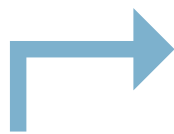


Local government's new public health functions



From April 2013 local authorities will have a key role in improving the health of their local population, working in partnership with clinical commissioning groups, and others, through health and wellbeing boards in their localities.

They will be responsible for commissioning and collaborating on a range of public health services and for advising the commissioners of local NHS services.

Local authorities will need to ensure they have appropriate health intelligence and evidence input needed to discharge these new duties effectively.

Health and wellbeing boards are being established by local authorities in partnership with NHS clinical commissioning groups and others. The boards will be responsible for preparing comprehensive joint strategic needs assessments and joint health and wellbeing strategies, and will have a role in commissioning plans take those assessments and strategies properly into account.

These important new responsibilities in local government will join existing roles that substantially influence the health of local people, for example environment, housing, economic development and regeneration, education and care services.

Local authorities will therefore be able to improve significantly the health of their local populations, as measured by the Public Health Outcomes Framework. The factsheets on public health in local government give further details of the specific public health functions that are transferring from the NHS to local authorities.

These new functions will rest with councils as a whole but will be supported by specialist public health staff transferred into local government, including specialist leadership from directors of public health supported by their teams, including, in many cases, some public health intelligence staff.

Beyond upper-tier and unitary local authorities, local partners such as district councils, NHS and voluntary agencies, and local businesses will make significant contributions to local health and wellbeing strategies.

Public Health England will also work closely alongside local authorities both as the national leadership body for public health (including working with Councils on the joint appointments process for directors of public health) and as an active partner in local initiatives, where appropriate³.





While many responsibilities for public health transfer from the NHS to local authorities, healthcare commissioning responsibilities are transferring to new NHS clinical commissioning groups and the NHS Commissioning Board.

The business intelligence functions supporting these commissioning responsibilities are, in the main, transferring into new commissioning support units or other NHS bodies. It is important that the contribution these and other intelligence functions were making to public health in the NHS is recognised and secured within the new arrangements.

Requirement for health intelligence in local authorities

To deliver their public health functions, local authorities will need to obtain and use relevant data and evidence to both inform their public health advice to the NHS and to shape their own strategic health activities.

Depending on local circumstances this work may best be organised 'in-house' by the local authority, or it may be a commissioned service – purchased partly or wholly from other bodies, such as collaborative models with other local authorities.

In addition, commissioning support units may assist in providing data on behalf of clinical commissioning groups, to assist local authorities in providing public health advice to the NHS.

Access to an effective and robust local health intelligence function will be essential for local authorities to discharge their new duties effectively.

Many of the new health functions in councils will critically depend on the use of data and evidence, including strategic leadership for health, developing health and wellbeing strategies and publishing director of public health annual reports.

Local clinical commissioning groups will also ask the local authority to undertake specific tasks to support local NHS commissioning.

Examples of work that might require sophisticated use of data and evidence include:

- developing and using the joint strategic needs assessment and the joint strategic assets assessment to inform commissioning or service delivery plans for local authorities and for clinical commissioning groups
- developing and interpreting neighbourhood, locality and/or local GP-practice profiles
- identifying vulnerable local populations, marginalised groups and describing local health inequalities, and supporting equality and diversity analyses
- offering public health advice on the commissioning cycle, including understanding local performance and key drivers against indicators set out in the Public Health Outcomes Framework, the NHS Outcomes Framework and the Commissioning Outcomes Framework
- supporting clinical commissioning groups in interpreting and understanding data on variation in levels of service use in both primary and secondary care





- assisting in developing evidence-based care pathways, service specifications and quality indicators to monitor patient outcomes
- preparing the director of public health's annual health report
- providing critical evidence appraisals to support development of clinical prioritisation policies for both populations and individuals.

A number of specialist intelligence staff will transfer to local authorities from the NHS, bringing with them significant and relevant experience and expertise.

It will be important for councils to consider whether the health intelligence capacity and capability available to transfer in from the NHS will be sufficient to discharge new public health responsibilities, especially because:

- health intelligence capacity is highly

variable around the country, both in existing public health teams and in local authorities

- Although many councils already employ information and intelligence staff to support existing duties, such as in housing, planning and the environment, the specialist nature of health intelligence means it is unlikely all existing council teams would be able to fully absorb new public health responsibilities
- health intelligence expertise is also highly sought after and some staff may choose to move toward a commissioning support unit-type organisation and to focus on the business intelligence aspects of their role.

³ The most obvious example where Public Health England will be working in direct support locally is in health protection, but increasingly Public Health England will support health improvement responsibilities while the local strategic leadership function remains with councils.

Actions

- Local authorities will wish to understand local requirements for health intelligence.
- Local authorities, along with clinical commissioning groups and commissioning support units as appropriate, will wish to agree a resource and business model for health intelligence.



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