Item No. 9

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **3 February 2012**

UPDATE ON PUBLIC HEALTH TRANSITION

Joint report of the Director of Public Health and Assistant Chief Executive

1.0 Purpose of the Report

The report provides an update on the recent publications by the Department of Health in relation to health reform and the implications for the transition of public health in Sunderland and details of the outline timetable and draft transition planning process.

2.0 Background Information

The public health white paper *Healthy Lives, Healthy People,* published in November 2010*,* set out the context of why change is required: that nationally there are significant challenges to the public's health. Rising levels of obesity, misuse of drugs and alcohol, high levels of sexual transmitted disease and continuing threats from infectious disease have a heavy cost in health, life expectancy and a large economic burden through costs to the NHS and lost productivity. Improving public health and developing sustainable services is viewed as a key contribution to meeting the challenges to the public finances.

The programme of reform for public health centres on the principles of:

- strengthening local action,
- supporting self-esteem and behavioural changes,
- promoting healthy choices and
- Changing the environment to support healthier lives.

In December 2011 the new Public Health scheme was published which sets out at a high level how the whole public health system will operate. This includes:

- Local government taking the lead for improving health, co-ordinating efforts to protect health and ensure health services promote health
- A new executive agency of the Department of Health, Public Health England, to integrate service delivery, provide public health leadership and support development of the specialist and wider public health workforce.
- The NHS continuing to play a full role in public health, providing care, tackling inequalities and ensuring every contact counts.
- The Department of Health will set the legal and policy framework, secure resources and make sure public health is central to the Government's priorities.

2.1 Public health in local government

The Government is returning responsibility for improving public health to local government because of their unique potential to transform outcomes through their:

- population focus
- ability to shape services to meet local needs
- ability to influence wider social determinants of health
- ability to tackle health inequalities.

Local authorities are leading for public health and will have a new duty to improve the health of their population. They will have responsibility for commissioning across 21 defined areas (see Appendix 1), supported by a ring-fenced grant, and five of those areas have been deemed mandatory:

- Commissioning of sexual health services (further consultation underway on whether terminations included)
- Coordination role for DPH in relation to local population health protection plans
- Population healthcare advice to the NHS (commissioners of healthcare services provided by the NHS)
- Commissioning delivery of NHS Healthchecks Programme
- Facilitating delivery of the National Child Measurement Programme

Local authorities will employ directors of public health who will occupy key leadership positions. Directors of public health will have a role across all three domains of public health. Local government will also be responsible for establishing health and wellbeing boards to coordinate Joint Strategic Needs Assessments and plans to address them.

An initially ring-fenced public health grant will support local authorities in carrying out their new public health functions. There will be shadow allocations established for local authorities for 2012/13 to help them plan and prepare for taking on formal responsibility in 2013/14.

2.2 Public Health England's operating model

Public Health England (PHE) will be a new, integrated and expert public health service to support the new public health system. Details are very high level and there is acknowledgment that there is more detailed work to do to design PHE. Its three key functions will be:

- Delivering services including specialist public health services, and information and intelligence service and supporting the commissioning and delivery of health and care services and public health programmes.
- Leading for public health by encouraging transparency and accountability across the system and supporting public health policy development and building the evidence base.
- Developing the workforce by supporting the development of the specialist and wider public health workforce.

2.3 A focus on public health outcomes

In terms of the new Public Health scheme the focus will be on outcomes. A new Public Health Outcomes Framework was published on 23rd January and set out key indicators of public health from the wider determinants of health through to effectiveness in reducing premature mortality. The overall goals will be to increase life and healthy expectancy and reduce health inequalities. The Public Health Outcomes Framework is aligned with the NHS Outcomes Framework and the Adult Social Care Outcomes Framework and identifies future work that will be carried out e.g. to align a broader range of Childrens Outcomes.

2.4 The public health workforce

There is also further information on the importance of the current extended public health workforce and the acknowledgment that delivering health improvement is part of "everyone's business".

The DH has published an HR Concordat and Frequently Asked Questions document establishing key principles to assist people transition. A 'Building the PHE People Transition Policy' will be published in January. The final People Transition Policy will follow formal agreement to the new terms and conditions. The broader workforce strategy will be subject to specific consultation during 2012.

The DoH and Local Government Association published more detailed guidance on workforce transition in January 2011. Within the paper it is clear that PCT clusters will retain statutory responsibilities for their existing functions until formal abolition on 31 March 2013. It is expected that local areas will want to agree arrangements for local authorities to manage health functions during the transition year. Additional elements of the time line include:

- agree arrangements on public health information requirements and information governance by September 2012
- test arrangements for the delivery of specific public health services, in particular screening and immunisation by October 2012
- test arrangements for the role of public health in emergency planning, in particular the role of the Director of Public Health and local authority based public health by October 2012
- ensure an early draft of legacy and handover documents is produced by October 2012
- ensure final legacy and handover documents are produced by January 2013
- agree arrangements for local authorities to take on public health functions – date for local determination.

3.0 Local Authority Transition Planning Process

The Department of Health has developed a single transition process that is applied to each of the Strategic Health Authority (SHA) clusters. Guidance was provided to each SHA. The draft national timetable is set out below:

Date in 2012	Action
Fri 27 Jan	SHA clusters make initial submissions for 2012/13 to David Flory cc Performance Delivery Team contact at DH
Mon 31 Jan – Wed 8 Feb	First cut analysis of data and submissions by DH & internal DH meetings to discuss plans
Thurs 9 Feb – Fri 30 Mar	DH and SHA cluster discussions and feedback on progress of plans
31 Mar	All contracts expected to be signed off
Thurs 5 Apr	SHA clusters make final submissions for 2012/13
Tues 10 Apr – Fri 20 Apr	Analysis of plans by DH & internal DH meetings to discuss plans
Wed 25 Apr – Fri 4 May	David Flory meetings with SHA clusters to sign off plans with formal sign off letters being issued shortly afterwards. Meetings will combine a look back at 2011/12 together with forward look

For the North East (as part of the North of England grouping which now covers the North East, North West and Yorkshire and Humberside) NHS North of England requested that each PCT provided their initial overview of transition planning in advance of the first deadline of the 27th of January. There will have been two days of challenge of high level NHS transition plans on the 19th and 20th of January in order to provide assurance to the Regional Director of Public Health that work programmes which will deliver successful transition are underway and which meet the requirements of NHS Planning Guidance issued in December 2011.

Within Sunderland, the DPH and her senior team have been working closely with the Assistant Chief Executive and an internal PH transition team cover the last three months to progress the necessary workstreams using standard operating policy and design models. An NHS South of Tyne and Wear transition meeting with all three local authorities took place on the 23rd of January where a number of issues and risk areas were discussed.

Attached in **Appendix 1** is the completed Public Health Transition Planning Assurance table for Sunderland which was required for the January deadline.

4.0 Recommendations

To note the progress on the transition of public health in Sunderland and provide any comments to support the more detailed transition planning.

To agree that formal reports on public health transition be taken to the PCT and Council decision-makers and providing any other suggestions for sign off.