



NORTH YORKSHIRE SHADOW HEALTH AND WELLBEING BOARD

DATE: 15 February 2013

Briefing on the public health responsibilities and functions
transferring to North Yorkshire County Council in April 2013

1. Purpose:

This paper presents an overview of the public health responsibilities that transfer to North Yorkshire County Council on 1st April 2013 and presents the baseline position for public health outcome measures in the county.

2. Background:

- 2.1 The Health and Social Care Act 2012 gives new statutory responsibilities to upper tier and unitary authorities for the health of their populations from 1st April 2013. Each local authority will be given a public health ring-fenced grant and is expected to appoint a specialist trained Director of Public Health (DPH) and public health support with the full range of appropriate skills to deliver its new public health functions.
- 2.2 NYCC will have key responsibilities across the three domains of public health – health improvement, health protection and healthcare public health.
- 2.3 The influences on the health of a population range from biological and behavioural factors to “wider determinants” such as the economy, housing and education. The new responsibilities for public health are intended to complement the existing roles of local authorities to promote health and wellbeing. These include transportation, community safety, housing, education and environmental health to list a few.
- 2.3 A public health outcomes framework has been published with the aim to measure 2 main outcomes:
 - Increased healthy life expectancy, and
 - Reducing differences in life expectancy and healthy life expectancy between communities.

3. Public health functions:

- 3.1 NYCC will be responsible for commissioning public health services through the public health ring-fenced grant. There will be flexibility for councils in terms of this commissioning function although some areas such as sexual health will be mandated.
- 3.2 NYCC and the Director of Public Health on their behalf will 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 full scale emergencies, and to prevent as far as possible those threats arising in the first place. The scope of this duty will include local plans for immunisation and screening, as well as the plans acute providers and others have in place for the prevention and control of infection, including those that are healthcare associated.

- 3.3 The quality of healthcare services provided by the NHS is an important influence on population health and local authorities have a duty to ensure that public health expertise is available to NHS commissioners to inform the commissioning of healthcare services.
- 3.4 The Director of Public Health, on behalf of NYCC and with the support of the specialist public health team, is responsible for providing leadership across all partners in the county which have a focus on improving the health of the population and ensuring that variations in health outcomes are reduced between communities.
- 3.5 The Director of Public Health is the principal adviser to Health and Wellbeing Board in developing a Health and Wellbeing Strategy based on the assessed needs of the population and proven interventions to improve health. Along with the public health team, the DPH will be responsible for providing specialist public health advice to commissioners on priorities for health and social care spending and the appropriate configuration of services within and between local authorities. The DPH will support the Local Resilience Forum in developing comprehensive multi agency plans for the anticipated threats to public health in North Yorkshire.

4. Public health ring-fenced grant :

- 4.1 The public health ring-fence grant allocation was announced on 10 January 2013. The allocation for North Yorkshire is £19 021 000 in 2013/14 and £19 732 000 in 2014/15.
- 4.2 The mandatory services and steps that local authorities will need to provide are:
- appropriate access to sexual health services
 - steps to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population
 - ensuring NHS commissioners receive the public health advice they need
 - the National Child Measurement Programme
 - NHS Health Check assessment
 - Elements of the Healthy Child programme 5-19 years.
- 4.3 The indicative list of public health commissioning responsibilities that local government will take on is as follows:
- Tobacco control and smoking cessation services;
 - Alcohol and drug misuse services;
 - Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) and in the longer term all public health services for children and young people;
 - The National Child Measurement Programme;
 - 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;
 - NHS health check assessments;
 - Public mental health services;
 - 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;
 - 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);

- Local initiatives to reduce excess deaths as a result of seasonal mortality;
- The local authority role in dealing with health protection incidents, outbreaks and emergencies;
- Public health aspects of promotion of community safety, violence prevention and response;
- Public health aspects of local initiatives to tackle social exclusion; and
- Local initiatives that reduce public health impacts of environmental risks.

5. Public health outcomes :

- 5.1 North Yorkshire has better public health outcomes compared to the England average for the majority of indicators with the exception of road injuries and death (Health profile 2012 accessed at www.healthprofiles.info).
- 5.2 The NHS Commissioning Board have produced initial information packs at Local Authority and CCG level that set out key data to inform the local position on outcomes. The Local Authority level packs present high level comparative information on the NHS, the Adult Social Care and the Public Health Frameworks (<http://www.commissioningboard.nhs.uk/la-ccg-data/>). North Yorkshire had better performance on the two overarching public health outcome measures compared to other areas in the Prospering UK ONS Cluster which benchmarks against similar local authority areas.

6. Recommendations

- 6.1 The Shadow Board is asked to note the contents of this paper.

Author: Dr Lincoln Sargeant, Director of Public Health for North Yorkshire
Contact Details: County Hall, Northallerton, DL7 8DD
Telephone: 01609 532476