

## Public Health Transition

### REPORT OF 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 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, 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 will 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 was published in January 2012 and will be aligned with the NHS Outcomes Framework and the Adult Social Care Outcomes Framework.

## **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’ was published in January. The final People Transition Policy will follow formal agreement to the new terms and conditions. Additional guidance on Local Government HR Transition is expected in early 2012. The broader workforce strategy will be subject to specific consultation during 2012.

## **2.5 Timetable for Transitions**

Subject to the passage of the Bill, these statutory changes will take place from 1 April 2013. Much work will need to be done over the next 16 months at a local level to bring in new ways of working. The key milestones are:

- completion of plans for transfer of directors of public health to local authorities – March 2012
- PHE’s chief executive designate appointed – April 2012
- PHE organisational design – May 2012
- pre-appointment processes complete – October 2012
- Formal transfers of statutory responsibilities – 1 April 2013.

## **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:

<b>Date in 2012</b>	<b>Action</b>
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 27<sup>th</sup> January. There will have been two days of challenge of high level NHS transition plans on the 19<sup>th</sup> and 20<sup>th</sup> 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 over 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 23<sup>rd</sup> January where a number of issues and risk areas were discussed.

Attached in **Appendix 1** is the Public Health Transition Planning Assurance. The Public Health Functions will be integrated within the Sunderland Ways of Working Operating Model; and a draft Memorandum of Understanding for the year 2012/2013 will be drafted between NHS SoTW and Council to assist governance and assurance during transition. A risk register of critical areas moving forwards has been established. As additional guidance is published and on the basis of further discussions internally and with other North East local authorities, it is anticipated that mitigating measures will be in place before formal transition occurs.

A key deadline for Sunderland is the 5<sup>th</sup> April 2012 where the full and detailed transition plan must be submitted to the DH. The plan will go in advance to both the Council's and PCT's decision making bodies.

It is expected nationally that by the end of October 2012 and definitely no later than 31<sup>st</sup> December 2012, the majority of PCTs will have transferred the public health duties to local authorities with robust governance in place for the remainder of 2012/13.

By the end of March 2013 all PCTs must have completed the formal handover of public health responsibilities and budgets to local authorities.

#### **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.