

Report to Health & Wellbeing Board Report of Director of Public Health	Reference number <i>HWB/005/14</i>
Date of meeting: 14 January 2014	County Divisions affected by the decision <i>All Divisions</i>
Title of report: Annual Public Health Report 2013. Guidance on What delivers productivity in Integrated Care	
Report by Mike Gogarty, Director of Public Health, Essex County Council	
Enquiries to Mike Gogarty	

1. Purpose of report

- 1.1. There is an expectation that Directors of Public Health (DPHs) produce an annual report pertinent to the needs of the local population.
- 1.2. Given the JSNA suite provides detail on needs, this report focusses on the evidence base around interventions to deliver productivity for health and social care.

2. Recommendations

- 2.1. To accept the report and its recommendations.

3. Background and proposal

- 3.1 Local partners face unprecedented financial challenge
- 3.2 There needs to be a sound understanding of what interventions can be commissioned by partners that might deliver system productivity.
- 3.3 Productivity gains in this document will in the main be secured through mitigation of expected demand through effective prevention.

- 3.4 There is a spectrum of available evidence. In some areas there is considerable evidence of what will work, in others some pieces of the jigsaw are missing but a strong evidence case can be put forward, in others there is little evidence either way and in others a body of evidence that the intervention will not deliver productivity.
- 3.5 The document does not look at cost effectiveness. There are many valuable interventions that save lives and ill health and should be commissioned. We must however be clear where these will NOT yield efficiencies.
- 3.6 This should inform the use of system resources and inform integrated plans.
- 3.7 The document is “living” and as more evidence emerges is being updated. CCG linked Consultants in public health will be sighted on this.

4. Policy context

- 4.1 Evidence based practice is important if we are to deliver value for money.
- 4.2 DPH are required to produce an annual report

5. Financial Implications

- 5.1. The Department of Health allocates a public health ring fenced grant to local authorities to discharge their public health responsibilities. For 2014/15 Essex County Council has been allocated £50.2m. Funding allocations for 2015/16 have not been finalised but assumed to be at the same level as 2014/15.
- 5.2. The prudent and informed use of resources is essential if we are to meet financial challenge.
- 5.3. Partners need to review areas of proposed and current investment to ensure they are likely to represent a good use of resources and whether they will reduce system demand.

6. Legal Implications

- 6.1 The Health and Social Care Act 2012 gives responsibility for health protection to the Secretary of State and health improvement to upper tier and unitary local authorities which include the County Council. The Secretary of State also delegates some health protection functions to local authorities.
- 6.2 Section 12 of the Act inserts new section 2B into the NHS Act 2006 to give the County Council a new duty to take such steps as it considers appropriate to improve the health of the people in its area. This section also gives the Secretary of State a power to take steps to improve the health of the people of England – and it gives examples of health improvement steps that either local authorities or the Secretary of State could take, including giving information, providing services

or facilities to promote healthy living and providing incentives to live more healthily. Section 18 gives the Secretary of State the power to make regulations as to the exercise by local authorities of certain public health functions by inserting new section 6C into the NHS Act 2006. This means that the Secretary of State can require local authorities to carry out aspects of his health protection functions by taking certain prescribed steps. It also means that the Secretary of State can prescribe aspects of how local authorities carry out their health improvement function.

- 6.3 Accordingly the County Council is now responsible for important public health responsibilities. Section 30 then requires the Council, acting jointly with the Secretary of State, to appoint an individual who will be responsible for the local authority's public health functions. That individual will be an officer of the local authority, and known as the director of public health. .
- 6.4 The Government will also publish the refreshed Public Health Outcomes Framework as guidance to which local authorities must have regard. Under this same section, each director of public health is required to produce, and the relevant local authority to publish, an annual report. The Government has not further specified what the annual report might contain – this is very much a decision for individual directors of public health as to the issues they feel are important to raise. Directors of public health are also statutory members of health and wellbeing boards (section 194(2)(d) of the Act). Schedule 5 of the Act amends the Local Government Act 1989 to add directors of public health to the list of statutory chief officers.
- 6.5 These duties mean that the local authority will have to take steps to ensure that it is aware of and has considered what the health needs of its local population are, and what the evidence suggests the appropriate steps would be to take to address those needs. Local authorities will have discretion as to how they choose to invest their grant to improve their population's health, although they will have to have regard to the Public Health Outcomes Framework and should consider the extant evidence regarding public health measures.
- 6.6 The Board are reminded that in considering this matter they are subject to the public sector equality duty set out in the Equality Act 2010. The Board must have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation).
 - Foster good relations between people who share a protected characteristic and those who do not.

Advancing equality of opportunity involves having due regard to the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics.

- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

7. Staffing and other resource implications

- 7.1. The document should inform commissioning of services and therefore will impact on the workforce required and how they will be used.

8. Equality and Diversity implications

- 8.1. There are no adverse impacts likely
- 8.2. Many of the interventions proposed focus on areas where services aimed at areas of the population are currently suboptimal. Implementation is likely to improve outcomes in these groups.
- 8.3. Conversely the recommendations may inform decisions to invest in particular areas rather than others. These will however be those most likely to deliver health gain (as well as productivity).

9. Background papers

- 9.1. Report is attached