

**TRANSFER OF PUBLIC HEALTH RESPONSIBILITIES TO MILTON KEYNES COUNCIL****Author: Lyn Scott, Assistant Director Adult Social Care, Tel: (01908) 257973****Executive Summary:**

In April 2013 the Council acquires the leadership role for Public Health which places it at the forefront of improving health outcomes for people and communities. This report describes these responsibilities, together with the arrangements that will need to be in place.

A proposed Vision for Public Health which sets out the commitment and direction for MKC has been developed for consideration by Cabinet.

The Health and Social Care Act 2012 places new duties and responsibilities for Public Health on Milton Keynes Council. To support these new responsibilities MKC will receive a ring fenced budget which was announced on 11<sup>th</sup> January 2013, and is £7,989,000 and £8,787,900 for 2013-14 and 2014-15 respectively. This will cover the cost of staffing and the commissioning of specific public health services. Approximately 20 staff will transfer from what was the Primary Care Trust.

As part of the Organisational Transformation Programme, project arrangements are in place to oversee the transition and ensure that all requirements are in place.

**1. Recommendation(s)**

- 1.1 That Cabinet notes and welcomes the transfer of Public Health functions and staff to Milton Keynes Council on 1 April 2013.
- 1.2 That the Council's Vision for Public Health be agree.

**2. Issues**

- 2.1 The Public Health White Paper 'Healthy Lives Healthy People: Our Strategy for Public Health in England' published on 30 November 2010 (updated by "Healthy Lives Healthy People- update and way forward" published in July 2011) set out proposals which represented a real opportunity to improve the health of the local population and to transform local government's role in promoting the health of their communities.
- 2.2 The Health and Social Care Act 2012 and associated secondary legislation, regulation and guidance provide the Council with a set of duties, expectations, and resources to help it achieve its vision. This included:
  - A new duty for the Council to take appropriate steps to improve the health of the people of their area.

- A ring fenced public health grant.
- A Public Health Outcomes Framework detailing overarching outcome measures that can be used to describe and compare health in Milton Keynes with elsewhere in England.
- A requirement for the Council to employ a Director of Public Health as the Council's main advisor on health. He or she will be a statutory Chief Officer of the Council in Milton Keynes. The Director of Public Health in Milton Keynes has been a joint appointment for several years.
- A new responsibility on the Council to commission and provide a range of public health services, some of which are mandatory, including sexual health services, the NHS 'Core Offer' (public health support into commissioning), Health Protection and NHS Health Checks.
- The transfer of the Public Health team from NHS Milton Keynes to Milton Keynes Council.
- A broadening of responsibilities in relation to EPRR (Emergency Preparedness Resilience and Response), including seeking assurance, through the Director of Public Health (DPH), about the EPRR capability of agencies including the NHS and the LA.
- A new requirement to seek assurance from the NHS local area teams (through the DPH) regarding the protection of the population through high quality screening and immunisation programmes.

### 2.3 What is Public Health?

Public Health is defined by the Faculty of 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". Public Health is concerned with the health of a whole population and is focussed on three important areas:

- Health Protection –screening, immunisation, control of infectious diseases and emergency preparedness, resilience and response (EPRR);
- Health Improvement – addressing health inequalities, supporting lifestyle changes, action to both prevent disease and to maximise the health of those with existing diseases;
- Health Service Quality - ensuring that population health needs are met in the most efficient and effective way.

Some public health functions will be retained by a newly created national body called Public Health England. Currently, there are a number of bodies which amongst other things, track the health of the public to develop policy advice, design and monitor screening programmes (for example, breast cancer screening), investigate outbreaks of infectious disease and design and monitor the effectiveness of drug treatment in England.

Some other public health functions (for example cancer screening) will become the responsibility of a new, National NHS Commissioning Board, which will, amongst other things, work closely with Public Health England to ensure screening programmes are based on good evidence and are applied nationally and consistently.

2.4 **Milton Keynes Council** will in future be responsible for commissioning the following public health functions:

- Tobacco control and smoking cessation.
- Alcohol and drug misuse services.
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and by 2015 all public health services for children and young people).
- The National Child Measurement Programme
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- NHS Health Check assessments
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- Local initiatives to reduce excess deaths as a result of seasonal mortality (for example, managing the impact of winter on the frail elderly)

- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

## 2.5 The Vision for Public Health

The formal transfer of Public Health responsibilities, together with staff into Milton Keynes Council, allows us to build on and strengthen the role that public health has in informing and influencing some of the key strategic and operational priorities within all aspects of the Council. There is a long history of joint working with Public Health. A jointly appointed Director of Public Health has been in post many years and colleagues from Public Health have contributed to many strategic and operational developments. Significantly, they have been key in developing the Joint Strategic Needs Assessment and most recently contributing to the Joint Health and Wellbeing Strategy.

Combining Public Health expertise with the Council's democratically accountable role with a population focus, and having lead responsibility for local health and wellbeing, sets the scene to drive forward change through innovation. This gives us the ability to begin to address many of the wider social determinants of health, and to tackle inequalities.

The ambition is to empower local leadership to strengthen health and wellbeing within our communities. Key to this is the promotion of healthier behaviour and lifestyles, increasing personal responsibility, changing the local environment to support healthier choices as well as protecting the public from threats to health.

A Vision for Public Health within the council has been developed collaboratively between senior offices and senior public health colleagues, supported by members of the Corporate Leadership Team. It has been endorsed by the shadow Health and Wellbeing Board and discussed at the Children and Families Partnership.

This vision (Annex A) sets the framework for us to begin to develop more detailed options for the shape and function of Public Health across the whole council. This will include a consideration of how the staffing, management, commissioning and other responsibilities for Public Health, can best be configured in order to achieve the best outcomes in the most cost effective way.

## 2.6 Public Health staff

Milton Keynes Council and Northants and Milton Keynes PCT cluster, have been working together in planning the transfer of staff for some time and this has included the establishment of a Joint Group consisting of management, trades union and HR representatives from both organisations (The Workforce Partnership Group). The MKC formal consultation period started on 26th October 2012 and consultation lines will remain open until 29th March 2013.

Staff will be transferred under a TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006). This means that employment rights are

protected under the TUPE regulations, for example, continuity of employment will be preserved, and existing contractual terms and conditions of employment being protected on the date of transfer. For this specific transfer, national directions have been issued about NHS pensions and those transferring can remain in the NHS Pension scheme and further directions regarding future employees are pending. The council will also now employ doctors who have a nationally prescribed set of terms and conditions which in some ways are quite different to other employees, for example, they are required to work “sessions” which are an equivalent of 4 hours. Officers and Human Resources managers are taking a number of steps to ensure they are well informed on our new responsibilities.

- 2.7 There are 20 members of staff (approx 16 WTE) in the Public Health team. They moved into Council premises in December 2011 and are being set up to be fully incorporated into Council systems such as payroll, e-mail, risk management etc. The team have already been taking part in service planning, performance challenge and members briefings, to ensure they will be able to fully function as an integrated team when transferred to the Council on 1 April 2013.

## 2.8 **The Public Health Budget**

Public Health ring-fenced grants to upper tier and unitary local authorities will be made for the first time in 2013-14. During the transition period of 2012/13 the Department of Health’s Advisory Committee on Resource Allocation has been advising on the development of fair shares formulae for public health allocations going forward. However Primary Care Trusts have historically allocated quite different amounts to resource the functions of their public health teams. Therefore, there has been an indication that in the short term there may be “tapering” to allocations to help manage the transition from one approach to another.

The Shadow Allocation for this year is £6,951,846. The final allocations were announced on 11<sup>th</sup> January 2013, and are £7,989,000 and £8,787,900 for 2013-14 and 2014-15 respectively. This increase is welcome as representation was made concerning the shadow allocation.

Finance officers have been working with public health senior managers to prioritise and set a draft budget, in anticipation of this announcement, and this will now be included in the budget setting proposals. Annex B sets out in draft the range of responsibilities this allocation will need to cover.

## 3.0 **Implications**

- 3.1 This is transfer of statutory functions to the local Authority enacted by national legislation.
- 3.2 The transfer of Public Health staff and functions will support a number of council priorities. For example:

The Milton Council’s Corporate Plan (2012-2016) has two very relevant themes. Firstly, the theme “Cleaner, greener, safer, healthier MK” aspires to the following outcomes

Residents of Milton Keynes will:

- Be healthy and have a sense of wellbeing
- Occupy fit for purpose housing that meets individual needs

Secondly the theme “Living in MK” aspires that everyone living in MK will:

- Be satisfied with their area as a place to live
- Enjoy happy and fulfilled lives
- Be safe from harm and neglect
- Achieve their full potential
- Experience choice and control
- Enjoy personal dignity and respect

### 3.3 Resources and Risk

See specific section on the New Public Health Budget

	Capital	x	Revenue		Accommodation
	IT		Medium Term Plan		Asset Management

### 3.4 Carbon and Energy Management

None

### 3.5 Legal

These new functions will be transferred to all local Authorities under the Health and Social Care Act 2012

### 3.6 Other Implications

N	Equalities/Diversity	N	Sustainability	N	Human Rights
N	E-Government	N	Stakeholders	N	Crime and Disorder

Background Papers: None

Annexes:    Annex A:    Vision for Public Health  
                  Annex B:    Public Health Service - Draft Service Budgets