

Appendix 1

Public Health Consultation
Lancashire Public Health Network
Room 178, Preston Business Centre
Watling Street Road
Fulwood
Preston
PR2 8DY

01695 585126
david.tilleray@westlancs.gov.uk

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DT/LM

D P Tilleray
01695 585202

Dear Sirs

RE:- FORMAL CONSULTATION – DELIVERING THE PUBLIC HEALTH REFORMS IN LANCASHIRE – RESPONSE OF WEST LANCASHIRE BOROUGH COUNCIL TO THE PROPOSALS

Thank you for the opportunity to comment on the proposals for implementing the public health reforms (subject to the passage of the Health and Social Care Bill).

Please find detailed below, the comments from West Lancashire Borough Council.

2. **Functions and Offer**

Discussions have been held with Borough Councils to specify the public health support they require (and can provide), but this needs to be formally documented, so that the linkages are clearly understood by all parties.

Whilst it is clear that many public health functions will not be transferred to 'Public Health Lancashire', specifically those sitting at Borough level, many of the functions going to the County Council would be better delivered at local (Borough) level.

3. **Health Protection**

Whilst it is pleasing to see the immediate recognition of the impact of a 'healthy environment' (together with references to E.H.O.'s), on health protection, it is disappointing that there are no further references elsewhere in the document to healthy environments. Health Protection seems to subsequently only be concerned with screening, immunisation and emergency planning and consequently the necessity for closer working relationships (or at least an intention to develop those linkages) are conspicuous by their absence.

The specific reference to Environmental Health Officers is welcomed and appropriate in relation to Health Protection, however in highlighting their role

there is a danger of belittling the role of the many other Borough Council functions and Officers who work across Health Protection and Health Improvement & Equality, including Housing Officers, Leisure Officers, Community Safety Officers, Regeneration Officers and Planning Officers.

3.2 **Health Improvement, Health Equality and the Marmot Review**

The achievement of these priorities requires implementation at a local level. The local Health & Wellbeing partnerships are best placed to lead this, however, greater alignment with other local groups including the Childrens Trusts and possibly the Community Safety Partnerships, will be required for a comprehensive approach to health improvement and reduction in inequalities.

4.0 **Implications**

It isn't clear what the purposes of having a 2 year transitional period are. Is this a test of the role of the Director of Public Health or the functions and their position and efficiency of delivery across the County Council and the County area? What are the implications for public health delivery and support at a borough level beyond the 2 year period?

4.3 **Integration with other LCC functions**

The emergency planning links will need to be transparent and efficient, not only across the County Council, but also across and with the Boroughs and the Lancashire Resilience Forum. We would welcome the opportunity to be represented in the appropriate Task and Finish Group to ensure this is delivered.

4.5 **Public Health support to District Councils and CCG's**

With a number of groups being established in recent times to look at various aspects of the reforms, it isn't clear which group has developed the public health support at Borough Councils, or which group has been established to develop the public health offer to CCG's. It would be helpful, therefore, if these groups could be identified, together with confirmation that there is Borough Council representation on them.

We certainly agree that a workstream should be mobilised, with Borough Councils, to agree implementation of the public health 'support'. We certainly feel that there is a clear role for some sort of 'Health Partnership Officer' working at a senior level, in each Borough Council, with linkages across the County and Borough Council's functions, the CCG and relevant LSP groups, with a remit to co-ordinate, influence and implement a Local Public Health Strategy for each Borough, influenced by a County Public Health Strategy.

There also needs to be a mechanism for facilitating the ability of local Health and Wellbeing partnerships (sitting under local LSPs, or otherwise) to have some influence on the Health and Wellbeing Board.

4.6 **Relationships with the wider public health system**

We fully agree with the proposal for a workstream to agree respective roles and responsibilities across the system, including Public Health England, Borough councils and other parties.

Borough Councils, in particular, will wish to be integral to the discussions on the relationships between public health and community safety.

4.7 **Physical location of Public Health staff**

Fully agree with the principal of locating public health staff within or alongside Borough Councils, as we would want to see a senior/specialist regularly involved with our senior management and political structures.

5.0 **Financial Resources**

We welcome the opportunity to discuss accommodation requirements over the next few months.

5.0 **Human Resources**

It isn't clear why the posts will only be recruited on an interim basis. What is the purpose of this period? Are Borough Councils to expect further changes to the public health support following this interim period?

5.0 **Public Health Officer**

Working up and providing an 'offer' by April seems an incredibly short timescale for a very important issue and we would not wish to see this unnecessarily rushed. How will Borough Councils be involved in this process?

5.0 **Recommendations**

West Lancashire Borough Council would ask to be directly involved in several of the Task and Parish Groups mentioned. Please could you clarify how WLBC can be directly included, rather than simply represented by a (single) Borough Council person or (cluster) representative.

Appendix 3 – Description of Public Health Functions

Under 'Health Protection' the development of maintenance and linkages to Borough Councils and particularly (but not exclusively) their healthy environment roles should be a specific function.

Under 'Health Improvement' the addressing of health inequalities should be a specific priority across each of the services mentioned (not just their commissioning and delivery).

We would recommend that Borough Councils be allowed to deliver and commission (using the LCC funding) local services, perhaps in conjunction with their local CCG, across the broad range.

As regards to the 'support' for the Thematic Groups, this should be a stronger role than simply supporting (which could mean just attending meetings). There is an opportunity here for some leadership, drive and real change, if the 'support' comes with authority and access to funding.

Appendix 4 – Transitional Function Structure

The offer of Public Health Support to Borough Councils is not clear, as mentioned above, and it would be helpful to understand if that 'box' is proposed to have within it single function support officers – as we feel this wouldn't be effective use of their (or our) time. These persons will need to have a broad range of specialist skills, with either direct linkages into the other 'boxes', or better still, the functions in these boxes are reallocated into the Public Health Support box. For example, the 'Public Health Contribution' list of functions would be better sitting in the Support box.

The Borough Council Support box might be better if it was aligned with the CCG support box, as Borough Councils will want to work closer with their CCG's anyway.

The 'Drugs and Alcohol' function seems to be misplaced by being in Health Protection – and would perhaps sit better in the Wellbeing Services.

The Health Protection functions, should, as mentioned above, also have formal linkages to the 'healthy environment' functions sitting at Borough Council level.

We hope that these comments are helpful and we look forward to working closely with you as the Reforms develop.

Yours sincerely

D P TILLERAY
ASSISTANT DIRECTOR COMMUNITY SERVICES