

Meeting of the Cabinet - 13th February 2013

Report of the Chief Executive

Next Stages of Health Reform – Implications for Dudley Council

Purpose of Report

1. For Cabinet to consider the implications of the next stages of health reform for Dudley Council and to approve action for public health transition.

Background

2. The Cabinet considered overall progress with the implementation of NHS Reform in Dudley Borough in March 2012. A further Report in June 2012 confirmed direction for the role of the public health service within the Council on transfer to support the new Council responsibility for health improvement of Dudley people. The Government's main timescale for many of the changes established through health reform is April 2013 and it is timely for Cabinet to consider implications and subject to consideration approve needed actions.
3. *Dudley Clinical Commissioning Group* .
 - 3.1 Mr. Paul Maubach was appointed as Chief Officer to the Dudley Clinical Commissioning Group in October 2012. The Dudley Clinical Commissioning Group achieved their "authorisation" in December 2012. This formalises the direction of travel of transferring large areas of responsibility for commissioning health services in Dudley Borough to the Clinical Commissioning Group.
 - 3.2 Dudley Council is represented on the Clinical Commissioning Group's Board by the Chief Executive and the Director of Public Health.
 - 3.3 The Clinical Commissioning Group have been active members of the Shadow Health and Well-Being Board. Dr Nick Plant is the clinical lead for partnerships and has attended the Shadow Health and Well-Being Board's meetings in public as well as the Development Sessions. The Council and the Clinical Commissioning Group work together to integrate activity through a range of mechanisms such as Section 75 Agreements of the National Health Service Act 2006 or shared strategies and action plans e.g. for Dementia or Carers.
 - 3.4 With the Council's responsibility for health improvement in mind, it will remain vital that good working relationships are maintained between the Council and the Clinical Commissioning Group.

4. *The NHS Commissioning Board Local Area Team / Black Country Primary Care Trust Cluster*

4.1 The NHS Commissioning Board Area Team has been established for Birmingham, the Black Country and Solihull. Wendy Saviour has been appointed as its Chief Executive. Alison Taylor has been appointed Director of Finance. She will be the main point of contact for Dudley Borough and will be a member of the Dudley Health and Well Being Board. The Cabinet will wish to note that Dr Steve Cartwright, a Dudley GP, has also been appointed as Medical Director for the NHS Commissioning Board Area Team for Birmingham, the Black Country and Solihull.

4.2 To establish working relationships for the locality, a meeting between senior officers of the Council with Wendy Saviour and Alison Taylor took place on 22nd January 2013. The geographical coverage of the NHS Commissioning Board Local Area Team for Birmingham, the Black Country and Solihull, means that it is important that Dudley can influence the work and decisions of this new NHS body which amongst its remit will be responsible for commissioning primary care GP services, general dental services, community pharmacy and optometry.

4.3 The Black Country Primary Care Trust Cluster remains in place legally until the end of March 2013. The NHS Commissioning Board Area Team for Birmingham, Solihull and the Black Country has been managing the remaining statutory responsibilities through transition.

5. *Dudley Shadow Health and Well-Being Board*

5.1 The Cabinet agreed to establish a Shadow Health and Well Being Board for the 2011-12 municipal year and has now completed almost two years in shadow form.

5.2 Through its meetings in public and its Development Sessions, the Shadow Board has worked through with others as needed a number of required pieces of work related to its purpose including:

- amendment to the Council's Constitution, clarified the role of the Board as a Council Committee and the role of Cabinet Member for Health and Well Being
- production of an up-dated Joint Strategic Needs Assessment
- development of a Joint Health and Well Being Strategy based on that needs assessment and wide engagement with people of Dudley Borough—the Strategy aims to improve the health of the people of Dudley Borough, the quality of health services and reducing health inequalities in Dudley Borough
- clarifying key relationships with other statutory bodies which promote quality and safety in Dudley health and care services in the Dudley Safeguarding Children's Board, the Dudley Safeguarding Vulnerable Adults Board and the health scrutiny function
- extending the integration of health and care services such as Intermediate Care Services and Continuing Health Care services starting with co-location of staff;
- actively engaging with the local community about local priorities as a Board and through individual agency activity

- work amongst partners to respond and manage an innovative “Health and Well Being in Dudley – joint initiatives” funded from the Clinical Commissioning Group
- through its Development Sessions, given broader focus to the implications of issues including equality, diversity and inclusion; prioritisation; needs assessment; engagement and scrutiny; and other Board development issues.

6. *Healthwatch Dudley*

6.1 A formal Tender process has been undertaken led by the Council to identify a provider for Healthwatch Dudley. This is a new organisation in the locality which will carry forward functions currently done by the Dudley Local Involvement Network through three main areas of activity:

- Influencing local health and social care
- Informing and signposting local people on local services
- Providing advice and advocacy

6.2 Work on this process began over a year ago which included two large engagement events and the use of a Reference Group of people using services and other stakeholders to support overall design of a specification for Dudley within the national guidelines.

6.3 The successful provider was confirmed in January as the Dudley Council for Voluntary Service. They are now working to establish Healthwatch in Dudley. It will be independent of the Council and NHS agencies and a Healthwatch representative will be a member of the Health and Wellbeing Board after April 2013 to strengthen the voice of people using care and health services.

7. *Health Scrutiny.*

7.1 A statutory requirement for health scrutiny remains in the changed working environment for the arrangement following health reform in Dudley. Following Consultation undertaken in 2012, it is understood that health scrutiny powers will be conferred onto the local authority directly rather than a local authority Health Overview and Scrutiny Committee (HOSC), but with powers to enable the authority to arrange for the functions to be discharged through a Health Overview and Scrutiny Committee or some other arrangement should it wish to do so. The Shadow Health and Well Being Board and the Health and Adult Social Care Scrutiny Committee has considered the way in which effective relationships will be maintained so that effective democratic leadership for the local health and care systems can be assured.

8. *Public Health Transition*

8.1 As part of its new remit to act as a health improving Council, responsibility for public health strategy and delivery is being transferred to Dudley Council from April 2013.

- 8.2 Work on the transition of the public health service in Dudley has been overseen by a Public Health Transition Group with representation from all parts of the Council including Cllr Zafar Islam, Cabinet Member for Health and Well Being and all relevant stakeholders including the Dudley Clinical Commissioning Group and the NHS Commissioning Board Local Area Team for Birmingham, Solihull and the Black Country / Black Country PCT Cluster.
- 8.3 The Public Health Transition Group has been the main decision-making body for all the transactional elements of the transition including ICT requirements, accommodation, establishing links to all Council support services, financial, contracts and Human Resources work. The Black Country Primary Care Trust Cluster initially used the Auditors, KPMG, to cover the “Due Diligence” process to assure themselves about appropriate exchange of information. Over time, this has delayed necessary work from the Council’s perspective. Nevertheless, as a result of this activity the Cabinet will wish to know the following:
- Financial settlement – the final allocation to Dudley of the ring-fenced Public Health Grant was £18.5m for 13/14 and closer to £19m for 14/15. This is more or less in line with expectations and work is continuing to confirm finally that it will support the Council to meet all current service demands.
 - Accommodation – consideration has been given to relevant venues and the Office of Public Health in the Chief Executive’s Directorate and it is most likely that the service will be located at Falcon House, subject to satisfactorily completion of all necessary leases etc.
 - Human Resources – Department of Health guidance (*“Implementation of transfers through staff transfer schemes, orders or other - what senders and receivers need to do”*) states that formal confirmation of the transfer of staff to the Council is required through appropriate decision-making by 29th March 2013. It is recommended that in consultation with the Cabinet Member for Health and Well Being the Chief Executive be authorised to confirm the transfer of staff subject to Council satisfaction with all aspects of the transition as required.
- 8.4 The Office of Public Health in the Chief Executive’s Directorate will continue to work closely with NHS services in Dudley Borough. In particular, work on a “Core Offer” to the Clinical Commissioning Group may take up to approximately 40% of their work.
- 8.5 The Council has also undertaken further work on its vision for public health in Dudley Borough. It has led with others in the Shadow Health and Well Being Board to publish a Joint Health and Well-Being Strategy based on newly updated Joint Strategic Needs Assessment, widened in scope. The Strategy identifies five key priorities for improving the health of Dudley Borough, the quality of local health services so as to address health inequalities as follows:
- Making Our Neighbourhoods Healthy- by planning sustainable, healthy and safe environments and supporting the development of health-enhancing assets in local communities
 - Making Our Lifestyles Healthy- by enabling people to have healthy lifestyles and working on factors which influence health inequalities- obesity, alcohol smoking and early detection of ill-health

- Making Our Children Healthy- by supporting children and their families at all stages but especially the early years; keeping them safe from harm and neglect, supporting the development of effective parenting skills and educating young people to avoid risk-taking behaviour
- Making Our Minds Healthy- promoting emotional wellbeing and mental health
- Making Our Services Healthy- integrating health and care services to meet the changing Dudley demography, starting with urgent care

8.6 A very successful Peer Review was held in May bringing together Dudley Council and partners officers with Directors of Public Health from the London Borough of Newham and Wigan Metropolitan Borough Council which has been instrumental in establishing steps through the year.

8.7 A Management Forum for all Council managers was held in October 2012 which included presentations from Cllr Zafar Islam and the Director of Public Health. This created a wider understanding of the way in which Council services already contribute to the improvement of health in Dudley Borough and how they might be used to better effect through improved leadership in the Health and Well Being Board.

8.8 *Role of the Director of Public Health* - Local Authorities are required to meet their responsibilities to appoint a suitably qualified Director of Public Health under the Health and Social Care Act 2012. In November 2012, the Department of Health requested that we begin formal internal processes for confirming the appointment to the role of Director for Public Health for Dudley from 1 April 2013. It has been accepted nationally that Directors of Public Health who will be transferring to local authorities will not have to go through the formal statutory joint appointment process which has been established. However, a formal joint confirmation to the role as Director of Public Health designate using a nationally agreed abridged process available for use before April 2013 is required. All Directors of Public Health are in the same position as any other member of staff in relation to their transfer rights from sender to receiver and it is recommended that the Chief Executive be authorised to confirm with the Department of Health that Valerie Little as the current post holder within NHS Dudley be confirmed to the role of Director of Public Health Designate for Dudley Council.

8.9 Public Health England – the Council will also need to develop its relationship with Public Health England. The structure for Public Health England was announced in July 2012. It will provide support and professional leadership under three areas: health protection, health improvement and population health and Knowledge management. Public Health England will operate through four regions and 15 centres. For Dudley this will be the Midlands and East of England region and the West Midlands centre.

9. *NHS Independent Complaints and Advocacy Service*

9.1 Responsibility for the commissioning of the activity currently undertaken for the NHS Independent Complaints and Advocacy is also being transferred to Local Authorities as part of current NHS reform. To date, nationally, there have been three providers of this service under a centralised contract to the

Department of Health. The provider for the NHS Independent Complaints and Advocacy Service in the West Midlands region has been an organisation called "POWhER." They have provided a case-work service using specialist knowledge through a mixture of paid staff and volunteer advocates. In Dudley, in 2011/12, 442 local resident enquiries were received and the service dealt with 35 direct advocacy cases. Funding allocation has been made to Dudley for the on-going service which will be let on a temporary basis for the sum of £60,000. As initial work undertaken to consider a possible Black Country-wide model for this service did not reach agreement, a temporary solution for Dudley has been agreed whereby POWhER will continue to provide the service during 2013/14. This will allow time for further consideration and consultation relating to broader advocacy issues within the Borough and agreeing a service model which takes account of the outcome of wider related issues such as the Winterbourne View Report.

Finance

10. The Department of Health announced their financial grant for public Health services being transferred to Councils in January 2013. Dudley Council has been allocated £18.5m for 13/14 and closer to £19m for 14/15.

Law

11. The Health and Social Care Act 2012 created the statutory requirement for the health reform including the establishment of Clinical Commissioning Groups, Health and Well Being Boards and the transfer of public health responsibilities to local Councils. Further detail in the form of Statutory Instruments/Regulations is awaited/forthcoming.

Equality Impact

12. One of the main aims of the health reforms are to place democratically-elected Councils in an even more influential position with local health, care and wellbeing systems, supported by expert public health services. The Council as a health-improving organisation now has even more influence to address issues of health inequality which are fundamental to the

Recommendations

13. That Cabinet:
 - note the progress made on implementing health reform with the Dudley Council area and the issues that the new arrangements raise for the Council as a health-improving Council.
 - Agree that the Chief Executive, in consultation with the Cabinet Member for Health and Well Being, be authorised to agree all matters associated with the transfer of staff and functions from Dudley Primary Care Trust to the Council, subject to Council satisfaction with all aspects of the transition as required and in line with the relevant timescales which apply.

- Agree that the Chief Executive be authorised to confirm with the Department of Health that Valerie Little, as the current post holder within NHS Dudley, be confirmed to the role of Director of Public Health Designate for Dudley Council.

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