



**ARTICLE NO: 1F**

**CORPORATE OVERVIEW & SCRUTINY  
COMMITTEE**

**MEMBERS UPDATE 2011/12  
ISSUE: 4**

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**Report of: Assistant Director Community Services & Jane Cass,  
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**Relevant Managing Director: Managing Director (People and Places)**

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**SUBJECT: NHS REFORMS AND THE POTENTIAL ROLE OF BOROUGH  
COUNCILS IN DELIVERING PUBLIC HEALTH**

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**1.0 PURPOSE OF ARTICLE**

1.1 To advise of the changes to the NHS, in particular to the Public Health function and how the Council can respond to these changes.

**2.0 RECOMMENDATIONS**

2.1 That the contents of the report be noted and a further report be received when the public health landscape becomes clearer.

2.2 That the Assistant Director of Community Services undertake a horizon scanning exercise to enable the Council to look forward when opportunities may arise to tender for services.

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**3.0 BACKGROUND**

3.1 The White Paper – 'Equity and Excellence in the NHS' was published on 12<sup>th</sup> July 2010. This described improvement in health outcomes as the central purpose for the NHS and proposed a number of changes.

3.2 Following a pause in the passage of the Health Bill to undertake a listening exercise, the Health Bill Legislation has passed through the House of Commons and is currently being considered by the House of Lords.

3.3 The publication of the Public Health White Paper, Healthy Lives, Healthy People: Update and Way Forward in July 2011 detailed the role and function of Public

Health, the location of its component parts and the integration with upper tier local authorities.

## **4.0 NHS REFORMS**

### **4.1 Clinical Commissioning Groups (CCGs)**

- 4.1.1 Clinical Commissioning Groups will be statutorily responsible for determining health care needs and commissioning the majority of NHS services with a small group of Primary Care practitioners elected to lead the publically accountable consortium.
- 4.1.2 Responsibilities will include ensuring expenditure does not exceed the allocated resources, promoting equalities, working in partnership with local authorities and ensuring public and patient involvement.
- 4.1.3 Clinical Commissioning Groups will look to local authorities to consider how they can work together to improve the health of the local population. This may include the involvement of local authorities, possibly both at county and borough level in the authorisation process for West Lancashire CCG.

### **4.2 National Commissioning Board**

- 4.2.1 This newly established Board will be nationally accountable for the outcomes achieved by the NHS. It will provide support and direction to improve quality and patient outcomes and leadership for the new commissioning system.
- 4.2.2 It will directly commission a range of services including primary care and specialised services and have a key role in broader public health outcomes.

### **4.3 PCT Cluster Arrangements**

- 4.3.1 PCTs have clustered together and consolidated their functions to ensure stability and reduce risk.

## **5.0 PUBLIC HEALTH REFORMS**

- 5.1 The recently published Public Health Update Paper provided greater clarity on the future role of Lancashire County Council as the lead organisation for Public Health.
- 5.2 As the upper tier authority, it will be responsible for health improvement (including tackling health inequalities), health protection (planning for, and responding to, incidents and threats) and providing public health advice to the Clinical Commissioning Groups.
- 5.3 At their September Cabinet meeting, Lancashire County Council agreed to the creation of a shadow Health and Wellbeing Board based on a County Council footprint, with two way influence and accountability.

- 5.4 The Statutory Health and Wellbeing Board will be developed with principle responsibilities to assess the needs of the local population and lead the Joint Strategic Needs Assessment, promote integration and partnership across areas and support joint commissioning and pooled budget arrangement.
- 5.5 Greater clarity on the Public Health roles and functions to be passed to LCC has been provided. Subject to further engagement, the new responsibilities for local authorities would include activity on:
- Tobacco control
  - Alcohol and drug misuse services
  - Obesity and community nutrition initiatives
  - Increasing levels of physical activity in the local population
  - Assessment and lifestyle interventions as part of the NHS Health Check Programme
  - Public mental health Services
  - Dental public health Services
  - Accident 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 programmes
  - Comprehensive sexual health services
  - Local initiatives to reduce excess deaths as a result of seasonal mortality
  - Role in dealing with health protection incidents and emergencies
  - Promotion of community safety, violence prevention and response
  - Local initiatives to tackle social exclusion.
- 5.6 Money will be allocated from the NHS budget and ring fenced for public health. At this moment in time, the devolution of Public Health resources is not clear. An exercise is currently underway to establish the Public Health funding streams within PCTs.
- 5.7 There will be in addition a 'health premium'. It is not yet clear whether this will be based on performance or awarded to address health inequalities.
- 5.8 The LCC Cabinet agreed to authorise the Cabinet Member for Health and Wellbeing to proceed with the recruitment of a Director of Public Health; who will be the local lead for improving the public's health in the local population.
- 5.9 The establishment of a public health structure, Public Health Lancashire, within the County Council's overall management structure has also been agreed by LCC Cabinet. Although the deadline for the transfer of public health workforce and functions is April 2013, it is anticipated that Public Health Lancashire will be firmly established in shadow form by April 2012.
- 5.10 The draft Public Health Outcomes Framework outlines the health and wellbeing outcomes to be delivered in partnership. The final document is due to be published in the New Year.

## **6.0 CURRENT SITUATION**

- 6.1 A number of local authorities have been working for some time with County Council to determine the role of the Borough Councils in delivery of the public health function. This requires further discussion and debate once further guidance is released.
- 6.2 The partnership between County Council and Borough Councils are seeking clarity on the interface between Public Health Lancashire and the Borough Councils and opportunities to deliver public health locally in the new public health structure.

## **7.0 SUSTAINABILITY IMPLICATIONS/COMMUNITY STRATEGY**

- 7.1 As public health moves to Lancashire County Council and the form and function evolves, this paper highlights the considerations to be made when ensuring the sustainability of public health functions at a local level.

## **8.0 FINANCIAL AND RESOURCE IMPLICATIONS**

- 8.1 While investigating the role of West Lancashire Borough Council in the new Public Health architecture, no financial or resource implications are currently apparent.
- 8.2 Financial implications may become apparent when potential public health services and functions are identified to be delivered at a district level. At this point, mitigation of these resource implications must be considered.

## **9.0 RISK ASSESSMENT**

- 9.1 Without the detail of the proposed Public Health Lancashire structure, form and function, the risks, if any to local delivery of existing public health services are not yet known and therefore no risk assessment has been undertaken.

## **10.0 CONCLUSIONS**

- 10.1 The changes within the NHS and more specifically within public health have the potential to present some exciting challenges for West Lancashire Borough Council.
- 10.2 How the Council responds to the challenges and continues to put themselves at the forefront of public health delivery will require some further planning and investigation.

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### **Background Documents**

<b>Date</b>	<b>Document</b>
12 July 2010	Equity and Excellence: Liberating the NHS (Department of Health)
30 November	Healthy Lives, Healthy People – Our Strategy for Public Health in

2010	England (Department of Health)
20 December 2010	Healthy Lives, Healthy People: Transparency in Outcomes – Proposals for a Public Health Outcomes Framework (Department of Health)
21 December 2010	Healthy Lives, Healthy People: Consultation on the Funding and Commissioning Routes for Public Health (Department of Health)
July 2011	Healthy Lives, Healthy People: Update and Way Forward
15 September 2011	Leading Improved Public Health in Lancashire (LCC)
15 September 2011	The Creation of a Shadow Health and Wellbeing Board in Lancashire County (LCC)

### **Equality Impact Assessment**

The article does not have any direct impacts at this stage on members of the public, employees, elected members and / or stakeholders. Therefore no EIA is required.

### **Appendices**

None.