

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 16th November 2020

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WARD(S): All

PORTFOLIO: Health & Wellbeing, Councillor Pantelic

PART I **KEY DECISION**

FUTURE PUBLIC HEALTH ARRANGEMENTS FOR SLOUGH, RBWM AND BRACKNELL FOREST COUNCILS

1 Purpose of Report

To lay out the rationale for altering the current arrangements for public health across Slough, RBWM and Bracknell-Forest.

To request support to proceed with developing a shared Director role, a hub team to support local public health teams in each of the three Local Authorities.

2 Recommendation(s)/Proposed Action

The Cabinet is requested to resolve

- (a) That support be given to enable the current set up to be dissolved and the new system put in place, including the appointment of a Joint Director of Public Health for East Berkshire and Frimley ICS; and
- (b) That delegated authority be given to the Chief Executive, following consultation with the Lead Member for Health & Wellbeing, to finalise and approve the partnership arrangements.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy Priorities –

Strong public health arrangements contribute to all SJWS priorities:

1. Starting Well
2. Integration (relating to Health & Social Care)
3. Strong, healthy and attractive neighbourhoods
4. Workplace health

3b Five Year Plan Outcomes

The proposed arrangements will contribute to all Five Year Plan outcomes:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs

- Outcome 3: Slough will be an attractive place where people choose to live, work and stay
- Outcome 4: Our residents will live in good quality homes
- Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

4 **Other Implications**

(a) Financial

It is recognised that this new model will increase the costs of provision of the public health hub compared to the Shared Team in the region of £65k per Local Authority alongside a £100k contribution from the Frimley Collaborative/ICS. This NHS contribution will part fund the DPH role, analytical and programme support. Final costs are unlikely to exceed this sum but will not be known until the detailed structures are designed.

It is hoped that this arrangement will facilitate improved efficiency and effectiveness through joining up scarce resources such as health intelligence and through jointly commissioning services.

The additional costs will be met equally by the three LAs. For Slough Borough Council this additional cost to the East Berkshire arrangements will be cost neutral and will be accommodated within existing Public Health budgets.

(b) Risk Management

Recommendation from section 2 above	Risks/Threats/ Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
That support be given to enable the current set up to be dissolved and the new system put in place, including the appointment of a Joint Director of Public Health for East Berkshire and Frimley ICS.	<p>Failure to secure agreement of all partners</p> <p>Failure to recruit new DPH</p>	<p>The proposals have been approved by RBWM and BFC</p> <p>The new structure is designed to minimise the risk of recruitment difficulties.</p>	<p>6</p> <p>(Management risk – Critical impact, very low probability)</p>	<p>Delegating authority to the Chief Executive to finalise the arrangements enables any risks to be managed.</p>

(c) Human Rights Act and Other Legal Implications

By virtue of Section 12 of the Health and Social Care Act 2012, and its amendment of the National Health Services Act 2006, each local authority must take such steps as it considers appropriate for improving the health of the people in its area. The steps that may be taken to fulfil this duty include providing advice and assistance, providing facilities and services designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way), by providing services and facilities for the prevention, diagnosis or treatment of illness,

by providing assistance (including financial assistance) to help people minimise any risks to health from their accommodation or environment, by providing or participating in the provision of training of persons working or seeking to work in the field of health improvement or by making available the services of any person or any facilities.

By virtue of Section 18 of the Health and Social Care Act 2012, and its amendment of the National Health Services Act 2006, regulations may require a local authority to exercise its public health functions by taking such steps as may be prescribed.

By virtue of Section 30 of the Health and Social Care Act 2012, and its amendment of the National Health Services Act 2006, each local authority must, acting jointly with the Secretary of State, appoint an individual to have responsibility for the exercise of its public health functions. Department of Health guidance on appointment of Directors of Public Health provides that an individual Director of Public Health can be shared with another local authority where that makes sense (for example where the senior management team is shared across more than one authority).

By virtue of Section 31 of the Health & Social Care Act 2012, and its amendment of the National Health Services Act 2006, each local authority must in the exercise of its public health functions, have regard to any document published by the Secretary of State for that purpose. This includes the Department of Health's Public Health Outcomes Framework ("PHOF").

Under Section 101 of the Local Government Act 1972 a local authority may arrange for the discharge of any of its functions by another local authority and two or more authorities may discharge any of their functions jointly, and where such arrangements are in force. they may arrange for the discharge of those functions by a joint committee of theirs or by an officer of one of them.

Under Section 113 of the Local Government Act a local authority may enter into an agreement with another authority to put at the disposal of the latter the services of the officers of the former, after consultation with the officer concerned.

Under the Council's constitution the placing of officers at the disposal of other authorities require the approval of full council and this power is not delegated.

(d) *Equalities Impact Assessment*

There is no identified need for an Equalities Impact Assessment.

(e) *Workforce*

The workforce implications are detailed in section 5 of the report.

5 **Supporting Information**

Background

- 5.1 Since 2013 the Berkshire Public Health System has operated on a hub and spoke model with Public Health teams within in each of the six unitary authorities supported by a Shared Strategic Director of Public Health and a Shared Team hosted by Bracknell Forest Council.

- 5.2 The overall aim of the Berkshire Public Health System is to deliver the core public health duty for local authorities which is to take steps to improve the health of residents and decrease health inequalities. To meet the needs of our residents, this will require action, not only from Councils but across our system of public services, on the wider determinants of health, health improvement, health protection and the design of health and care services.
- 5.3 National policy supports the importance of prevention of ill health – through the green paper for prevention and the NHS Long Term Plan. Locally the Joint Health & Wellbeing Strategies support increased activity to promote good health and prevent ill health. Action to prevent and manage risks for ill health have become more urgent with the recognition that risks for heart disease and stroke increase the likelihood of harm from Covid.
- 5.4 Upper tier Local Authorities receive a per capita ring fenced grant for public health of circa £38m across Berkshire. In the three authorities in the East of the county, this totals around 17m, around half to Slough and smaller grants to RBWM and Bracknell Forest. Each authority spends different proportions of its allocation on staffing local public health teams with varying contract values and investments in broader services and programmes for public health.
- 5.5 Berkshire Chief Executives collectively oversee the functioning of the public health system through the Public Health System Board. Increasingly, they have been concerned about the ability of the public health set up to deliver what they needed, to lead across organisations to improve health, prevent illness and decrease demand for health and care services.
- 5.6 In 2019 Berkshire Chief Executives requested a review. They considered the effectiveness of the current model, the changing context and opportunities for public health, current costs, and alternate models. They recommended dissolving the current arrangement and moving to two hub and spoke arrangements across 3 borough geographies.
- 5.7 As the recommendation was made Covid arrived and halted much of the progress in shifting to a new model. With increasing responsibility at a local level and the current DPH planning to move on in the New Year, there is an urgency in progressing the new arrangements and appointing a Director of Public Health for the three Local Authorities in the East of Berkshire.

Introduction

- 5.8 Whilst other authorities share public health teams, Berkshire's is the only public health system in the country with 6 upper tier Authorities sharing one Director of Public Health. 30/152 LAs have shared arrangements the majority are between 2 LAs, one between 3. Our joint arrangements have lasted longer than most, with many councils across the country dissolving joint roles in recent years.
- 5.9 There are some strengths in our shared set up, particularly the local leadership of public health teams in each LA supported by a hub team. Improved health and reduced health inequalities cannot be delivered by public health teams alone and the most effective public health approaches work across council services to create 'places' where it is easy to be healthy and deliver services that prevent ill health and promote resilience. The hub and spoke set up reduces duplication and shares costs

but allows for different local priorities across each council area to meet the needs of varied populations.

- 5.10 The Director role is particularly stretched across six LAs. The capacity of the role is reduced by the practicalities of travel across the county and the number of required boards and partnership meetings.
- 5.11 Recruitment to DPH roles is challenging and the current postholder plans to move on in the New Year. This provides a natural opportunity to change the role in Berkshire to make it more efficient and attractive.
- 5.12 Berkshire Authorities attract limited grant support for public health (circa 17m across the 3 LAs) and separate teams for each authority are unaffordable.
- 5.13 The Berkshire model was designed at a time when Public Health services were largely commissioned on a Berkshire wide footprint and CCGs were coterminous with Boroughs. This is no longer the case, with Public Health capacity spread across 2 quite different systems, Frimley Health & Care in the east of the County and Berkshire West ICP, part of the Buckinghamshire, Oxfordshire and Berkshire West ICS. These ICS/Ps offer real opportunities to further improve health and wellbeing which are not being maximised in the current set up.
- 5.14 As well as the public health teams in Berkshire, Frimley ICS works with Surrey and Hampshire County Councils for Surrey Heath and North East Hants & Farnham. There is a need to coordinate a shared public health input into Frimley to ensure all the teams contribute effectively and that Frimley receives coherent support.
- 5.15 Public Health Services (including Health visiting, School Nursing, NHS Health Checks; Healthy Lifestyles; Substance Misuse; Sexual Health) are commissioned on a mix of single county and multi borough partnerships, primarily divided between the East and the West of the County. Other services are commissioned on single borough footprints.
- 5.16 Under the Health and Social Care Act, Directors of Public Health are responsible for the local authority's contribution to Health Protection, including the LAs roles in planning for and responding to incidents that present a threat to the public's health such as coronavirus.
- 5.17 A key statutory role for LA public health is supporting NHS commissioners with the design and evaluation of health services to meet local need. Co-terminosity of any arrangement with NHS organisations is seen as a common sense requirement.
- 5.18 There was recognition that incorporating more public health thinking into LA and NHS services could improve demand management and inequalities as well as health and wellbeing outcomes for residents.
- 5.19 As well as the public health teams in Berkshire, Frimley ICS works with Surrey and Hampshire County Councils for Surrey Heath and North East Hants & Farnham. There is a need to coordinate a shared public health input into Frimley to ensure all the teams contribute effectively.
- 5.20 Taking into account the points made above, the Chief Executives concluded that
 - a. Change was needed to enhance both the efficiency and impact of public health.

- b. That a shared arrangement across the 3 local authorities in the East of Berkshire was preferable to individual public health teams.
- c. To integrate the DPH role into the ICS,
- d. To retain a hub and spoke model and include the DPH post as an integral part of the LAs and ICS.

The Proposal

- 5.21 The proposal is to dissolve the current arrangement between the six LAs and move to an arrangement between Slough Borough Council RBWM and Bracknell Forest Council and the Frimley ICS.
- 5.22 A shared Director of Public Health role for East Berkshire will lead the public health system, working closely with the local authorities and partners across the integrated care partnership. There will also be a hub team providing health intelligence, health protection and commissioning support to support public health teams in each local authority.
- 5.23 The shared team commissioning function will sit within Bracknell Forest commissioning team with a view to LAs taking on the commissioning of particular services on behalf of the others as opportunities arise.
- 5.24 The opportunity we have by doing this together is to;
- Improve the health of our population and reduce inequalities to improve outcomes for our residents and reduce demand for services.
 - Retain the local nature of public health, enabling local needs to be prioritised.
 - Improve the value from our investment in public health capacity – to make Public Health more visible, engaged, integrated and most importantly, effective, across the Local Authorities.
 - Enable more coherent support to the ICS, coordinating PH engagement across the ICS.
 - Improve value for money from Public Health contracts Director of Public Health role.
- 5.25 Bracknell Forest Council will lead the recruitment of this role, with full engagement from all parties. They will provide line management for the DPH but accountability will be to all 4 chief executives through a new DPH accountability Board. This body will sign off an annual work programme and undertake the Director's appraisal.
- 5.26 The role will have Director level influence in each Local Authority. The DPH will have a seat at the 'top table', access to the Chief Executives and lead Members and be party to resource and priority decisions for public health programmes, including those funded from the public health grant.
- 5.27 While the DPH may not line manage all the local Public Health Consultants, they will provide professional supervision, influence their work programmes and participate in their appraisal.

6 Comments of Other Committees

This report has not been considered by any other committees.

7 **Conclusion**

The Cabinet is asked to approve the proposal to dissolve the current pan-Berkshire arrangement between the six LAs and move to an arrangement between Slough Borough Council, RBWM and Bracknell Forest Council and the Frimley ICS.

A shared Director of Public Health role for East Berkshire will lead the public health system, working closely with the local authorities and partners across the integrated care partnership.

8 **Appendices Attached**

None.

9 **Background Papers(**

None.