

**BARNSELEY METROPOLITAN BOROUGH COUNCIL**  
**JOINT HEALTH and WELLBEING BOARD**

**Report of the Acting  
Director of Public Health**

**The Transfer of Public Health to Barnsley Council**

**1. Purpose of report**

- 1.1 The report outlines the Public Health responsibilities that transferred to the Council from the NHS on 1 April 2013.

**2. Recommendations**

- 2.1 **That the details of the Local Authority responsibilities set out in this report be noted.**

**3. Introduction**

- 3.1 The Health and Social Care Act (2012) provides the statutory basis for Local Authorities to assume their new public health responsibilities from 1 April 2013. These new responsibilities are intended to clearly demonstrate the leadership role for the Council in:

- Tackling the causes of ill-health and reducing health inequalities
- Promoting and protecting health
- Promoting social justice and safer communities

- 3.2 A significant amount of work was undertaken by both the Council and the, now dissolved, Barnsley Primary Care Trust (PCT) to ensure the smooth transfer of staff and the seamless transition of the service and activities. A transition plan has been in place and implemented, overseen by the shadow Health and Well-Being Board.

- 3.3 The Barnsley Public Health Directorate has been managed jointly across the PCT and the Council, by the joint appointment of a Director of Public Health, for a number of years. The responsibility for public health within the Council has been held by the Cabinet Spokesperson for Adults and Communities. From April 2013, the Cabinet Spokesperson will be directly responsible and accountable for setting a strategic and policy direction for public health.

- 3.4 The Public Health Directorate will remain a separate directorate reporting to the Chief Executive for the time being. Further work to consider alternative approaches will be undertaken once the substantive Director of Public Health appointment has been made.

- 3.5 Professional and operational leadership will be the responsibility of the Director of Public Health who will also be the Council's principal advisor on health and health-related issues.

3.6 The Director of Public Health will lead a multi-disciplinary public health team with support staff, the majority of whom have transferred from NHS Barnsley, to continue to deliver public health functions and responsibilities. These functions include:

- Population health surveillance and needs assessment and analysis
- Health protection (including emergency preparedness)
- Population healthcare advice (including effectiveness and priority setting)
- Commissioning health improvement services
- Collaborative programmes to tackle causes of ill-health

3.7 The Director of Public Health will also link to, and have overall strategic leadership for other public health responsibilities that are currently elsewhere in the Council. Those linked specifically to the defined public health services include:

- Domestic violence – currently with Adults and Communities with a link to enforcement in Development, Environment and Culture
- Public mental health – currently with the Joint Commissioning Unit in Adults and Communities
- Drug and Alcohol Services – currently with Drug and Alcohol Action Team (DAAT) with the Joint Commissioning Unit in Adults and Communities

It is not proposed, at this stage, to change the current operational arrangements in respect of the delivery of these functions.

3.8 Public health is a function that needs to input into and influence work across the Council since it touches almost every area of policy including planning, licensing, transport, highways, education, housing, public protection, leisure, economic growth and adult and children's health and social care. The overall public health programme will be shaped by the Joint Health and Well-Being Strategy and deliver improvement across a range of prioritised outcomes, drawn from the national Public Health Outcomes Framework which has links to, and a number of shared outcomes, with the frameworks for Adult Social Care and the NHS.

#### **4. Public Health Mandated and other Commissioned or Provided Services**

4.1 Local Authorities are specifically responsible for commissioning or providing the following services. Whilst those marked \* are the mandated services in legislation, many of the other services are also required to make delivery of these mandated services successful. It is essential that the Director of Public Health and his/her staff have the necessary authority to enable the following services to be delivered:

- NHS Health Check assessments\*
- The National Child Measurement Programme\*
- 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\*

- A new expanded local authority role for protecting the health of local people including assurance of infection prevention and control, dealing with health protection incidents and disease outbreaks with a specific leadership role for Emergency Planning, Resilience and Response\*
- Public health leadership, advice and support to NHS commissioners, specifically the NHS Barnsley Clinical Commissioning Group (CCG)\*
- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including school nursing) and from 2015 all public health services for children and young people (including health visiting).
- 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
- Public mental health services (not mental illness)
- 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
- Local initiatives to reduce excess deaths as a result of seasonal mortality e.g. excess winter deaths
- 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.

4.2 From April 2013, the local authority became responsible for all aspects of public health protection and will be supported in this role by Public Health England. This includes community infection prevention and control. Other issues where public health may be called upon include chemical spills, natural disasters and the covert deliberate release of biological and chemical agents. Public Health England will lead but the local authority is expected to provide public health leadership in such circumstances for Barnsley and action to mobilise the NHS response. In addition the local authority public health team will be expected to contribute to the wider resilience of South Yorkshire on any incident involving cross-border issues and to participate in a health protection on-call rota.

4.3 One component of the new local authority responsibilities for public health includes a Public Health Advice Service to Clinical Commissioning Groups (CCG). This service is delivered free. The elements of public health advice to be delivered have been laid out in a Memorandum of Understanding (MOU) that has been negotiated as part of the NHS transition into CCGs and the new public health accountabilities and responsibilities. The MOU between BMBC

and the NHS Barnsley CCG has been agreed to cover the first year of Health and Social Care Act 2012 implementation 2013/2014.

## **5. Proposal and Justification**

- 5.1 The Joint Health and Wellbeing Board is requested to note the public health functions now transferred to the Council to be delivered from the 1st April 2013.

## **6 Consideration of Alternative Approaches**

- 6.1 There are no alternative approaches. Public Health becomes a Local Authority function from the 1<sup>st</sup> April 2013 under the Health and Social Care Act 2012.

## **7. Financial implications**

- 7.1 Public health transfers to the local authority with a budget that is ring-fenced for a period of two years. The Department of Health published the 2013/14 and 2014/15 budget allocations on the 10<sup>th</sup> January 2013. The budget allocation announced for Barnsley is £13,570,900 for 2013/14 and £14,242,600 for 2014/15.

## **8. Workforce**

- 8.1 38 staff transferred to the Council from NHS Barnsley PCT under the national Transfer Scheme and 4 vacant posts. The transfer was implemented without any problems.
- 8.2 The public health workforce bring to the Council a wide range of skills and experience to complement existing strengths and contribute to delivery of its new public health responsibilities and other corporate priorities. Integration of public health within the Council is a crucial element of the vision for the new local public health system.

## **9. Tackling health inequalities**

- 9.1 The transfer of public health responsibilities provides even greater opportunities for the Council to make a substantial impact on reducing health inequalities. The Joint Strategic Needs Assessment (JSNA), which identifies the current and projected health needs of the local population, will inform the priorities identified in the Joint Health and Wellbeing Strategy. All partners will contribute to actions which will tackle health inequalities and improve health outcomes for local people.

## **10. Reports to the Joint Health and Wellbeing Board**

- 10.1 It is proposed that the Joint Health and Wellbeing Board receive six monthly reports on progress against key public health priorities.

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