Transferring public health functions to Greater Manchester Combined Authority (GMCA)

1. Introduction

1.1 Despite the transfer of key public health functions back to Local Government in April 2013 (under the Health and Social Care Act 2012), the public health system has a split of responsibilities relating to health protection, health improvement and health intelligence across Public Health England (PHE), NHS England (NHSE) and Local Authorities (LAs).

1.2 This has led to duplication of services in some areas and gaps in others. The Greater Manchester Devolution Agreement and the Health and Social Care Memorandum of Understanding presents an opportunity to create a more unified health and public health system within the Greater Manchester (GM) area.

2. Greater Manchester Strategy

2.1 A unified health and social care system has been a long term aim of GM. The Greater Manchester Strategy 2013 identified the need and desire for the 10 GM LAs to develop integrated health and social models and to reduce demand for health and social care services through targeted public health interventions:

> "*We also need to respond to the increasing pressure on services for the elderly, frail and vulnerable by exploring new models of integrated health and social care, and securing the best outcomes from acute services. And we need to target public health care interventions to reduce the number of people requiring those services in the first place and stem the flow of demand*."

2.2 The Strategy referred to Local Implementation Plans that were developed in each of the ten GM LA districts that covered four priority themes:

- 2.2.1 Start Well: helping all 0-5 year olds to get the best start in life, to be ready for and successful at school through integration of health visits, immunisations, dental checks and targeted support where appropriate.
- 2.2.2 Live Well: a whole family approach to integrate all public services into bespoke packages of support for 'troubled' families, reducing anti-social behaviour, improving school attendance, and helping parents overcome barriers to work.
- 2.2.3 Transforming justice: reducing offending and re-offending levels by integrating packages of support for individuals when they are arrested, sentenced and before they are released from custody.
- 2.2.4 Community Care: improving out of hospital care by developing integrated health and social care services built around primary care

and focused on reducing avoidable hospital admissions and nursing/residential care.

3. Greater Manchester Agreement

3.1 On 3 November 2014, the Chancellor of the Exchequer and the GMCA signed the 'Greater Manchester Agreement: devolution to the GMCA & transition to a directly elected mayor' which agreed that GMCA would receive a number of powers.

3.2 As part of that agreement the Government also invited the GMCA and the GM Clinical Commissioning Groups to develop a business plan for the integration of health and social care across GM, based on control of existing health and social care budgets.

3.3 This led in February 2015 to the 37 NHS organisations and local authorities in GM signing an agreement with the Government to bring together £6 billion of NHS and social care budgets so that joint planning of these services could deliver better health outcomes and social care for the residents of GM.

4. GM Health & Social Care Memorandum of Understanding

4.1 On 27 February 2015 the Greater Manchester Health and Social Care Devolution Memorandum of Understanding (MoU) was signed. It set out the shared objectives of the signatories. It focused on the elements of devolution relating to NHSE, GM CCGs and AGMA, and their relationship with the GM provider community.

4.2 The MoU essentially constituted a roadmap, which identified initial steps and undertakings to be agreed by each constituent party and the further steps anticipated to be required in future to achieve full devolution of GM health and social care.

4.3 The objective to see the greatest and fastest improvement to the health and wellbeing of 2.8 million people in GM supports the priorities in the Greater Manchester Strategy. The overall GM Strategy places reform of services to the public at the heart of our own strategic ambition. A commitment to reshape services supporting as many people as possible to contribute to and benefit from the opportunities economic growth brings.

This has required an integrated partnership approach to design and implement new service delivery models supporting early intervention and prevention programmes to save lives, promote health and wellbeing and create environments where individuals, families and communities can feel informed, empowered, healthier and happier.

4.3.1 To improve the health and wellbeing of all of the residents of GM from early age to the elderly, recognising that this will only be achieved with a focus on prevention of ill health and the promotion of wellbeing.

4.3.2 To tackle the health inequalities gap within GM and between GM and the rest of the UK faster.

4.3.3 To deliver effective integrated health and social care across GM.

4.3.4 To continue to redress the balance of care to move it closer to home where possible.

4.3.5 To strengthen the focus on wellbeing, including greater focus on prevention and public health.

4.3.6 To contribute to growth and to connect people to growth, e.g. supporting employment and early years services.

4.3.7 To forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.

5. Public Health MoU

5.1 With regard to public health, a Public Health Memorandum of Understanding (Public Health MoU) was signed on 10 July 2015 by the 10 GM LAs, Public Health England (PHE), NHS England (NHSE), the Association of GM CCGs, GM NHS providers and GM 'blue light' services.

5.2 The Public Health MoU seeks to reform public health across Greater Manchester and create a single unified system that "*complements the wider devolution deal by setting out how public health leadership in the place can come together to support the necessary rebalancing of our health and care system towards prevention and early intervention. The MoU creates a framework by which partners will create a single unified public health leadership system capable of contributing to a transformational and sustainable shift in the health and wellbeing of the population*."

5.3 The MoU is reflective of the pre-eminent argument in the NHS Five Year Forward View (October 2014) – *"that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences."*

5.4 The MoU creates a framework by which partners will create a single unified public health leadership system capable of contributing to a transformational and sustainable shift in the health and wellbeing of the population and to improve the lives of residents, capitalise on its economic potential and deliver a sustainable health and care system.

5.5 To this end GM intends to secure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of the conurbation to:

5.5.1 ensure all residents are connected to the current and future economic growth in the conurbation, including quality work, improved housing, and strengthened education and skills attainment;
5.5.2 deliver effective integrated health and social care across GM, with a much stronger prioritisation of wellbeing, prevention and early intervention;
5.5.3 close the health inequalities gap faster, within GM and between GM and the rest of the UK;
5.5.4 take every opportunity across the life course to support residents to be in control of their lives and their care; and
5.5.5 forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.

5.6 The Public Health MoU describes how public health leadership in PHE, NHSE, GM and other partners will work together to secure accelerated improvement in the health and wellbeing of the GM population and exploit the opportunity of the overarching devolution package for GM. The Public Health MoU seeks also to innovate and deliver new approaches to tackling the wider determinants of health including employment, worklessness, educational attainment, housing and income levels.

5.7 The key operational principles are set out as:

5.7.1 a robust and evidence-based public health contribution to growth and reform priorities of GM;
5.7.2 a focus on wellbeing, prevention and targeted early intervention;
5.7.3 a recognition that the citizens of GM will be key agents in supporting and achieving better health outcomes;
5.7.4 a rebalancing of investment towards prevention; and
5.7.5 a commitment that no decisions on public health leadership, investment or commissioning that relate to GM residents are made without GM.

5.8 The Public Health MoU sets out five major transformational programmes, and twelve early implementation priorities that demonstrate how a single unified public health leadership system can develop interdependencies between health, jobs and better family outcomes. The transformational programmes demonstrate how a single unified public health leadership system can embed the linkage between health, jobs and better family outcomes:

5.8.1 Public health, reform and growth – making the most powerful case yet for the 'economics of prevention' demonstrating the link between public health, employment and early intervention outcomes.

5.8.2 Nurturing a social movement for change - enabling people to make their own informed life-style choices and creating new platforms for full engagement of GM resident.

5.8.3 Starting well (early years) - the scaled implementation of the GM early years model to improve school readiness and addressing long term determinants of public service demand.

5.8.4 Living well (work and health) - aligning public health intervention to wider public service reform tackling complex dependency and supporting residents to be in sustainable and good quality work.

5.8.5 Ageing well - setting up a GM Ageing Hub to support age-friendly communities and environments, and scaling work on dementia friendly communities, supporting those with dementia to remain connected to their communities and in control of their lives for as long as possible.

5.9 The Public Health MoU also looks to develop proposals for new commissioning models for the national public health programmes covered by Section 7a NHS Act 2006 where NHSE, supported by PHE, commission a range of public health interventions on behalf of the Secretary of State under the terms of a 'Section 7a' agreement and receive funding to do so.

6. GM Strategic Sustainability Plan

6.1 In December 2016 after extensive public engagement and consultation, under the related Health and Social Care Devolution framework, GM partners have developed a Strategic Sustainability Plan ("Taking Charge of Health and Social Care in Greater Manchester") to show how it will deliver better health outcomes and a clinically and financially sustainable set of health and social care services for the people of GM. The GM plan is underpinned by Locality Plans in each of the ten GM districts.

6.2 The Plan sets out GM's wider ambitions for the radical transformation of health and social care under the devolution agreement.

6.3 The Plan sets out an ambition to improve outcomes for the residents of GM, increasing independence and reducing demand on public services.

6.4 The GM Population Health Plan 2017-2021 sets out our approach to deliver a radical upgrade in population health, working with people rather than dictating to them as in the past. It is informed by the best empirical evidence and by the views of people in GM. We believe that better population health is to focus on prevention and early intervention.

7. Local authority public health functions

7.1 The current statutory public health responsibilities of LAs are understood to be as follows:

7.1.1 Duty to improve public health (a duty under s.2B NHS Act 2006 for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas. The Secretary of State continues to have overall responsibility for improving health with national public health functions delegated to PHE).

7.1.2 Regulations on the exercise of local authority public health functions (Regulations made under Section 6C of the NHS Act 2006 require local authorities to take particular steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions under which local authorities are mandated to Local Government is mandated to: (i) take steps to protect the health of the local population; (ii) ensure NHS commissioners receive the public health advice they need; (iii) ensure appropriate access to sexual health services; (iv) deliver the National Child Measurement Programme; (v) deliver the NHS Health Check assessment; and (i) to provide health visiting services in five key areas via commissioning the services.

7.1.3 Charges for local authority public health functions (where Regulations cover the making and recovery of charges in respect the exercise of local authorities' public health functions)

7.1.4 Duties of directors of public health (where section 30 of the Health and Social Care Act 2012 requires each upper-tier local authority, acting jointly with the Secretary of State, to appoint a director of public health whose role, duties and responsibilities are set out in the Act and include: (i) responsibility for all of their local authority's duties to take steps to improve public health; (ii) any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations; (iii) exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health; (iv) their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders; and (v) such other public health functions as the Secretary of State specifies in regulations.

7.1.5 Duty to have regard to guidance (where Section 31 of the 2012 Act requires local authorities to have regard to guidance from the Secretary of State when exercising their public health functions)

7.1.6 Responsibility for dental services and services for prisoners (where section 29 of the Health and Social Care Act 2012 amended the NHS

Act 2006 so as to transfer primary care trusts' functions around oral public health to local authorities).

7.1.7 Responsibility for sexual health services (where local authorities commission testing of sexually transmitted infections, including HIV together with sexual health advice, prevention and promotion)

8. GMCA consultation

8.1 Public consultation took place across GM on the proposals.

9. GM governance arrangements

9.1 GM has recently reviewed its governance structures and agreed to keep in place the current GM Health and Social Care Strategic Partnership Board, chaired by Lord Peter Smith and attended by representatives of all public sector health and social care bodies across the CA area, including Primary Care. Its function is to oversee the development of GM Health and Social Care through the GM Strategic Sustainability Plan with an enhanced scrutiny role in relation to the health needs of Greater Manchester. Its meetings are public and live streamed.

9.2 We have also strengthened the role of the Partnership Executive Committee made up of representatives from local authorities, CCGs, Acute and Community Trusts and Primary Care to focus on the delivery of our plans overseeing a holistic approach integrating health, care with economic and social well being of our residents.

9.3 To support GM ambitions to broaden its joint commissioning activity beyond health and social care, and to integrate transformation initiatives with those required to deliver a comprehensive programme of public service reform, GM has amalgamated the governance structures that have supported its prevention and public service reform agendas, creating a GM Reform Board. The Reform Board replaces the GM System Prevention and Early Intervention Board that was envisaged in the Public Health MOU.

9.4 The GM Reform Board is chaired by the Mayor and is responsible for overseeing the unified public health leadership system for GM. The key operational principles will be:

9.4.1 a robust and evidence-based public health contribution to growth and reform priorities of Greater Manchester;

9.4.2 a relentless focus on wellbeing, prevention and targeted early intervention;

9.4.3 a recognition that the citizens of GM will be key agents in supporting and achieving better health outcomes;

9.4.4 a rebalancing of investment towards prevention; and

9.4.5 a commitment that no decisions on public health leadership, investment or commissioning that relate to GM residents are made without GM.

10. In Summary

- GMCA does not wish for LA or NHSE public health functions to be transferred to it.
- GMCA wishes to be part of a Joint Commissioning Board so that it can participate in achieving the GM goals and vision.
- GMCA wishes to participate in commissioning of GM wide services.
- Currently GMCA has no health functions. It cannot therefore sit on or with the JCB as it has no locus, health powers or duties. GMCA is therefore looking for GMCA to be given the same duty to "take such steps as it considers appropriate for improving the health of the people" in the Greater Manchester area as are given to individual local authorities pursuant to section 2B of the National Health Service Act 2006.
- In accordance with that duty, the steps that may then be taken by GMCA would include: providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness.
- It is proposed that the duty to improve public health will be a non mayoral function and that the GMCA will exercise this duty concurrently with the constituent Councils and the Secretary of State.
- Although GM can already commission GM wide public health services by agreement once GMCA has the power to participate in the commissioning of GM wide health or public heath services it will develop its role as necessary and appropriate in consultation with DH and constituent members of GMCA.