laid down many of the features of the new PH system. These included the move of the PH function from the NHS into upper tier local authorities, the establishment of Clinical Commissioning Groups as statutory organisations, the setting up of Public Health England (PHE), and the creation of new statutory responsibilities and duties for the DPH. The Act also gave the responsibility for the health and wellbeing of their populations to local authorities, using the newly formed Health and Wellbeing Boards as the system leader. The overall intention was to maximise the potential for the PH function to be sited within local government, not just in relation to commissioned PH services, but for all council responsibilities, and thereby allow the council to contribute to the whole PH system in conjunction with key stakeholders.

At local level, *Redefining Your Council* is the overarching strategic context for developing Nottinghamshire County Council, and agreeing the new operating model for the next few years. Not only does this clarify the values of the organisation (treating people fairly, value for money, working together) but it also summarises the drivers for change:

- Reducing resources - by 2017/18, the County Council will face a budget shortfall of £77m. This is despite making savings of around £100m over the past three years
- Increasing service demands - for example due to an ageing population, an increase in the number of children in care and a 50% increase in the number of highways customer enquiries (between 2011 and 2013).
- Changes to legislation and regulation - for example the forthcoming Care Act 2014 and the Health and Social Care Act 2012, along with changes to inspection frameworks
- Technological advancements – there is growing demand for online, web based transactions

What does this mean for the Council?

It is anticipated that the Council will be a significantly different organisation. It will be:

- a differently-shaped organisation
- providing fewer services

¹ Public Health Outcomes Framework 2013-16, Adult Social Care Outcomes Framework 2013/14 and NHS Outcomes Framework 2013/14.

- employing fewer people
- sourcing services from a range of different suppliers - including the private and public sector along with in-house provision and consideration of mutual companies and charitable status.

Aspects of these organisational changes promoted within the council (eg evidence based approach, outcomes oriented commissioning) are already integral to public health disciplines and ways of working. Within this overall national and local context, the time is right to develop a vision for the way in which the PH function will operate across Nottinghamshire County.

Health and Wellbeing strategy – this has been developed within Nottinghamshire County, led by the newly created Health and Wellbeing Board. The Director of Public Health is one of the 3 senior council officers on the Board and ensures that the Board is public health focused, and ensures that the strategy works towards improving the health and wellbeing of the population. Currently the strategy has a number of priority areas which are led by a Board Champion. This system has recently been reviewed, and the strategy is likely to be revised to have a smaller number of more tightly focused priorities.

4. Vision for the new PH system within Nottinghamshire County Council

To develop Nottinghamshire County Council into a fully empowered public health organisation that enables it to fully unleash its potential to improve the health and wellbeing of the local population, and, in partnership with local stakeholders, to fully contribute to an effective and efficient public health system across the whole county

5. The PH function moved from the NHS to Nottinghamshire County Council in April 2013, and the last two years have seen a slow but steady **integration** of the PH staff and related functions into the council. However, because of the need to ensure all PH commissioned services were fully fit for purpose, significant PH staff time has been devoted to the strategic recommissioning all the services which were inherited by the council on 1 April 2013. This process will not be fully complete until 2016/17, but will make a substantial contribution (£8m) to the medium term financial plan of the council. At this point there will be much more scope for the PH function to influence the whole of the county council and beyond, and there is now a golden opportunity to redefine this new PH function in the light of the overall review of *Redefining Your Council*.
6. In terms of **integration**, the council will go through a number of stages as it embeds public health knowledge skills and experience into the organisation:
 - **Safe** – at this stage the council will have safe PH services, which are commissioned and performance managed properly (eg tobacco, substance misuse etc)
 - **Informed** – at this stage, the council will have partially incorporated many of the PH skills routinely into the organisation,
 - **Embedded** – here the council will have a fully incorporated public health approach to all its plans on a routine basis
 - **Empowered** – at this stage the council will be a fully-fledged public health organisation, with the improvement of its residents' health and wellbeing at the core of its thinking, and

all staff feeling fully empowered to improve health and reduce inequalities as part of routine business

7. This new vision for PH within the council will enable the organisation to move from **safe** through to **empowered** and will be described in 6 sections:

7.1 Core service offer

7.2 Commissioning of PH services, including accountability for the PH ring fenced grant

7.3 Public Health staff, including their core knowledge, skills and experience plus their development and integration into the council

7.4 Relationship with key stakeholders, particularly CCGs and district councils

7.5 Health protection

7.6 Development of the role of the HWB Board

7.1 Core service offer

- a. **To improve the health and wellbeing of the people of Nottinghamshire county, and reduce health inequalities.** This is the raison d'être of the public health function, and all public health staff will ensure that the large number of opportunities of working within the council are maximised. In addition, the current public health staff will be able to learn a lot about how to work within a political environment and make the most of engaging and influencing locally elected members. This process will help to move the organisation from a safe to an empowered public health organisation. For example the council will increasingly be able to harness all of its resources (eg social care, planning etc) to improve health and wellbeing and will be able to make arrangements to achieve this across the whole council agenda and not only in relation to mandated PH services. This is a good example of strategic PH influence on all aspects of the council.
- b. **To contribute to the achievement of a range of health outcomes.** This will be a combination of population outcomes which reflect the overall health and wellbeing of Nottinghamshire residents, but also specific council outcomes reflecting the nature of the council's overall strategic plan. Again the focus needs to be utilising all the forces of the council whether this be commissioning PH services, or developing social care or the implementation of the range of council services.
- c. **To focus on health improvement** via a combination of strategic influence of key partners, and the recommissioning of services which promote the health and wellbeing of the population. This would also include utilising PH skills across the whole council, particularly the strategic analysis of need, and understanding of the evidence base and ensuring a strategic commissioning lens is used in all council thinking. (This could include an incentive payment reward scheme as part of the contractual agreement with the providers of newly commissioned services.) It will be important to focus on what needs to be achieved (outcomes) and allow the procurement process to determine how services should be delivered (ie which provider).
- d. **To support local commissioners and ensure resources are deployed based on population based health need.** This relates to local Clinical Commissioning Groups, and other key stakeholders who commission services eg district councils, Police and Crime Commissioner. This is important in the community safety agenda, including issues like substance misuse and domestic abuse. It will also be important to ensure PH support to local NHS commissioning organisations who may have increased responsibilities as a result of delegated functions from NHS England.

- e. **Ensure the Health and Wellbeing Board (HWB Board) is supported and is public health focused.** This will include ensuring the board is both public health focused but also facilitating the inclusion of the range of partners in its thinking. The response to the Peer Challenge in February 2015 will be a golden opportunity to enable the board to become a system leader rather than just a system enabler, with health improvement and reducing health inequalities at its core. There is an opportunity here to develop and enable all board members to think 'health improvement' in all its business.
- f. **Ensure the statutory role of the Director of Public Health (DPH) is fulfilled.** This includes ensuring the DPH role is fulfilled as described in the Health and Social Care Act 2012. This would include the development and publication of the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, and the Independent DPH Annual Report (due for publication in September 2015). In addition the health protection functions of the DPH need to be supported eg health emergency planning and the assurance and oversight role for screening and vaccination programmes, blood borne viruses, Tuberculosis, and community infection control. This also includes the public health response to potential environmental issues eg fracking.

7.2 Commissioning of PH Services, including accountability for the PH Grant

- a. The council receives a grant each year to enable the PH system to operate effectively. In 2015/16 this will be £36.1m, and the majority of this (90%+) is spent on commissioning a range of services. This grant comes from the Department of Health (DH), via Public Health England (PHE), and is currently ring fenced. It will continue to be so for 2015/16, although it is not clear whether it will continue to be ring fenced after that, or be subsumed within the overall county council allocation from central government. As part of the new vision for PH within the council, the DPH will continue to be the accountable officer for this grant, and formally report to the PH Committee who will continue to agree expenditure and scrutinise performance.
- b. As part of the implementation of the council's medium term financial strategy, the PH grant will deliver £8m in efficiencies over the three year period 2014-17. £5m was achieved in 2014/15 and a further £3m will be achieved over the period 2015/17. This money will be realigned into a number of council areas which have been agreed will help towards the achievement of PH outcomes. The DPH will continue to be responsible for ensuring this realigned money is spent appropriately, and will formally report this to PHE each year.
- c. The DPH will continue to be responsible for a number of PH areas, which will include the achievement of efficiencies over the next two years, and ongoing active performance management thereafter.
- d. In terms of PH staffing, since 2013, the department has funded a range of commissioning resource and other central overheads, which were previously funded out of its budget. In addition, it is planned to release £150k in efficiencies in 2015/16 from a total budget of £2.9m. However, at the same time it is planned to recruit several temporary posts on fixed term contracts to ensure the commissioning activity above comes to fruition efficiently and effectively, using funding from reserves.
- e. During 2015/16, further reductions will be made to the PH grant as a result of the Chancellor's decision to cut the national grant by £200m. For Nottinghamshire County

this will be approximately £2.5m, and further work will now be done to ensure the council is able to live within this revised amount.

7.3 PH staff, including their core knowledge, skills, experience and development

- a. PH staff have a variety of knowledge skills and experiences which need to be more actively used for the benefit of the council as a whole:
 - Many have a knowledge base which comes from a previous clinical training (eg medicine, nursing, pharmacy, dietetics, physiotherapy etc), and many have been through formal PH training programmes which have focused on ensuring a good knowledge of key PH topics like epidemiology, statistics, psychology, sociology, strategic commissioning and general management.
 - There are a large number of staff who have skills which will be of benefit to the council. These include research and analytical skills which focus on an evidence based approach to decision making. Within the council such skills will be useful to ensure that political decision making is complemented by this evidence based approach.
 - In addition, many staff have a wide range of experiences which will be useful to the council. These include not only extensive experience of working in the NHS, including both as commissioners and providers, but also experience of working in schools, private industry, academia and a variety of public sector organisations (eg district councils, police, fire, voluntary sector etc).
 - It is important to note that PH staff will also need to learn from other county council staff, particularly in areas like political engagement, consultation with the public, legal and procurement.
- b. Staff development is an important component of the new vision. It will be essential that all staff continue with a development programme that ensures everyone has a full understanding of council systems and processes. This already happens with all staff for mandatory training (eg fire, health and safety, information governance etc), and for some relevant staff for more bespoke training (eg the recent management development programmes for group managers and team managers). However, as part of the individual performance appraisal system, all members of staff will have a personal development plan which includes ongoing development for issues such as how to work in a political environment, and how to make the best use of council systems like Business Management Systems (BMS).
- c. In addition all staff have a role to play in the training of staff, including aspects of medical education. The council is an accredited training location for public health registrars, and Foundation Year (FY2) doctors, all of whom come on rotation as part of their overall training. In return for the supervision and training provided by PH Consultants, the council benefits from the additional free capacity which these trainees provide.
- d. As part of this staff development, all PH Consultant staff, including the DPH, have to undergo a professional appraisal every year organised by Public Health England. (This is in addition to any internal council management appraisal.) This professional appraisal includes the requirement to undergo at least 150 hours of continuing professional development over a 3 year period, which is closely monitored by the Faculty of Public Health. Every 5 years this leads to the process of *revalidation* which

is now an essential requirement for all staff at Consultant level. For example the DPH was formally revalidated by the General Medical Council (GMC) in January 2015, and will need to be revalidated again in January 2020. This is an essential requirement to remain on the GMC Medical Register.

- e. As part of *Redefining Your Council*, PH staff will be more actively engaged in helping all parts of the council to look at services through a commissioning lens to ensure the commissioning skills and expertise of PH staff are used across the organisation as a whole.

7.4 Relationship with key stakeholders, particularly CCGs

- a. The PH team will continue to be the principal source of public health advice for local commissioners, particularly Clinical Commissioning Groups (CCGs), and staff will undertake this role as part of the Memorandum of Understanding with the CCGs. An important part of this new vision will be to ensure this supports the 3 planning localities across Nottinghamshire (ie Bassetlaw, Mid Notts, and South Notts).
- b. As part of their job plan each of the PH Consultants is a member at least one of the CCGs. This involves ensuring PH support to commissioning decisions, advising the relevant committees as necessary (eg Governing Body, Executive Committee, Clinical Council), and being the first port of call for any queries from that locality. The DPH will continue to support county wide CCG forums eg the CCG Clinical Congress.
- c. Another key set of stakeholders are all the district councils. These are heavily engaged in a number of PH areas, and indeed some of the DC Chief Executives act as sponsors for key areas eg housing, substance misuse, domestic violence. Each of the PH Consultants will continue to be the first port of call for any locality PH issue relating to an individual district, and the DPH will ensure the PH system supports this process.
- d. Other key stakeholders include the Nottinghamshire Fire and Rescue Service, Nottinghamshire Police and the Nottinghamshire Police and Crime Commissioner. They are actively engaged in a range of PH issues such as substance misuse, domestic violence, accident prevention and tobacco. Part of the new PH vision will be to ensure the locality working initiative coordinated by the Notts Chief Officers Forum, is supported by PH staff, partly with analytical information, but also by ensuring the PH commissioned services are sensitive to this policy area eg linking the healthy child programme to the troubled families initiative.

7.5 Health Protection

- a. The DPH will continue to co-chair the Nottinghamshire Local Health Resilience Partnership to ensure the health response to emergencies is planned and coordinated. As part of this process the DPH will continue to have a strong working relationship with the emergency planning function of the council and will continue to be a member of the Local Resilience Forum (LRF) and ensure strong links between the NHS and the LRF.
- b. The DPH will continue to have responsibility to secure assurance about arrangements and outcomes for other aspects of health protection not directly commissioned by the council. For example, vaccination and immunisation programmes, screening

programmes, Tuberculosis, blood borne viruses (eg Hepatitis B and C), community infection control, and the public health impacts of environmental hazards eg fracking.

7.6 Development of the role of the Health and Wellbeing Board

- a. The PH team has been fundamental to the success of the HWB Board over the last 4 years, as each board meeting, development session and stakeholder meeting has always had a PH focus. However, the peer review process which took place in February 2015 identified that the Board should become more of a health and wellbeing system leader and not just focused on the PH agenda. Therefore the new vision for PH within the council will be to ensure that this happens, with the board becoming a more corporate committee supported by a dedicated team, but still supported as necessary by the PH team. This will include supporting the governance review of the Board during 2015 and ensuring there is continued PH support for both the Board and the 3 NHS planning groups across the county. This will also result in a review of the HWB Strategy with fewer and more focused priorities.
- b. For this reason the Associate Director of PH will continue to be managed by the DPH but will give particular focus to the review of, and ongoing development of, the HWB Board and its varying support structures, including support for the Chair of the Board.

8. Summary

This paper has summarised a new vision for the public health function within Nottinghamshire County Council, as part of the review of *Redefining Your Council*.

- *A PH function which is fully integrated into the council, but also has strategic influence on many other partners and stakeholders which make up the wider PH system*
- *All aspects of the council should be looked at through a strategic commissioning lens, irrespective of the provider, with a focus on health and wellbeing outcomes*
- *PH staff need to be better utilised and their knowledge skills and experience need to be better incorporated into the routine workings of the council*
- *The HWB Board should be developed into a system leader for the local health and social care community*

9. Next steps

Discussion took place with Public Health staff in May/June 2015, followed by a meeting of all Public Health staff to look at implementation on 16 July 2015

Discussion with Chair and Vice Chair of the PH Committee May/June 2015

Discussion at Corporate Leadership Team 9 June 2015

Views from partners sought July 2015 – including CCGs, district councils, Police, PCC, Fire and Rescue Service

To be formally approved at Nottinghamshire County Council PH Committee in September 2015, as part of the overall review of *Redefining Your Council*.

Ongoing Implementation from September 2015. An action plan has been developed and this forms the basis of the Public Health Department Plan for 2015/16 (see separate agenda item).

RECOMMENDATION

Members are asked to support the new vision for the PH function across Nottinghamshire County.

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Financial Comments (DG 13/08/2015)

10. There are no financial implications within this report.

Constitutional Comments (CEH 13/08/15)

11. This report falls within the remit of the Public Health Committee

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 Policy Committee, 15 July 2015, Redefining Your Council – A Review

Electoral Divisions and Members Affected

All