

## Lancashire Shadow Health and Wellbeing Board - Update on the Public Health Transition

From April 2013, responsibility for public health will transfer from the NHS to upper tier local authorities who will be funded by a ring-fenced public health grant to deliver a new duty to take steps to improve the health of the population.

An estimated baseline for the public health grant has been published by the Department of Health and is based on public health spending during 2010/11. The estimated baseline for Lancashire is just under £46 million which equates to £37 per person. This is the minimum guaranteed funding allocation that has been made to Lancashire. A number of adjustments have been made to the baseline and submitted to the Department of Health, however it is not yet clear whether these will result in a greater allocation for Lancashire. A needs-based allocation formula for the public health ring-fenced grant has been developed and consulted on. A number of local partners have responded to the consultation. A final allocation formula along with the actual allocations will be published in December 2012.

While local authority based public health services will be largely free to determine its own priorities and services, it will be required to provide the following mandatory services:

- Appropriate access to sexual health services
- NHS Health Check assessment
- Steps to protect the health of the population
- Weighing and measuring children for the National Child Measurement Programme, and
- Providing public health advice to NHS commissioners

In Lancashire, governance of the public health transition is provided by the Public Health Lancashire Steering Group which is chaired by Richard Jones and includes membership from the County Council, a District Council, NHS Lancashire, the Health Protection Agency and the Strategic Health Authority. The three Lancashire Directors of Public Health are key members of the steering group. A joint Public Health Transition plan has been developed and is being implemented. This includes action to deliver a safe transfer of public health into Lancashire County Council (and other organisations that will take on so some of the PCT public health responsibilities, e.g. Public Health England and the National Commissioning Board), as well as action that capitalises on the opportunities that the reforms provide to transform the way we deliver public health in Lancashire. The plan's objectives are:

1. To ensure effective public health leadership during the transition and beyond
2. To ensure the effective delivery of public health programmes through the transition and beyond
3. To co-design an integrated public health service within Lancashire County Council
4. To ensure the smooth transfer of NHS public health staff to Lancashire County Council
5. To develop and implement a Business Transfer Agreement to guide the transfer of public health responsibility to Lancashire County Council
6. To ensure the effective transfer of financial and physical assets from the NHS to Lancashire County Council

The Director of Public Health in the County Council will have chief officer status and will be an Executive Director reporting to the Chief Executive. NHS Lancashire and Lancashire County Council sought to recruit a county-wide Director of Public Health earlier in the year but did not appoint to the post. Additional leadership capacity for the public health transition has been secured from Aislinn O'Dwyer, an independent public health consultant. The recruitment to the three posts that will directly report to the Director of Public Health is currently underway.

Formal consultation took place earlier in the year on the functions of the local authority public health service. In order to enable the transfer of public health staff to Lancashire County Council, Aislinn O'Dwyer is currently leading work to re-shape the public health workforce to bring the three PCT teams into one. It is intended that a draft re-shaped structure be consulted on with staff for 30 days from mid September. It is also intended that engagement with important partners in public health such as the Clinical Commissioning Groups, District Councils, LCC directorates, Public Health England and the local area teams of the developing National Commissioning Board takes place at the same time to ensure that the local authority public health service is able to provide the necessary support to the wider public health system.