

Public Health in Local Government

Briefing to the Committee Suggested questions for the Director of Public Health.

Local Governments new public health functions - Page 9:

"Each upper tier and unitary local authority in England will take on a new duty to take such steps as it considers appropriate for improving the health of the people in its area. "

Q: Who determines what is appropriate and what mechanisms will be in place to make those determinations - I.e. who will be consulted and what will the process be.

"In all they do, local authorities will want to ensure the health needs of ..."

Key word here is ALL -

Q: how will the Local Authority ensure All they do is communicated to all portfolios and partners and that those who think it nothing to do with them come onboard to support delivery?

Q: Will this be through the Public Health Workforce Strategy (page 14 refers) - and if so how much flexibility will there be for BwD to adopt and adapt this national strategy to meet its needs locally?

Q: his Strategy is supposed to go out to consultation by the Dept of Health, yet the Public Health powers are transferred in April - will this Strategy be consulted on within those timescales?

"...but there needs to be a much broader engagement in this agenda among all local political leaders."

Similar question - Q: how will you ensure broader engagement amongst ALL local political leaders?

Page 10

"...local authorities' leadership role.."

Q: This role is to commission as opposed to deliver - what mechanisms will be in place to ensure "a diverse provider model based on local needs and priorities" is fit for purpose?

Page 11

"Local authorities are also in an excellent position to test out new and joint approaches to payment by outcomes,"

Q: This would suggest there isn't currently a model to follow - who will own any risk assessment done on *new and joint approaches to payment by outcomes?*

Supplementary Q: Isn't there a danger that this approach is a play it by ear / give it a go - model?

" The Health and Social Care Bill includes a power for the Secretary of State for Health to prescribe that local authorities take certain steps in the exercise of public health functions, including that certain services should be commissioned or provided. The purpose of this power is not to identify some services as more important than others. Rather the issue is that in some service areas (particularly health protection) greater uniformity of provision is required. "

Delivering greater uniformity of provision - Could this mean we would be tied to what Lancashire / or the North West have as priorities and could we (BwD) end up propping up under performing services elsewhere in the county / Region?

The role of the Director of Public Health Page 12

"He/she will be able to promote opportunities for action across the "life course", working together with..."

Q: What is "life Course"?

Commissioning responsibilities Page 16

Q: This is a considerable list of responsibilities for the Local Authority - how do we ensure everything we do and deliver matches these aims? For example tobacco control and smoking cessation, obesity, local led nutrition initiatives - are you confident and clear and could you robustly defend criticism that the council does not promote any policies or actions that would contradict these policies?

Health protection plans Page 18 (& 20)

"We therefore propose to use a regulation-making power in the Bill to require local authorities to take steps to ensure that plans are in place to protect the local population.

Under this duty, local authorities (and Directors of Public Health on their behalf) would be required to ensure that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks to...."

"This local authority role in health protection planning is not a managerial, but a local leadership function. "

Q: What money / resources will transfer with this duty? Or is it to be absorbed out of existing resources?

Page 22

"CSOs will focus more on commissioning processes and clinical systems, including detailed analysis of referrals and activity, procurement and business processes. Both are essential for driving improvements in services.

There would be nothing to stop local authorities from agreeing locally to offer a wider range of services. Local authorities will also be free to meet this obligation in a

variety of ways, for example in relatively small authorities it may make sense to locate a team in a single authority, acting on behalf of several. "

Q: What plans if any are in place for the BwD Director of Public Health to offer services to Pennine Lancashire or Lancashire?
