Department of Health

Local government's new public health functions

Subject to Parliament, each upper tier and unitary local authority in England will take on a new duty to take such steps as it considers appropriate for improving the health of the people in its area.

An obvious way in which local authorities will fulfil this duty will be commissioning a range of services from a range of providers from different sectors, working with clinical commissioning groups and representatives of the NHS Commissioning Board to create as integrated a set of services as possible.

However, local authorities can fulfil this duty in a wide range of ways, including the way they operate the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services, and through developing a diverse provider market for public health improvement activities.

In all they do, local authorities will want to ensure the health needs of disadvantaged areas and vulnerable groups are addressed, as well as giving consideration to equality issues. The goal should be to improve the health of all people, but to improve the health of the poorest, fastest.

Local political leadership will be critical in ensuring that public health receives the focus it needs. The role of the Cabinet lead for health within the council is critical, but there needs to be a much broader engagement in this agenda among all local political leaders.

It will be vital that district councils are closely involved in the development and implementation of local strategies, and that existing health and wellbeing partnerships in two-tier areas are built on in the creation of the new system.

Commissioning

In *Healthy Lives, Healthy People: Update and way forward* we published a provisional list of what should be funded from the public health budget, and who the principal commissioner for each activity should be.

We have sought wherever possible to devolve responsibility and resources for commissioning public health services to local government, although in a number of cases, where a public health service is deeply intertwined with the delivery of clinical services, or where services are part of the primary care contractual arrangements, the Secretary of State for Health will ask the NHS Commissioning Board to commission services on his or her behalf (for example national screening and immunisation programmes).

Our aim is to create a set of responsibilities

which clearly demonstrate local authorities' leadership role in:

- tackling the causes of ill-health, and reducing health inequalities
- promoting and protecting health
- promoting social justice and safer communities.

The list of new local authority responsibilities is set out in the Public Health in Local Government: Commissioning responsibilities factsheet.

For all commissioning decisions, local authorities will want to ensure services are delivered in ways that meet the needs of disadvantaged and vulnerable groups and which consciously respond to the three aims of the equality duty.

Local authorities will also wish to work with clinical commissioning groups to provide as much integration across clinical pathways as possible, maximising the scope for upstream interventions. The health and wellbeing board will be critical to driving this agenda.

We also expect local authorities will wish to commission, rather than directly provide, the majority of services, given the opportunities this would bring to engage local communities and the third sector more widely in the provision of public health, and to deliver best value and best outcomes.

The recent Open Public Services White Paper outlines how modernising public services, ensuring high quality and accessibility, requires increased choice, wherever possible, and public services that are open to a range of providers. It highlights the role that staff-led enterprises have to play in meeting the Government's commitment to improving choice and quality in the delivery of healthcare services. This right to provide[1] enables staff to consider a wide range of options, including social enterprise, staff-led mutuals, joint ventures and partnerships. Their freedom to innovate and respond to service user need will put them in a strong position to drive up quality and improve health outcomes.

We expect promoting choice of provider to drive up quality, empower individuals and enable innovation. It will also provide a vehicle to improve access, address gaps and inequalities and improve quality of services where users have identified variable quality in the past.

Local authorities already have a wealth of experience in commissioning services from a range of providers so we would encourage them to adopt this diverse provider model which will increase the number of service providers, maximising user choice, provided they meet the necessary quality and safety requirements within a price set by commissioners.

This will allow providers to compete for services within the market – a process which is both quicker and less bureaucratic than traditional procurement by competitive tender, which only enables competition for entry into the market. Local authorities should decide which services to prioritise for choice on a diverse provider model based on local needs and priorities. This should be informed by the joint strategic needs assessment and early and continuing engagement with health and wellbeing boards. More information on this can be found at: http://healthandcare.dh.gov.uk/jsnas-jhws-explained

Local authorities are also in an excellent position to test out new and joint approaches to payment by outcomes, such as reducing drug dependency and to extend such approaches with external investment, such as the proposals being developed on social impact bonds to improve services and outcomes.

We envisage that Public Health England will disseminate the learning from such developments with a view to encouraging further innovation at the local level.

Mandatory steps

The Health and Social Care Bill includes a power for the Secretary of State for Health to prescribe that local authorities take certain steps in the exercise of public health functions, including that certain services should be commissioned or provided.

The purpose of this power is not to identify some services as more important than others. Rather the issue is that in some service areas (particularly health protection) greater uniformity of provision is required. In others the Secretary of State for Health is currently under a legal duty and needs to ensure that that obligation is effectively delivered when a function is delegated to local government (the provision of contraception is an example).

Finally, certain other steps are critical to the effective running of the new public health system at a local level, for example, ensuring that the local authority provides public health advice to NHS commissioners.

The mandatory services and steps that were identified in *Healthy Lives, Healthy People: update and way forward* included:

- 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.

We previously signalled that we would be mandating elements of the Healthy Child Programme 5-19. More work is still required to model the impact of making any elements of the programme mandatory to ensure value for money. We do not intend to mandate any elements of the programme for 2013.

The net result of these steps will be that local authorities have key responsibilities across the three domains of public health – health improvement, health protection and healthcare public health.

[1] Public health practitioners can find more information on how to exercise the right to provide at: http://healthandcare.dh.gov.uk/right-to-provide-what-it-means-for-nhs-and-social-care-staff

DH Department of Health

Produced: December 2011
Gateway reference: 16747