

READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR SOCIAL CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	22 OCTOBER 2020	AGENDA ITEM:	12
TITLE:	PROPOSALS FOR BERKSHIRE WEST PUBLIC HEALTH SERVICE		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH, WELLBEING & SPORT
SERVICE:	PUBLIC HEALTH & WELLBEING	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This Report sets out the rationale for altering the current arrangements for public health across Wokingham, Reading and West Berkshire.

The proposal is to dissolve the current arrangement of one Director of Public Health to cover the 6 Berkshire unitary authorities, and move to an arrangement between West Berkshire Council, Reading Borough Council and Wokingham Council.

The Report seeks delegated authority to proceed with developing a shared Director role and a hub team to support local public health teams in each of the three Local Authorities, whereby Reading host a Shared Service meeting the need of the 2 other Local Authorities.

2. RECOMMENDED ACTION

- 2.1 That the current set up be dissolved upon a date to be agreed and for Reading Borough Council to host a new shared service on behalf of the Berkshire West System;
- 2.2 That the Executive Director of Adult Social Care and Health Services, in consultation with the Lead Councillor for Health, Wellbeing & Sport and the Chief Executive, be delegated authority to agree the proposed model of devolved Public Health to the Berkshire West, footprint.

3. POLICY CONTEXT

- 3.1 The overall aim of the Berkshire Public Health System is to deliver the core duty for local authorities; to improve health and decrease health inequalities. This will include actions, not only within each council but across our system of public services,

on the wider determinants of health, health improvement, health protection and public health support to NHS commissioning.

3.2 National policy supports the importance of prevention of ill health - through the recent green paper for prevention and the NHS Long Term Plan. Locally the Joint Health & Wellbeing Strategies support increased activity to promote good health and prevent ill health.

4. THE PROPOSAL

4.1 Current Position:

- a. Since 2013 the Berkshire Public Health System has operated on a hub and spoke model with Public Health teams delivering in each of the six unitary authorities supported by a Shared Team hosted by Bracknell Forest Council.
- b. Berkshire Chief Executives collectively oversee the functioning of the public health system through the Public Health System Board. Increasingly, they have been concerned about the ability of the public health set up to deliver what they needed, to improve health, prevent illness and decrease demand for health and care services.
- c. The set up in Berkshire has shifted from the original vision which relied on a collective responsibility between local authorities. The system has become unbalanced and it has been difficult to recruit to public health leadership positions. With the development of Integrated Care Systems, demands on public health increased and the Director post was particularly stretched, covering 6 local authorities, 2 Clinical Commissioning Groups and 2 Integrated Care Systems. Imbalances in the system had arisen as authorities have invested in different programmes and staffing structures.
- d. In 2019 Berkshire Chief Executives requested a review. They considered the effectiveness of the current model, the changing context and opportunities for public health, current costs, and alternate models. They recommended dissolving the current arrangement and moving to two hub and spoke arrangements each across 3 borough geographies.
- e. As the recommendation was made COVID19 arrived and halted much of the progress in shifting to a new model. With increasing responsibility at a local level and the current Director of Public Health (DPH) planning to move on in the New Year, there is an urgency in progressing the new arrangements and appointing a Director of Public Health for the three Local Authorities in Berkshire West.
- f. Whilst other authorities share public health teams, Berkshire's is the only public health system in the country with 6 upper tier Authorities sharing one Director of Public Health. 30/152 Local Authorities have shared arrangements the majority are between 2 Local Authorities, one between 3. Our joint arrangements have lasted longer than most, with many councils across the country dissolving joint roles in recent years.
- g. There are some strengths in our shared set up, particularly the local leadership of public health teams in each Local Authority supported by a hub team. Improved health and reduced health inequalities cannot be delivered by public health teams alone and the most effective public health approaches work across council services to create places where it is easy to be healthy and deliver services that prevent ill health and promote resilience. The hub and spoke set up reduces duplication and shares costs but allows for different local priorities across each council area to meet the needs of varied populations.

- h. It has been challenging to maintain the collaborative approach across councils who do not share the same range of services. Shared commissioning and thematic lead arrangements have broken down and investment in local teams has become imbalanced.
- i. The Director role is particularly stretched across six Local Authority areas. The capacity of the role is reduced by the practicalities of travel across the county and the number of required boards and partnership meetings.
- j. Recruitment to Director of Public Health roles is challenging and the current postholder plans to move on in the New Year. This provides a natural opportunity to change the role in Berkshire to make it more efficient and attractive.
- k. The Berkshire model was designed at a time when Public Health services were largely commissioned on a Berkshire wide footprint and Clinical Commissioning Groups were coterminous with Boroughs. This is no longer the case, with Public Health capacity spread across 2 quite different systems, Frimley Health & Care in the east of the County, and Berkshire West Integrated Care Partnership, part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. These Integrated Care Systems/Integrated Care Partnerships offer real opportunities to further improve health which are not being maximised in the current set up.
- l. Public Health Services (including Health Visiting, School Nursing, NHS Health Checks; Healthy Lifestyles; Substance Misuse; Sexual Health) are commissioned on a mix of single county and multi borough partnerships, primarily divided between the East and the West of the County. Other services are commissioned on single borough footprints.
- m. Under the Health and Social Care Act, Directors of Public Health are responsible for the local authority's contribution to Health Protection, including the Local Authority roles in planning for and responding to incidents that present a threat to the public's health such as coronavirus.
- n. A key statutory role for Local Authority public health is supporting NHS commissioners with the design and evaluation of health services to meet local need. Co-terminus of any arrangement with NHS organisations was seen as a common-sense requirement.
- o. There was recognition that incorporating more public health thinking into Local Authority and NHS services could improve demand management and inequalities, as well as health and wellbeing outcomes for residents.
- p. Considering the points made above, the Chief Executives across the six Berkshire Unitary Councils and in particular those from of Reading, Wokingham and West Berkshire Council's concluded that;
 - Change was needed to enhance both the efficiency and impact of public health.
 - That a shared arrangement across a Berkshire West Integrated Care Partnership footprint was preferable to individual public health teams.
 - To retain local public health leadership in each authority.
- q. Planning is also taking place in the same way within East Berkshire to decide how they wish to deliver Public Health, and information is being shared to ensure a consistent approach is adopted.

4.2 Options Proposed

- a. The proposal is to dissolve the current arrangement between the six Local Authority's and move to an arrangement between West Berkshire Council, Reading Borough Council and Wokingham Council.
- b. A shared Director of Public Health role for Berkshire West will lead the public health system, working closely with the local authorities and partners in the Berkshire West Integrated Care Partnership. There will also be a Hub Team providing health intelligence, health protection and commissioning support to support public health teams in each local authority.
- c. It is proposed that the Director of Public Health and Hub are hosted by Reading Borough Council for practical transport reasons.
- d. The opportunity we have been working in partnership across the Berkshire West footprint is to;
 - Improve the health of our population and reduce inequalities to improve outcomes for our residents and reduce demand for services.
 - Retain the local nature of public health, enabling local needs to be prioritised.
 - Improve the value from our investment in public health capacity - to make Public Health more visible, engaged, integrated and most importantly, effective, across the Local Authorities.
 - Effectively align Public Health with the Integrated Care Partnership with more strategic leadership capacity from the Director of Public Health.
 - Improve the information and intelligence we have to improve the health of the population, integrating it with the Integrated Care Partnership
 - Improve value for money from Public Health contracts

Director of Public Health Role

- e. The three Local Authority Chief Executives will take collective responsibility for recruiting and supporting this role. They will all sign off an annual work programme and undertake their Director's appraisal together.
- f. The role will have director level influence in each Local Authority. They will have a seat at the 'top table', access to the Chief Executive and lead Member and be party to resource and priority decisions.
- g. The Director of Public Health will have leadership of the delivery of a joint Health and Wellbeing Strategy which will be the guiding strategy for the Integrated Care Partnership as well as the Health & Wellbeing Boards.
- h. The Director of Public Health will be the Senior Responsible Officer for public health Integrated Care Partnership programmes and will be able to influence any collective strategy for procurement of public health services.

- i. While the Director of Public Health may not line manage all the local Public Health Consultants, they will provide professional supervision, influence their work programmes and participate in their appraisal.

4.3 Other Options Considered

- a. Remaining with the status quo is not recommended as an option due the details outlined above.
- b. Berkshire Authorities attract limited grant support for public health (circa 20m across the 3 Local Authority areas) and having separate teams for each authority is unaffordable.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Public Health agenda meets all the Councils Strategic aims through its day to day delivery and meets the Corporate Plan priorities as it is a holistic service that through its work influences the life of individual in the community at many levels so that they can contribute toward society in a positive way and focus on reducing health, social, economic inequalities :

- a. Securing the economic success of Reading and provision of job opportunities
- b. Ensuring access to decent housing to meet local needs
- c. To protect and enhance the lives of vulnerable adults and children
- d. Keeping Reading's environment clean, green and safe
- e. Ensuring that there are good education, leisure and cultural opportunities for people in Reading
- f. Ensuring the Council is fit for the future

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers). The proposed plans provide consideration of accessibility of Reading to the public transport network in order to attract a wider pool of candidates who may prefer to travel to Reading direct from other towns and cities which are accessible through the central public transport travel hub that Reading provides.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 *Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".*

7.2 System engagement across the Local Authorities and the NHS has influenced the high-level design of the new system. Further engagement workshops with Directors of Adult Social Services, Director Children's Services, and place director leadership team will determine the detail design of the functions of the hub and spoke team.

8. EQUALITY IMPACT ASSESSMENT

8.1 There are no negative impacts from this proposal, as the service will be enhanced across the Berkshire West footprint through the proposed arrangement.

9. LEGAL IMPLICATIONS

9.1 There will be people who need to be considered under the TUPE arrangements, however there is not expected to be any redundancy risk. At this stage the Report seeks for permission to proceed with the proposal, so that the more detailed arrangements can be worked through and the arrangement for a new joint agreement between the Berkshire West Local Authorities when the detail has been formally agreed.

10. FINANCIAL IMPLICATIONS

10.1 Upper tier Local Authorities receive a per capita ring-fenced grant for public health of circa £38m across Berkshire. In the three authorities in the west of the county, this totals around £21m, around half to Reading and a quarter each to Wokingham and West Berkshire. Each authority spends a broadly similar amount on staffing its public health teams, with varying contract values and investments in broader services and programmes for public health.

10.2 It is recognised that this new model will increase the costs provision of public health expertise in the range of £75k to £100k per Local Authority. This may be less dependant upon the model that is agreed and it is accepted that the arrangements will need to be managed within this cost envelope.

10.3 To reduce the costs to the lower end of this range, there is a possibility that the system can investigate joining with other public sector partners to provide health intelligence across the Integrated Care Partnership, and further integration of public health commissioning across the three Local Authorities.

10.4 The time spent by the local Public Health Teams working on themes that span the Local Authorities, is recognised as part of the shared Public Health resource. This would be mapped and included in the annual work programme agreed by the three Chief Executive Officers and Directors of Public Health.

10.5 Each Local Authority will commit to the delivery of this work and not withhold resource in the teams that will deliver it.

10.6 The additional costs will be met equally by the three Local Authorities.

10.7 This is the agreement for Berkshire West, 3 Local Authorities (Reading, Wokingham and West Berkshire) and the Integrated Care Partnership back in March 2020. There is an existing MOU in place with Public Health Berkshire which split's the current cost of the Shared Team six ways. The new arrangements it is proposed are to set up a Hub Team where the costs will be shared proportionally across Berkshire West. The Berkshire West allocation from the current budget totals 680k.

11. BACKGROUND PAPERS

Local Authorities Statutory Public Health responsibilities.
Health and Social Care Act 2012

<https://researchbriefings.files.parliament.uk/documents/SN06844/SN06844.pdf>