

Future Arrangements for the Provision of Public Health across West Berkshire, Wokingham and Reading

Committee considering report:	Executive on 16 July 2020
Portfolio Member:	Councillor Howard Woollaston
Date Portfolio Member agreed report:	28 May 2020
Report Author:	Nick Carter
Forward Plan Ref:	EX3900

1 Purpose of the Report

- 1.1 To consider options and recommendations concerning the future management of Public Health across Berkshire West.

2 Recommendations

- 2.1 To dissolve the current arrangement between the six unitary authorities across Berkshire and move to a shared arrangement between West Berkshire Council, Reading Borough Council and Wokingham Borough Council (Berkshire West).
- 2.2 To create a shared Director of Public Health (DPH) role for Berkshire West which will lead the public health system, working closely with the local authorities and in partnership with the Berkshire West Integrated Care Partnership. There will also be a shared Hub Team providing health intelligence, health protection and commissioning support to public health teams in each local authority. It is proposed to delegate the establishment of these functions to the Chief Executive.

3 Implications and Impact Assessment

Implication	Commentary
Financial:	The new arrangement will cost West Berkshire Council an additional £75 - £100k per annum. This is the additional cost associated with having two Directors of Public Health (DPH) for Berkshire and additional costs associated with the two hubs for Berkshire rather than one. At this point it is assumed that the additional cost will be met from the 2020/21 increase in the ring fenced Public Health Grant.

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Human Resource:	A new DPH will need to be appointed along with new staff for the Berkshire West Public Health Hub. It is not clear at this stage who the employing Authority will be but it is likely to be Reading BC.			
Legal:	The new arrangement will need to be drawn up as a contract between the three Authorities.			
Risk Management:	Whilst the current arrangement has worked relatively well for West Berkshire it has proven more problematic across the County as a whole. There has been a particular issue with the capacity of the DPH where the role has been shared across all six Unitary Authorities. No such arrangement exists elsewhere in the country where generally any sharing is limited to two, at most three authorities. It is now generally accepted that the role cannot be effectively delivered across such a large geographical area and needs to be split. The current DPH will leave the position in August and our ability to recruit to this challenging role is likely to be problematic, if the current issues are not addressed.			
Property:	None.			
Policy:	The paper has no direct policy implications. The issue at play relates to how Public Health is managed and delivered.			
	Positive	Neutral	Negative	Commentary
Equalities Impact:				

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<p>A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?</p>	<p>X</p>			<p>The Council's Public Health responsibilities will be key to the delivery of the Council Strategy 2019-2023. These responsibilities will be delivered directly in support of the priority 'To support everyone to reach their potential' and more specifically the commitment to 'improve the health and wellbeing of our residents through appropriate interventions and policies'. Public health is also key to helping to support a number of the wider determinants of health which are reflected in a number of the priorities including 'Maintaining a green district'.</p> <p>Addressing health inequalities is a significant objective for Public Health and the priority 'Ensuring vulnerable children and adults achieve better outcomes' reflects this objective in part.</p> <p>This proposal does not create more resource to help deliver more front line public health programmes. Its focus is on the management of Public Health, particularly at a strategic level. The new resources will go into supporting additional strategic capacity with the expectation that this additional capacity will be able to harness additional resources to support delivery of the Council Strategy as well as ensuring those resources are deployed to the most effective interventions.</p>
<p>B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?</p>		<p>X</p>		<p>No.</p>
<p>Environmental Impact:</p>		<p>X</p>		<p>This proposal is concerned with the provision of additional staffing. It creates no environmental impact.</p>

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Health Impact:	X			The proposal is aimed at creating greater capacity within our Public Health Team, notably within the shared function. The emphasis is on development strategic capacity as outlined in the paper so there should be an expectation that there will be a requisite improvement in health outcomes.
ICT Impact:		X		None identified
Digital Services Impact:		X		None identified.
Council Strategy Priorities:	X			Consider whether the proposal will support any of the Council's Priorities for improvement or if it is business as usual. If you consider that the proposal supports any of the Council's Priorities, you must explain how it will do so by reference to the commitments detailed within the Strategy. If the impact is positive or negative, you must provide an explanation for your answer.
Core Business:		X		None identified.
Data Impact:		X		None identified.
Consultation and Engagement:	The proposal has been the subject of consultation with both the Berkshire Chief Executive's Group and the Berkshire Leaders Group.			

4 Executive Summary

Overview

- 4.1 The proposal is to dissolve the current arrangement between the six Local Authorities across Berkshire and move to one which involves only West Berkshire Council, Reading Borough Council and Wokingham Council (Berkshire West).
- 4.2 It is proposed to create a shared Director of Public Health role for Berkshire West to lead the public health system, working closely with the local authorities and in

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partnership with 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.

4.3 This new arrangement is expected to deliver the following;

- improving the health of our population and reducing health inequalities thereby improving outcomes for our residents and reducing demand for services;
- retaining the local nature of public health, enabling local needs to be prioritised;
- improving 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 aligning Public Health with the Integrated Care Partnership (ICP) with more strategic leadership capacity from the Director of Public Health (DPH);
- enhancing the information and intelligence we have to improve the health of the population, integrating it with the Integrated Care Partnership;
- Improving value for money from Public Health contracts.

4.4 The proposal will create a single Director of Public Health for Berkshire West thereby enhancing the capacity available locally to develop and implement the strategic public health agenda, and engage more effectively with partners. This will come at a cost and it is anticipated that this will cost somewhere between £75k and £100k to implement for West Berkshire Council. This is discussed further in the report.

5 Supporting Information

Introduction

5.1 The purpose of this report is to lay out the rationale for altering the current arrangements for public health across Wokingham, Reading and West Berkshire. It also seeks to request 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.

Background

5.2 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.

5.3 The overall aim of the Berkshire Public Health System is to deliver the core duty for local authorities, namely to improve health and decrease health inequalities. This will include actions, not only within each Council but across the wider system of public services. The aim of the System is also to take positive action on the wider determinants of health, focus on health improvement, provide health protection and provide public health support to NHS commissioning.

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- 5.4 National policy supports the importance of prevention of ill health – through the recent green paper for prevention within the NHS Long Term Plan. Locally, the Joint Health & Wellbeing Strategies support increased activity to promote good health and prevent ill health.
- 5.5 Upper tier Local Authorities receive a per capita ring fenced grant for public health of circa £36m across Berkshire. In the three authorities in the west of the county, this totals around 20m, around half going 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.
- 5.6 Berkshire Chief Executives collectively oversee the functioning of the public health system through the Public Health System Board. Increasingly, they were 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.
- 5.7 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 are increasing and the Director post is particularly stretched, covering 6 local authorities, 2 CCGs and 2 ICSs. Imbalances in the System have arisen as Authorities have invested in different programmes and staffing structures.
- 5.8 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 across 3 borough geographies.

Proposals

- 5.9 The proposal is to dissolve the current arrangement between the six LAs and move to an arrangement between West Berkshire Council, Reading Borough Council and Wokingham Council.
- 5.10 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 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.
- 5.11 The opportunity we have by doing this together 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.

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- 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 (ICP) with more strategic leadership capacity from the Director of Public Health (DPH)
- Enhance 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

- 5.12 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.
- 5.13 The role will have director level influence in each Local Authority. It will have a seat at the 'top table', access to the Chief Executive and lead Member and be able to shape resource and priority decisions.
- 5.14 The DPH will have leadership of the delivery of the joint Health and Wellbeing Strategy which will be the guiding Strategy for the Integrated Care Partnership as well as the Health & Wellbeing Boards.
- 5.15 The DPH will be the Senior Responsible Officer for public health ICP programmes and will be able to influence any collective strategy for procurement of public health services.
- 5.16 While the DPH will not line manage the local Public Health Consultants, they will provide professional supervision, influence their work programmes and participate in their appraisal.

Finance

- 5.17 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.
- 5.18 To reduce the costs to the lower end of this range, the system could investigate joining with other public sector partners to provide health intelligence across the ICP. Although early indications suggest this is unlikely to be fruitful.
- 5.19 The time spent by the local PH Teams working on themes that span the Local Authorities is recognised as part of the shared PH resource. This would be mapped and included in the annual work programme agreed by the three CEOs and DPH.
- 5.20 Each Local Authority will commit to the delivery of this work and not withhold resource in the teams that will deliver it. The additional costs will be met equally by the three LAs.
- 5.21 It is proposed that the DPH and Hub are hosted by Reading Borough Council for practical transport reasons.

6 Other options considered

6.1 A range of other options have been considered by the six Chief Executives and other partners. These include variations based around enhancing the current position, to creating a single Public Health Team within each Unitary Authority, each with its own DPH. At the end of the day there needs to be a balance between cost and effectiveness. Some Public Health functions are better delivered at scale and creating a local function would undoubtedly bring with it higher costs and concerns around resilience. A shared function over the larger geography reduces cost and improves resilience but in the Berkshire setting has created significant concerns around effectiveness. The option set out here is a compromise between all of these and one which currently has the support of all partners. It also provides an alignment with the Berkshire West Integrated Care Partnership.

7 Conclusion

7.1 Whilst the current arrangements for Public Health have served West Berkshire well, in recent years the underlying structure has become unstable, in particular, is not seen to be sustainable. In particular the scope of the DPH role is seen to be too wide making it impossible to service the six authorities that are part of the joint arrangement. This paper sets out a new proposal which will address this concern and effectively creates two shared Public Health arrangements across Berkshire rather than one. The new arrangement aligns with the new Berkshire West Integrated Care Partnership.

7.2 It will cost more and it is proposed to meet this cost from the enhanced 2020/21 public health grant.

8 Appendices

None.

Subject to Call-In:

Yes: No:

The item is due to be referred to Council for final approval

Delays in implementation could have serious financial implications for the Council

Delays in implementation could compromise the Council's position

Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months

Item is Urgent Key Decision

Report is to note only

Document Control

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