REPORT NO: 214/2013

CABINET

17 September 2013

PUBLIC HEALTH PROGRESS REPORT

Report of the Strategic Director of People

STRATEGIC AIM:	**Meeting the health and wellbeing needs of the community**		
KEY DECISION	NO	DATE ITEM FIRST APPEARED ON FORWARD PLAN	July 2013

1. PURPOSE OF THE REPORT

1.1 This report provides a brief overview of the progress to date in relation to the transfer of Public Health responsibilities to the Local Authority from 1st April 2013.

2. RECOMMENDATIONS

2.1 That Cabinet note the transition progress detailed in the report.

2.2 That Cabinet agree to the proposal for a paper on procurement for 14/15 to come to SMT/Cabinet in the Autumn.

3. INTRODUCTION

3.1 The Health and Social Care Act 2012 gives upper tier and unitary local authorities responsibilities for Public Health (PH) from April 2013. This report provides a quarter one update on progress in the following key areas:

a) Public Health Function
b) Public Health Contracts and future procurement plans

3.2 Public Health essentially has three main domains (see Appendix 1 for more detailed breakdown of services):

a) Improving the health of the population
b) Protecting the population from hazards to health (health protection)
c) Preventing ill health through advising National Health Service (NHS) commissioners of health services.

3.3 Local authorities will discharge this function by:

a) Commissioning a range of health improvement services from a range of providers from different sectors, working with Clinical Commissioning Groups (CCGs) and representatives from National Health Service England (NHS E) to create as integrated a set of services as possible.
b) Exercising their influence over, for example, how they operate the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services

c) The Director of Public Health (DPH) must provide assurance that there are plans in place to protect the health of the population and that NHS commissioners receive the public health advice they need.

4. RUTLAND PUBLIC HEALTH SERVICE

4.1 The Public Health function transferred over from the former Leicestershire County and Rutland Primary Case Trust to Rutland County Council on April 1st 2013. See structure chart at Appendix 2.

4.2 The immediate transition period was largely successful thanks to the work undertaken in advance to ensure that the budget spend and contracts related to the function were in place.

4.3 Since then there have been positive steps in delivering a good quality public health service for Rutland. The Public Health team have increased their involvement in the work of the council. They are actively involved in the Rutland Health and Wellbeing Board and the sub groups which contribute to the work of the Board.

4.4 At an operational level the lead consultant in Public Health is part of planning meetings with other members of the Public Health planning group to ensure a good join up strategically between senior officers within the council and Public Health. Work is ongoing to ensure that members of the Public Health team work collaboratively with Council officers. A Rutland specific Public Health operation group has been established which reports to People Directorate Management Team and includes officers from all relevant RCC teams.

4.5 The ongoing work of the Rutland Public Health service is to ensure that it is fully embedded within the One Council approach. RCC operational staff are attending a briefing/getting to know you session with the Public Health team which will provide an opportunity for both teams to develop their understanding of each other's work.

4.6 Financial and performance management reporting for Rutland Public Health will be through existing corporate processes. We are currently working with the Public Health performance team to agree the key performance indicators to be included in the quarterly performance report.

4.7 Work with the local media has included the changes to Public Health from April 2013 and specific messages regarding measles and heatwave advice.

4.8 Key areas for development

a) Continue to embed the public health work within all areas of the council

b) Agree three key public health issues to support the health and well being of RCC staff – we have already signed up to Stoptober smoking campaign for this Autumn and other proposed Public Health England campaigns include Dry January (alcohol awareness)

c) Develop a simple graphic showing key areas of Public Health responsibility for all staff and members

d) Presentation for next Staff Briefing in September 2013

4.9 Key risks

a) Procurement of contracts for 14/15 will need to go to Cabinet, with exception of Leicestershire Partnership Trust (LPT) contract and Local Enhanced Services (LES) services. A further cabinet paper detailing the procurement proposed will be tabled in the Autumn.

b) Sexual Health - responsibility for elements of sexual health services form part of that function in the new system and will be one of the six mandatory elements upper tier local authorities must provide. Local Authorities are responsible for 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).

c) Following notice being served by Leicestershire Partnership Trust (LPT) on its contract in relation to the Genitourinary Medicine (GUM) service provided by University Hospitals Leicester (UHL) in relation to the contraceptive services contract across city and county, Leicester City, Leicestershire County and Rutland have undertaken a procurement place to provide a new integrated sexual health service across the three areas.

d) The new service should deliver a more efficient, comprehensive service for local residents, including better provision for Rutland. This redesign process will end with the procurement of a new service to be in place for January 2014.

e) A preferred provider for this service, taking over responsibility from 1st January 2014, has been appointed and we have entered the mobilisation period.

f) Budget processes – extensive work has already been undertaken to develop a clear process for budget management. This is very complex, particularly in relation to contracts. A more detailed update on this area will be provided in the Autumn Cabinet paper.

5. FINANCIAL IMPLICATIONS

5.1 The cost of public health activity is met by a ring fenced Department of Health Grant

6. RISK MANAGEMENT

RISK	IMPACT	COMMENTS
Time	**Medium**	All contracts and services were transferred to LCC/RCC by 1st March 2013. Work on possible reprocurement of some contracts is underway.
Viability	**Medium**	The service is viable for 2013/14. Further work is underway to ensure that there is not duplication of services provided by RCC and Public Health.
Finance	**Medium**	Current service provision is affordable within the

		Public Health grant for 2013/13 and 2014/15.
Profile	**Low**	Currently this has a low profile with the general public but it may change if services are curtailed.
Equality & Diversity	**High**	Addressing health inequality is one of the priorities of the JSNA.

Background Papers

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