

<b>Item No.</b> 16.	<b>Classification:</b> Open	<b>Date:</b> 12 February 2013	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		Establishment of Public Health Leadership and Commissioning in Southwark Council	
<b>Ward(s) or groups affected:</b>		All wards	
<b>Cabinet Member:</b>		Councillor Catherine McDonald, Health and Adult Social Care	

## **FOREWORD – COUNCILLOR CATHERINE MCDONALD, CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE**

On 1 April 2013, local authorities take on responsibility for public health. This presents huge opportunities to tackle some of the borough’s public health issues, and improve the health and wellbeing of our citizens. In our borough up to 600 people die early each year of preventable illnesses and the life expectancy of our least affluent citizens is around a decade less than that of our most affluent citizens.

Our vision is to work with our citizens to significantly improve public health – by tackling health challenges and reducing health inequalities. We want our borough to be a place with healthy communities. We want Southwark’s citizens to live healthy lives for as long as possible; and for our children and young people to grow up to be healthy, happy and productive members of our economies and communities.

Already, much of the council’s work has a positive impact on public health. In taking on the responsibility for public health, we will seize the opportunity to embed public health considerations in everything we do across the council. We want to make use of all our policy levers to improve public health, for example through our policies in regeneration, housing, planning, children’s services, leisure, adult social care, the wider environment and economy.

We recognise that to achieve our vision we need to go beyond borough boundaries. We recently took the decision to jointly appoint a specialist public health service, and a shared Director of Public Health, with Lambeth, to harness the collective resources of both boroughs to tackle the common health challenges we face. We look forward to formally welcoming the public health team into the local authority.

We will use the combined experience and expertise of our two boroughs’ public health professionals, joining together with existing local authority officers, to deliver change that will have a lasting impact on people, families and communities across all of Lambeth and Southwark. We will also work collaboratively with partners – for example through the Health and Wellbeing Board.

In taking on responsibility for public health from April, we will place democratic decision-making at the centre of how we determine local public health choices. This is hugely important. It provides our communities with the chance to directly shape, and hold us to account in, how we embed public health into our service delivery.

## **RECOMMENDATIONS**

That the cabinet:

1. Notes that the local authority will take on public health accountabilities and responsibilities from April 2013.
2. Notes the appointment on 3 September 2012 of a joint Director of Public Health for Southwark and Lambeth, in line with the Southwark Cabinet's decision of 17 July 2012.
3. Notes the NHS consultation with public health staff on the operating model for a shared specialist team for Southwark and Lambeth.
4. Agree the approach to commissioning sexual health services (paragraphs 43 to 52), alcohol and substance misuse treatment services (paragraphs 53 to 59), children's commissioning (paragraphs 60 to 63) and health promotion and prevention (paragraphs 64 to 65).
5. Agree to delegate authority for the final sign-off on the NHS' contract transfer scheme and staff transfer scheme to the Strategic Director of Children's and Adults' Services and the Strategic Director of Finance and Corporate Services.
6. Agree to delegate authority to the Strategic Director of Children's and Adults' Services after consultation with the Strategic Director of Finance and Corporate Services on:
  - i. the agreement with the local Clinical Commissioning Group referred to in paragraph [71]
  - ii. the tri-borough agreement referred to in paragraph [70]
  - iii. the shared service agreement referred to in paragraph [69] and any other ancillary agreements.

## **KEY ISSUES FOR CONSIDERATION**

### **Public health in Southwark**

7. Southwark is a borough of contrasts when it comes to key measures of public health. On the one hand, the borough's residents are living longer than ever before (with an increase in the average life expectancy in Southwark since 1991 of 5.2 years for women and 6.6 years for men), smoking rates are falling and there has been a reduction in the number of deaths from heart disease in recent years.
8. On the other hand, the borough faces some of the most challenging public health issues in London and in the country. Despite increases in life expectancy overall, average life expectancy for men is still lower than the national average, and the difference in life expectancy between our most affluent and least affluent citizens is around 10 years for men and around 9 years for women. National survey data (2006) shows that 13% of the borough's population is obese and 37% is overweight.
9. Southwark has high levels of cardiovascular disease, stroke and diabetes. There were 4,818 hospital admissions in Southwark in 2011-2012 related to alcohol.

Alcohol was a factor in 3101 recorded crimes (including domestic violence) between April 2009 and September 2010. Early deaths from smoking are high with around 33% of males compared to around 14% of females. When compared to rest of England, Southwark has a higher number of residents living with HIV.

10. The statistics paint a picture of much achieved but also much to deliver. Public health in Southwark is about more than health provision. It is also about the wider determinants that impact on people's lives - the economy and jobs that people have access to, the homes they live in and the places they work.
11. Public health means people having a good quality of life and being active and healthy citizens, for as long as possible, so they are able to make a positive contribution to the borough.
12. For the council, and other public sector partners, this means ensuring public health is embedded in all that we do. This means putting public health at the centre of our decision-making when thinking about how services are provided, to who and to what quality.
13. The council is already delivering a number of key promises, through the council plan, that will help improve public health. These include making all council homes warm, dry and safe by 2015/16, delivering improvements to Burgess Park, bringing the benefits of regeneration to local communities through ambitious plans for the transformation of the Elephant and Castle and introducing free healthy school meals for all primary schools. The council have also recently agreed a new economic well-being strategy which is about supporting economic growth and helping people into work and the positive health impacts that can bring. This demonstrates the importance that the council places on wanting to keep people as healthy as possible for as long as possible.
14. Equally, there are many benefits from delivering good public health in terms of the council's other areas of work. For example by reducing alcohol misuse or drug dependency this may decrease crime more generally across the borough, making the borough a safer and healthier.
15. Southwark has a long history of effective partnership working on public health. In 2003 the council established a joint director of health and social care, one of the first of its kind established in the country. The joint team went on to develop and deliver some pioneering and innovative services, for example the Carelink child and adolescent mental health team which is embedded in the services for children who are looked-after. The council now has an opportunity to build upon this shared history as it takes on direct responsibility for delivering public health from April 2013.
16. By bringing the public health service into the remit of the council, there is a huge opportunity to deliver step change and transformation in the way we tackle health challenges. We want to ensure people stay as healthy as possible for as long as possible so they avoid the negative impact that poor and ill health can have.
17. This is a huge opportunity because we are combining the talents of the public health service profession with the experience and delivery of council officers who work across a range of services (from parks through to community safety, children's and adults' services, planning, regeneration and housing).

18. We need to seize this opportunity with urgency to make Southwark an even healthier place as quickly as possible. By bringing public health under the remit of the council elected members will be able to have a better understanding of the key factors that influence people's health and well-being. They will also be able to make decisions based on expert advice to achieve real and lasting change.
19. Our vision is to significantly improve the public health of the citizens in our boroughs by tackling health challenges and reducing health inequalities. We want to improve life expectancy and ensure that people have the best health for as many years of their lives as possible. We also want people to have access to information to support them and their families' well-being.
20. We recognise that to achieve our vision we need to go beyond borough boundaries. We want to use the combined experience and expertise of our two boroughs' public health professionals joining together with existing local authority officers, to deliver change that will have a lasting impact on people, families and communities across all of Lambeth and Southwark. Having a specialist public health team and wider commissioned public health services will broaden the impact of public health leadership.
21. Working in partnership will be fundamental to achieve our vision for improved public health, particularly as public sector resources continue to be squeezed. This will require us to work with the health sector, GPs, the voluntary and community sector and the wider community to focus on the areas where we feel we can make the most positive impact.
22. As a member of the Department of Health's Early Implementers Network, Southwark committed to establish a shadow Health and Wellbeing Board in April 2012. This was a year prior to the Board becoming a statutory committee of the council (see report on "Establishing Southwark's Health and Wellbeing Board as a Committee of the Council" elsewhere on this cabinet meeting's agenda). Through the partnership work of the health and well-being board, the council will be able to have a deeper understanding of public health challenges in the borough. It will be able to more directly influence a broad range of bodies (such as GPs, Clinical Commissioning Groups and local hospitals) and services that impact on people's health and wellbeing in the borough.

### **Director of Public Health**

23. The Director of the Public Health (DPH) will be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues. The DPH will provide the expert understanding of the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health.
24. The DPH will be responsible for providing leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services. Core statutory responsibilities of the DPH include public health leadership across the local system, plans to protect local population health, statutory annual reporting on local population health, advice to NHS commissioners on local population health and a role in emergency preparedness for threats to local public health.

25. In partnership with local authority colleagues, such as the strategic director of children's and adults' services, the DPH will tackle the causes of ill health in the borough and work to reduce health inequalities, particularly for the most vulnerable communities in the borough.
26. At the most strategic level, the DPH will be an active member of both Lambeth and Southwark's health and wellbeing boards, advising on, and contributing to, the development of joint strategic needs assessments and joint health and wellbeing strategies.
27. It will also be important that the DPH and the specialist public health team work with local authority colleagues within the council's overall commissioning cycle. This work will include: using the joint strategic needs assessment to inform strategic planning and review service provision; identifying vulnerable groups and assessing and analysing the effectiveness of access arrangements; investigating differential take up of services; and monitoring and evaluating the impact of commissioned services in terms of closing the health inequalities gap.
28. The DPH will also have a key role in protecting the local population from risks to public health, again working in partnership with local organisations, groups and stakeholders.

#### **Specialist public health team**

29. In July 2012, the cabinets of both Lambeth and Southwark Council approved a plan to create a specialist public health team across Lambeth and Southwark, located in and employed by Southwark, and to appoint a joint Director of Public Health.
30. There are a number of benefits to pursuing a partnership approach and creating a specialist public health team that supports both councils. A shared team will allow both boroughs to share expertise, knowledge and approaches to identifying and tackling the root causes of inequality in health outcomes in both boroughs. The specialist team will help develop public health capacity across both councils and partner organisations in both boroughs. The specialist public health team will provide a strong, expert bridge between the health needs of the population of Lambeth and Southwark and the council services upon which they rely.
31. The specialist public health team will be focused not just on the present, but also on the future of both councils and their residents, improving the wellbeing of our populations and preventing ill health. The team will achieve this through the application of their public health expertise, and through a strong commitment to partnership working, communication and continuous learning.
32. The specialist public health team will support the Director of Public Health to discharge their core responsibilities for public health on behalf of Lambeth and Southwark. An operating model and draft structure for the specialist team was published as a consultation by the NHS with their staff on 22 January 2013. The consultation ends on 21 February 2013. Following the consultation and implementation of the new structure these staff will formally transfer from the NHS to Southwark Council on 1 April 2013.
33. The model for the specialist public health team is based on delivery across three domains: health intelligence and analysis; health protection; and, health

improvement, including partnership work and public health input to commissioning.

34. The principles of the specialist team will be to:
- work in partnership to improve health and reduce health inequalities
  - understand local health needs
  - ensure parity in providing expert advice and support to both councils
  - work with local communities
  - advocate for health in the borough
  - support prioritisation of public health initiatives
  - have an evidence-based approach to policy making
  - bring a public health perspective to all local authority commissioning
35. As the specialist service is embedded in the council's way of working and operations there will be opportunities to review and consider how resources are best deployed to achieve the vision for improved public health across Lambeth and Southwark.

### **Approaches to commissioned services**

36. The Health and Social Care Act 2012 has set out a number of areas for mandatory and discretionary commissioned services which will transfer from the responsibility and management of the local NHS to the local authority from April 2013. These are highlighted at Appendix 1.
37. The local authority is working closely with the local NHS to ensure that the transfer of services does not adversely affect service users or the performance of these services. Every opportunity to align these services with those of the local authority, and for improvement of services is being taken.
38. The mandatory services transferring to the local authority are:
- comprehensive sexual health services;
  - the National Child Measurement Programme; and
  - NHS Health Check assessments.

In future years, elements of children and young people's commissioning may be mandated.

39. A wide range of discretionary service areas will become the responsibility of the council from 1 April 2013. Provision of these services should be locally determined, guided by the local joint health and wellbeing strategy, local joint strategic needs assessment and Public Health Outcomes Framework. Provision and levels of provision for these services may also be mandated by the Secretary of State in further legislation. The local NHS has identified relevant services which are currently provided locally, and identified the transferring resources. In Southwark, these services include;
- sexual health services in addition to those mandated above
  - drug and alcohol misuse treatment services;
  - children and young people's health services, and
  - health promotion and prevention services.

40. The formal transfer scheme is yet to be published, however, the local authority and local NHS have worked closely together to identify the relevant commissioned services for transfer. This is in line with national legislation and policy guidance. The local authority and local NHS have identified the scope for each of these services and the current strategic, governance, management and resource arrangements.
41. At the direction of chief officers from the local authority and local NHS, senior commissioners from the local authority and local NHS have worked together to identify possible approaches to the commissioning of each of these service areas through the transfer and stabilisation of these services, and plan to review these for the medium to longer term. These approaches are set out here for each of the areas under consideration. Plans for transfer have focused on providing a steady-state transition for the first year to minimise the risk of disruption to services. Once services have been transferred safely, the council plans to review how each of these services is commissioned, on a phased basis, working in partnership with the NHS, partners and stakeholders.
42. Commissioning activity will be located across a number of areas in the council which reflects the importance of a cross-council approach to leadership on public health. This will involve the Strategic Director of Children's and Adults' Services, the Director of Public Health and the councils' senior leadership team working together in partnership to deliver the vision. Specific accountabilities will be reviewed and clarified as public health is embedded within council services and the government finalises expectations on public health provision in local authorities.

### **Comprehensive sexual health services**

43. Improving sexual health is important in Southwark, where for example HIV prevalence rates are amongst the highest in the UK and over twice the London average.
44. The level of teenage conceptions in the borough has fallen steadily over the past ten years, but is still high.
45. To tackle these challenges Southwark PCT has worked in partnership with Lambeth and Lewisham PCTs for six years to jointly commission sexual health and HIV services across the three boroughs. The Sexual Health Commissioning team has developed knowledge and expertise in this specialist area and has historically provided a responsive and high quality service across the three boroughs. The joint team has a track record in pioneering service developments, for example introducing voluntary HIV testing at registration with a GP and training pharmacists to provide over the counter emergency contraception.
46. The legislation sets out that the local authority will become responsible for commissioning comprehensive open-access and confidential contraception and sexually transmitted infections (STIs) testing and treatment services, for the benefit of all persons of all ages present in the area.
47. In Southwark these services are currently commissioned by the NHS through a range of public, private and voluntary sector providers, through contractual and supplementary arrangements to the value of £7.803M.

48. Sexual health services currently provided include: reproductive sexual health; STI testing and treatment through genitourinary medicine services at local hospitals; post-exposure prophylactic treatment for HIV; young person's sexual health; community contraceptive services, and local sexual health promotion and prevention work.
49. The NHS will retain responsibility for some sexual health services, which will include contraceptive provision that is part of existing GP contracts, termination of pregnancy and vasectomy services, HIV treatment and sexual assault referral centres. The local authority will continue to work closely with the NHS to ensure that the range of sexual health services provided in the area is appropriate, that transitions between services for people accessing those services work well and overall resources are used most effectively.
50. Southwark, Lambeth and Lewisham have similar populations with similar needs and existing sexual health challenges. The pattern of health provision across the three boroughs means that residents from all three boroughs currently access health provision from largely the same sites and services. We recognize the benefits the primary care trusts have gained through commissioning sexual health services via a tri-borough commissioning team.
51. The proposed commissioning approach for sexual health is therefore to maintain and formalise the existing arrangement of a tri-borough commissioning team covering Lambeth, Southwark and Lewisham, with the team hosted by Lambeth Council. The scope of the team would include sexual health services which the local NHS will be responsible for commissioning, alongside the local authority commissioned services. If agreed by Southwark's cabinet, the decision to proceed with a tri-borough service will be ratified by Lambeth's cabinet on 4 March 2013.
52. The formal and final transfer scheme for contracts will be published on the 28 March 2013, and officers expect it to match the current identified contracts.

### **Substance misuse (drug and alcohol) treatment services**

53. The local authority currently commissions substance misuse treatment and ancillary services jointly with the Primary Care Trust through Southwark's Drug and Alcohol Treatment Board. The DAAT Board is chaired by the Strategic Director for Environment and Leisure and is a statutory body formed under the Crime and Disorder Act 1998. It reports to the Safer Southwark Partnership. It is responsible for overseeing the commissioning and management of substance misuse treatment services within the Borough.
54. Under the new arrangements, the majority of currently commissioned services within the health service will become the responsibility of the local authority. These jointly commissioned services are wide ranging. They include early intervention and prevention services, treatment for addictions including complex care, inpatient treatment and crisis management.
55. In addition keywork, referral and treatment are provided for clients from the criminal justice sector including the courts, prisons and the police service on arrest. The current contract value of transferring services is £8.131M.
56. Tackling both drug and alcohol misuse is a key issue for Southwark as the negative impacts directly affect long term health outcomes, crime, domestic



violence, gang and weapon violence, families, and the night time economy. Alcohol and substance misuse is a key factor in the lives of some of Southwark's most troubled families. Good clinical treatment and care has been shown to help reduce these impacts significantly. Integrated commissioning across funding streams will enable the development of more services that intervene early to support and challenge parents to keep their children safe from harm and raise them successfully.

57. Successive Governments have produced national drug and alcohol strategies which look to local authorities to provide leadership in their local delivery and implementation. Key parts of that delivery include:
- Effective prevention and early intervention services including those for young people;
  - High quality treatment and care which is recovery oriented with the overall aim that individuals will be helped to recover to integrate fully back into society.

These are areas which have significant cross-cutting effects and impacts for families and communities as well as a significant impact on the physical and mental health and wellbeing of individuals and communities.

58. The prevention and reduction of alcohol misuse has been identified as one of the shadow health and wellbeing priority areas. The new Southwark Alcohol strategy 2013-16 has been presented to the shadow Health and Wellbeing Board (15 January 2013). It is a multi-agency strategy which aims:

“to work in partnership to promote recovery, and protect individuals, families and our communities from the harm caused by alcohol misuse in Southwark”

59. Senior local authority commissioners currently work with NHS commissioners and the DAAT team which sits within community safety, who currently co-commission the treatment and associated services relating to substance misuse. The bulk of the current commissioning is managed by the NHS team which has been identified for transfer. The proposed commissioning approach for alcohol and substance misuse in Southwark would be to join together the DAAT team in one location and so establish a substance misuse commissioning team in the Community Safety and Enforcement division. This will build on the already strong relationship established between this team and the Health and Wellbeing board, and will include public health leadership, to ensure the current benefits of close links and working between this commissioning area and the rest of the health system is maintained.

### **Children and young people's commissioning**

60. It is crucial to ensure children get the best start in life. Taking better care of children's early health and development can improve educational attainment and reduce the risk of poor health outcomes in later childhood and through into adult life.
61. Childhood obesity in Southwark remains a significant concern, with the highest prevalence in the country at age eleven. The council is introducing universal free healthy school meals in primary schools to help tackle obesity by ensuring that all children have access to at least one healthy meal a day during term time. The new approach to public health will provide robust opportunities to work in

new ways across the system with children's services colleagues, schools and partners from the community and voluntary sector to challenge and review existing approaches and determine local strategies together.

62. Commissioned services for young people that are due to transfer in April 2013 mainly comprise of school nursing services and the National Child Measurement Programme. The school nursing services, healthy start vitamins and healthy school programme contract value is £1.513M. The local authority's responsibilities for children and young people's commissioning will increase from 2015 as the government has set out that they anticipate the transfer of responsibility for children's commissioning from 0-5 which would include the health visiting service.
63. The proposed approach for this area is to explore joint commissioning arrangements with Southwark CCG in 2013/14 to deliver this service through the existing community health contract. In parallel a joint review by the council, the CCG and other key stakeholders (including headteachers and Children's Centre Managers) will draw on expertise from the public health team and include the outcomes of the single service reviews currently in progress to develop options for commissioning arrangements for 2014 onwards. The review should report no later than autumn 2013.

#### **Health promotion commissioning**

64. Health Promotion and commissioned services include a range of programmes to promote healthy weight and encourage smoking cessation. The current contract value is £0.928M.
65. The proposed approach for this area in 2013/14 is to continue to deliver some health promotion services directly, transferring current staff into the shared service. This is a different approach to Lambeth where these services are commissioned from Guys and St Thomas's Trust. Over this year we will review opportunities to jointly commission these services with Lambeth, testing the market and bringing forward proposals for 2014/15 and beyond no later than Autumn 2013.

#### **Public health funding and resources implications**

66. The Department of Health has set out that Southwark Council's ring-fenced grant allocation for the delivery of public health services in 2013/14 is £21,809,000. The allocation is set 5.4% above the baseline given for the cost of public health services. The detailed scope of the local authority's responsibilities within that funding has yet to be finalised by government.

#### **Governance arrangements**

67. The cabinet member for health and adult social care is publicly accountable for the delivery of public health leadership in Southwark, who in turn will hold the council's senior leadership to account for delivery including the Director of Public Health, Director of Children and Adults Service and other relevant officers. The more detailed governance and accountability arrangements will be developed once the council takes on formal responsibility for public health delivery from April 2013.

68. At an officer level the Director of Public Health for Lambeth and Southwark reports to the Chief Executives of both Lambeth and Southwark for delivery of public health leadership and advice for both areas This includes the delivery of the local authorities' statutory public health functions, including an annual report on population health. The Director for Public Health will be a statutory member of both Health and Wellbeing Boards of Southwark and Lambeth.
69. More specifically there will be a detailed legal agreement in place between the two authorities with regards the specialist service.
70. Arrangements for the joint sexual health commissioning team will be set out in detail in an agreement between Lambeth, Southwark and Lewisham Councils and relevant Clinical Commissioning Groups.
71. Arrangements for areas of joint working and commissioning with the NHS will be set out in a legal agreement between the council and the local Clinical Commissioning Group.
72. The budget for the grant allocation will be managed by the Strategic Director of Children's and Adults' Services.

#### **Transfer of contracts**

73. The transfer of contracts will require a mixed approach to governance and some phasing of new procurement for services.

#### **Transfer of staff**

74. The transfer of staff will be in line with the Transfer Scheme (yet to be published in finalised form) under the Health and Social Care Act 2012. The process for the identification of staff to transfer is set out within policy and legal frameworks. It will involve local "sender and receiver" meetings, to follow the consideration of responses on the current staff consultation on the specialist public health team structure.

#### **Evaluation and review**

75. The specialist public health service will be subject to evaluation and review following transfer to ensure the efficacy and affordability of the service.

#### **Policy considerations**

76. The Health and Social Care Act 2012 sets out new responsibilities for local authorities, to be responsible for public health commissioning and to appoint a local Director of Public Health to lead on public health and population healthcare issues across the local system. It sets out a duty for the authority to "take such steps as it considers appropriate for improving the health of the people in its area".
77. The Health and Social Care Act envisages a new role for local authorities in terms of health and wellbeing leadership. This new role was articulated in the 2010 *Marmot Review* which set out the limitations in tackling health inequalities in the current system in which "the perception among agencies is that responsibility for the delivery of health improvement lies with the NHS". The

Marmot review highlighted that local government and other organisations hold many of the levers that shape and can have an impact on health improvement.

78. From April 2013 councils take on a new role across all four domains of public health, that is: health improvement, health protection, public healthcare and improving the wider determinants of health. The new role for local authorities will be to lead work to tackle health inequalities across the system, and to champion improvements in health and wellbeing outcomes for local populations.
79. Following the transfer of public health accountabilities from the NHS, local authorities will receive a ring-fenced public health budget set by the Department of Health. Local authorities are expected to be guided by their local joint strategic needs assessment and health and wellbeing strategy, and the objectives within the national public health outcomes framework. There is an opportunity to align the objectives in the public health outcomes framework with related objectives in the adult social care outcomes framework.
80. There are a number of mandatory commissioned services, for sexual health services, NHS Health Check assessments and the National Child Measurement Programme. Each local area is required to have a Director of Public Health, although this role can be shared between areas (as is proposed in Lambeth and Southwark), and the Director of Public Health will fulfil a number of statutory duties including providing professional public health expertise to both councils, clinical commissioning groups and health and wellbeing boards.

### **Community impact statement**

81. The health and wellbeing of the local population is at the core of public health commissioning, the work of the Director of Public Health and the specialist public health team. The transition of public health from the NHS to local authorities, as set out in the Health and Social Care Act 2012, includes at its core the provision for local authorities to take on a new leadership role in terms of health improvement for local communities. The role of a shared Director of Public Health, in working with the council, NHS and other partners, is to help lead change across organisations, and to tackle health inequalities in both Lambeth and Southwark.
82. The involvement of communities is a key part of the work of all parts of the health system, including through health and wellbeing boards of which the Director of Public Health is a member. The value of including the wider views of individuals and communities is critical to both understanding and tackling the health and wellbeing issues in both Lambeth and Southwark.
83. The additional value brought by a specialist public health team across the two areas will be to work with communities across borough boundaries, and to help enable the combined efforts (including community knowledge and resources) to be brought to bear on health issues in both Lambeth and Southwark.
84. A key initial principle of the transition will be that it is 'steady-state', so there will be minimal change to the services which are currently being provided to the community. This is due to the scale of change in the NHS and the complex nature of the commissioned services the local authority will be responsible for from 2013.

85. Engagement with the community and with people accessing commissioned public health services is a core principle within future commissioning strategies for the new public health services within the council. The impact of these services on the community, and the views of the local community about these services, will be a core element of any reviews of public health services over 2013-14, in their first year of provision with the council.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Director of Legal Services**

86. The Cabinet is being asked to agree the approach to commissioning sexual health services, alcohol and substance misuse treatment services, children's commissioning and health promotion and prevention. Cabinet is also being asked to agree to delegate authority for the final sign-off on the NHS' contract transfer scheme to the Strategic Director of Children's and Adults' Services and the Finance Director.
87. There is no specific power which permits the council to enter into shared delivery models with another public authority. The legal powers are contained in a variety of legislation including sections 101 and 102 of the Local Government Act 1972 (delegation of specific functions to another local authority) and the Local Authorities (Goods and Services) Act 1970 (providing services to other local authorities) . The combined effect of this legislation is to give local authorities the power work together to provide services usually provided by local authorities.
88. It is proposed that the tri-borough sexual health commissioning team for Southwark, Lambeth and Lewisham, although serving all three boroughs, and the three local Clinical Commissioning Groups, will be based with Lambeth and be employees of Lambeth Council, with Southwark Council and Lewisham Council making a contribution to employment costs. It will be important that a written agreement is put in place between the three local authorities clearly setting out what Lambeth Council's responsibilities as lead commissioner will be, what level of input Southwark Council will have in commissioning and managing the services, and how Lambeth will report back to its partners. The agreement should also detail the financial arrangements for transferring the relevant budget to Lambeth Council and how any over-spend or under-spend is dealt with. It will also be essential to include provisions setting out how the arrangement can be terminated and how any associated liabilities will be dealt with.
89. It is proposed that the majority of the currently commissioned substance misuse (drug and alcohol) treatment services and that some of the health promotion services will become the responsibility of the local authority from April 2013. It has also been proposed that a steady-state transition is followed for the first year to minimise the risk of disruption to services.
90. The relevant officers will need to ensure that any procurement processes or contract awards are carried out in line with the Council's constitution and in particular its Contracts Standing Orders or that the relevant approvals are obtained where it is necessary to go outside of these, e.g. due to time constraints. It will also be necessary to consider whether there any unduly onerous obligations, unusual provisions or unacceptable omissions in existing arrangements with service providers that the council is not prepared to agree to for the transition period.

91. It is proposed that children's and young people's services as well as some block contracts and locally enhanced services dealing with substance misuse treatment will initially be commissioned through Southwark CCG. It is essential that an agreement is put in place with Southwark CCG covering the same issues as outlined above in relation to the tri-borough sexual health commissioning agreement. Consideration should also be given now to how block contracts might be disaggregated in the future if the commissioning strategy changes.
92. The council will need to ensure that in all commissioning arrangements it is acting in compliance with the public sector equality duty stemming from the Equality Act 2010 and carries out the appropriate equality analyses when procuring services.
93. The report sets out in paragraph 84 that there will be minimal change to the services which are currently being provided to the community on transition and that the council will engage with and assess the impact of future commissioning arrangements on the community. Carrying out appropriate equality analyses and engaging with the community when procuring services will ensure that the council is acting in compliance with the public sector equality duty. Equality analyses would inform the council of the impact that its decisions will have on the community and specifically on particular groups within the community who may be disproportionately affected. The council would then be able to take steps to lessen such impact, where appropriate
94. As a steady state transition has been proposed, we understand that there should be minimal immediate impact on the community. However, this may change in the future if the commissioning strategy changes.
95. The proposal for a Director of Public Health and specialist public health team, serving both Lambeth and Southwark, but based at Southwark and employed by Southwark Council was approved by Cabinet in July 2012 following legal advice on the same. Whilst it is not intended to repeat generally the advice given, it is important to re-state that an agreement will need to be put in place with Lambeth Council containing appropriate indemnity arrangements to ensure that any liabilities which might initially fall to Southwark as employer are ultimately apportioned between Lambeth and Southwark. The agreement should also contain provisions dealing with possible termination in the future. It is also recommended that indemnity protection be sought from the Department of Health or NHS with regard to liabilities arising from pre-transfer acts in relation to staff transferring into the shared service.

#### **Strategic Director of Finance and Corporate Services (FC/13/101)**

96. This report recommends that the cabinet notes matters pertaining to new public health accountabilities and responsibilities, and also seeks approval for an approach to commissioning various services.
97. The Strategic Director of Finance and Corporate Services notes the funding and resource implications contained within the report. The new public health responsibilities offer the council an opportunity to significantly improve public health by tackling health challenges and reducing health inequalities. However, it is important that the risks of current contracts are quantified and that the total expenditure is managed within the budget being made available of £21.809m.

98. It is noted that officers are continuing to work with colleagues in the PCT, Department of Health and Lambeth Council to finalise indicative expenditure numbers subject to any changes in the proposed specialist team structure following consultation.

### **Director of Human Resources**

99. Local authorities are set to receive, via a Transfer Scheme, public health functions and NHS employees as part of the overall reorganisation of health services and restructure of the health system (creation of Clinical Commissioning Groups, Public Health England etc). As sender organisations NHS bodies have to operate according to the principles agreed with the NHS trade unions about the treatment of staff during reorganisations. In practice this means local authorities have to abide by some overall national decisions as the people transferring are NHS staff up to the point of transfer.
100. The Department of Health and the LGA have agreed a process for local authorities as receiver organisations to follow whereby joint working groups collaborate on the functions transferring and identify the workforce to be named in the transfer scheme. The Department of Health and the LGA have agreed a process for local authorities as receiver organisations to follow, whereby joint working groups collaborate on the functions transferring and identify the workforce to be named in the transfer scheme. This will be written to ensure the protections offered by the Cabinet Office Statement of Practice (COSOP) January 2000 (Revised November 2007) applies. This will be important for staff as COSOP effectively means that staff will be treated no less favourably than if TUPE applied, in relation to protecting statutory continuity of employment, transferring on current terms and conditions, including any contractual redundancy or severance entitlements. National decisions have also been taken in relation to Pensions enabling transferring staff to remain in the NHS pension scheme.
101. The HR arrangements for both sender and receiver organisations are complex and the NHS and council both have statutory and policy collective and individual consultation and information requirements.
102. The council's priority has been to work with NHS leads to ensure a smooth payroll and pensions transfer as staff will transfer irrespective of the operating model agreed. Due diligence around terms and conditions, employee rights and liabilities is now taking place, including the identification of any 'measures' proposed by the council. Southwark and Lambeth HR are working closely on all aspects of the HR aspects of the transfer.
103. More broadly, staff transfer considerations will include how best to ensure the public health team embeds effectively into the local authority organisations, and that ways of working are harmonised effectively.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Healthy lives, healthy people	Department of Health	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120</a>
Public Health Outcomes Framework	Department of Health	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358</a>
Public Health Factsheets	Department of Health	<a href="http://www.healthandcare.dh.gov.uk/public-health-system/">www.healthandcare.dh.gov.uk/public-health-system/</a>
Southwark Council Cabinet paper, 17 July 2012	Council Offices, 160 Tooley Street, London SE1 2QH	<a href="http://moderngov.southwark.gov.uk/documents/s30448/Report%20Public%20Health%20Shared%20Service%20between%20Lambeth%20and%20Southwark%20Councils.pdf">http://moderngov.southwark.gov.uk/documents/s30448/Report%20Public%20Health%20Shared%20Service%20between%20Lambeth%20and%20Southwark%20Councils.pdf</a>

## APPENDICES

No.	Title
Appendix 1	Local Authority Commissioning Public Health Responsibilities



**AUDIT TRAIL**

<b>Cabinet Member</b>	Councillor Catherine McDonald, Cabinet Member for Health and Adult Social Care	
<b>Lead Officer</b>	Romi Bowen, Strategic Director of Children's and Adults' Services	
<b>Report Author</b>	Kerry Crichlow, Director Strategy & Commissioning (Children's and Adults' Services) Stephen Gaskell, Head of Strategy and Partnerships	
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<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Director of Legal Services	Yes	Yes
Strategic Director of Finance and Corporate Services	Yes	Yes
Director of Human Resources	Yes	Yes
<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutional Team</b>	1 February 2013	