Agenda Item 5

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**24 November 2011**
By:	**Chief Executive**
Title of report:	**Public Health Transition**
Purpose of report:	**To consider progress with the transition of public health responsibilities from the East Sussex Primary Care Trusts to the County Council and Public Health England under the national NHS reforms.**

RECOMMENDATIONS

HOSC is recommended:

1. **To consider and comment on progress with Public Health transition.**
2. **To establish a joint Task Group with Audit and Best Value Scrutiny Committee to provide ongoing scrutiny input to the transition process.**

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1. Financial appraisal

1.1 It is clear that there will be financial implications for the Council as well as other stakeholders. The Department of Health has been undertaking a national review of the Public Health spend with each PCT for the 2010-11 financial year. This has shown that there are significant variations of spend across England with East Sussex in the lower spend.

1.2 We anticipate getting indicative budgetary information from the Department of Health in the New Year. This should enable planning to take place. It needs to be noted that increases in Public Health finances are not expected – we will need to be effective with less.

2. Background

2.1 HOSC received a report on progress with implementation of NHS reforms locally at its meeting on 10th March 2011. This included details of proposed reforms to Public Health as set out in the White Paper *Healthy Lives, Healthy People*.

2.2 The reforms include the transfer of responsibilities for the commissioning element of local Public Health services from the NHS to the County Council. The transfer of responsibilities is due to happen in April 2013 subject to parliamentary approval.

2.3 Public Health England is being established to oversee public health provision nationally.

2.4 There are a lot of 'unknowns' on which we are waiting for national guidance including:

- Budget
- Responsibilities
- How and where the Public Health workforce will be employed

3. Progress in East Sussex

3.1 Although the legislation is still going through the parliamentary process transitional planning has been underway for over a year in the county.

3.2 We have moved a number of NHS staff to co-locate within the Council including the Public Health team. This has helped joint planning, understanding roles and responsibilities as well as identifying potential gaps in provision.

3.3 With Public Health we organised a stakeholder engagement conference in February 2011 which was aimed at informing people of the changes as well as seeing what we needed to do together to develop an effective Public Health delivery system for East Sussex. It was clear from this event that:

- We had generated enthusiasm for the shared agenda
- We had the opportunity to work across the county
- While there were big opportunities more work needed to be done.

3.4 We appointed Solutions for Public Health (SPH) to undertake an objective service review. SPH are a trading arm of the NHS, linked to the national networks of public health organisations and delivery with staff from a local government and public health background.

3.5 In October 2011 we held a second, smaller conference to get feedback on the SPH findings to date as well as being challenged by them to think how the system could be further improved.

3.6 Key messages included:

- We are ahead of thinking and planning nationally
- There is variable understanding about what public health is, what it does, who does it and skills required
- Huge and enthusiastic workforce out there across the system (not just in health and the County Council) eager to go
- We have to maximise and coordinate the skills of players to be able to deliver in the changing world with limited funds
- No definitive shared vision yet

3.7 The review report will be available before Christmas although we appreciate that some key areas such as how much money is going to be available are unknown. We will put in place an action plan aimed at getting us – and our stakeholders - ready for the final changes. We appreciate that we will need to amend our action plan as key information (such as funding) becomes known.

3.8 A summary set of slides from the October event are attached at appendix 1.

4 Next Steps

4.1 Following the receipt of the report we will be working with stakeholders on a detailed action plan to ensure we have an effective county wide Public Health delivery systems that meets our residents needs. Planning for this is underway and we anticipate having an action plan available in February 2012.

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Chief Executive

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Background papers:
Healthy Lives, Healthy People, Dept. of Health, November 2010

SPH
Solutions for Public Health

An integrated public health system across East Sussex

(extract from full presentation)

Ros Dunkley, Nick Georgiou, Jenny Wright

November 15, 2011

NHS

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National context 1

- New public health roles for local government
- Role of Local Authorities (LAs) in relation to health service strengthened
- Public Health England (PHE) developed as arms length agency of Department of Health (DH)
- Director of Public Health (DPH) to be employed by upper tier LA, jointly appointed by PHE
- NHS Commissioning Board to oversee all health services commissioning, with local outposts
- Local health services commissioning undertaken by new Clinical Commissioning Groups

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National context 2

- Parallel systems running e.g. Public Health in LA and Primary Care Trust (PCT), Strategic Health Authorities (SHAs) and SHA hubs
- PHE relationship with local public health unclear
- Health and Wellbeing Boards (HWBs) being developed
- Clinical Commissioning Groups (CCGs) and clinical senates being developed
- Budget allocations uncertain

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East Sussex progress to date

- Public health team is embedded in ESCC
- CCGs emerging
- HWB formed
- Enough of jigsaw in place to start building
- Time now to maximise contacts & networks
- Carpe diem

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Our aims in the work

Working with you and drawing on national intelligence to establish:

- What happens now in public health across East Sussex
- What stakeholders envisage for the future
- Emerging opportunities, from national and local changes

and

- Present to all parties, in one place, in one style all the diverse ideas and thoughts through report and workshop
- For you to translate these into actions & maximise the opportunities to improve population health

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Clarity

- Variable understanding of what public health is, what it does, who does it, skills required
- Public health intelligence most consistently understood
- Health improvement, many involved at different levels
- Health protection, few see full range of health protection systems
- Health and social care quality & evidence based commissioning. Specialist skills required for this are least understood.

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Definitions

- 'Public health system' = that provided by a wide workforce across all stakeholder organisations, who commission and deliver a range of public health / population health outcomes
- 'Public health specialist team' = the PCT public health team

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Stakeholders in an integrated public health system

- Primary care and Clinical Commissioning Groups
- District and Borough Councils
- East Sussex County Council
- Elected members
- PCT Cluster
- Voluntary sector
- Public Health England & Health Protection Unit
- Public health specialists – providers and commissioners
- Emergency services
- Local communities

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Who we talked with

- 28 people across East Sussex
- At least equal number again ready to talk
- 5 DsPH and 1 LA Chief Executive from outside East Sussex
- Informally, public health leads from main national public health and local government organisations
- In total about 45 individuals
- Literature: national emerging policy documents; range of regional reports; East Sussex policy documents

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What we have not done

We have not second guessed the national guidance re:

- Terms and conditions for public health specialist team
- Registration and regulation
- Transferred allocations
- Public health workforce strategy
- Relationships with Public Health England
- Relationship with National Commissioning Board

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What we heard – main messages

- There is a huge and enthusiastic workforce out there, eager to go

- The world is changed

- There is no more money

- We have to maximise and co-ordinate the skills of all players

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What we heard

- Broad readiness for, and willingness to, strengthen public health system
- Varying interpretation of what, how and why to achieve this, and to what effect
- No shared vision

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What we heard

- Good building blocks are already in place
- LA officers and members have complementary knowledge and skills to public health specialists
- LA officers' and members', GP practice partners', third sector knowledge of population and communities complements picture for public health action

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Your concerns

- That the opportunities will be missed
- Not all will be ready to change
- The budget is not based on need, but on current spend
- Wide and increasing expectations of PCT public health team

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Your concerns 1

- Unitary model for public health - might be too upper tier focused
- Public health team and Health Protection Unit - not enough time and resource to champion Public Health in 2nd tier
- Key specialist public health skills might be creamed off to PHE
- PH team has dual accountability until 2013 - to PCT Cluster and County Council

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NHS

Your concerns 2

- No precise mechanisms for providing public health expertise to CCGs
- Access to specialist public health may become harder with team based in ESCC
- May be too local government focused vs health focused
- Public health providers based within acute setting, may effect their focus
- Health Protection Agency emergency preparedness must be maintained with clear responsibilities & adequate capacity

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New agenda for public health

- ….across LAs – wider view needed
- Wider than traditional children and adult health and social care
- Includes e.g. economic development, leisure, housing, fuel poverty, transport
- Must be able to prioritise and let go of the least important

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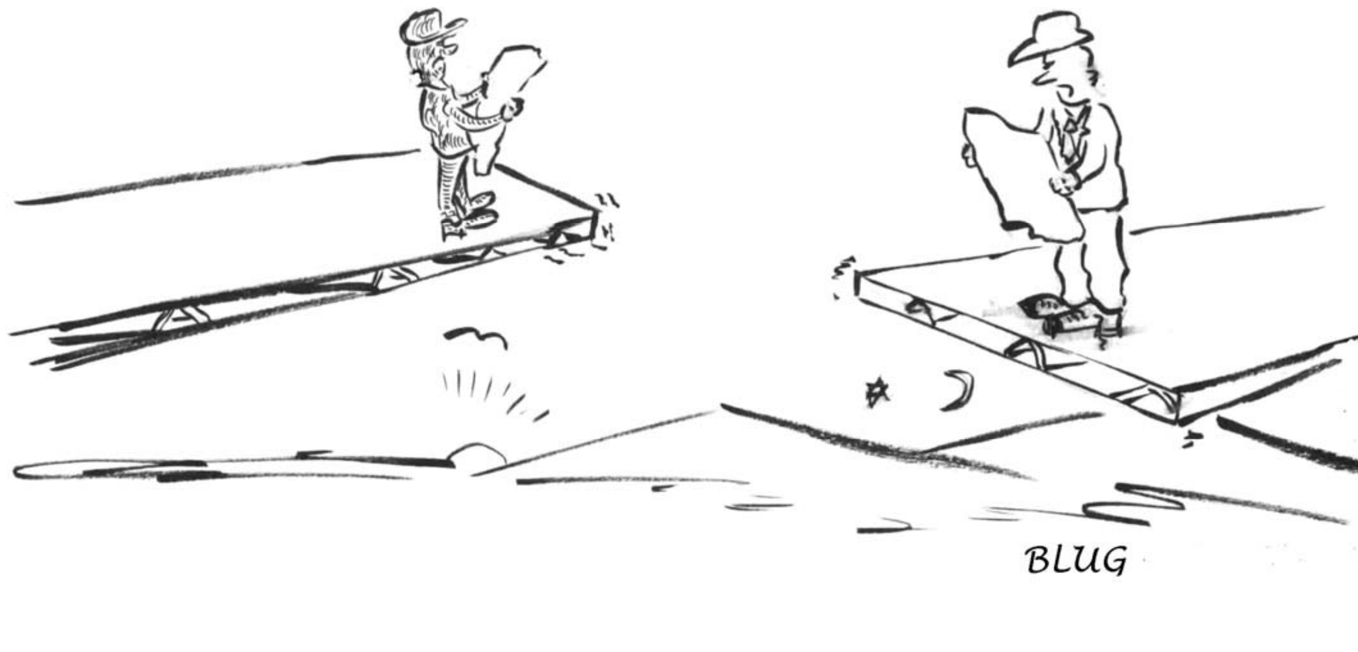
Change

- Need for massive scale change if Marmot agenda to be delivered



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Prerequisites for success

- Strong and explicit support from ESCC, District & Borough Councils
- Strong and explicit support from PCT cluster & CCGs
- Strong and explicit support from PCT public health team

} For integrated public health service

- Recognition that world has changed and readiness to seize opportunities by all stakeholders
- Local authorities and public health must have mutual understanding, trust and confidence

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Making it work

- Focus on what matters most
- Prioritise
- Establish a shared vision of what you want to achieve, and expect
- Build on what already exists e.g. ‘Pride of Place’
- Establish a strong partnership base across all stakeholder groups

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Making it work

Develop a shared understanding of :

- what a public health system means, the breadth
- public health aims, roles and interests across all organisations and groups
- specialist public health roles in health protection, health improvement, evidence based commissioning

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Use the county council base to strengthen governance and management of integrated public health system

- LA taking on new commissioning roles
- Establishing HWB and advising CCGs
- Being accountable for Public Health budget
- Delivering health outcomes
- DPH accountability to Chief Executive
- DPH part of corporate management team
- List of new responsibilities for upper tier LAs from 'Healthy Lives; Healthy People' update

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Specialist public health team expanding roles: what

- DPH and team have key influencing and leadership role with broad range of colleagues in local government
- Understand and contribute to, range of local gov. responsibilities e.g. transport, environment, through working as part of other teams/ services
- Influence range of council services, not just health and social care
- Deliver public health outcomes
- Relate to Public Health England & Health Service Commissioning Unit, and in transition, to PCT Cluster

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Specialist public health team expanding roles: how

- Deploy evidence and intelligence to influence service commissioning for H&WB, CCGs, local authority programmes
- Lead development of public health understanding, capacity and capability in wider groups
- Influence range of services, not only health and social care
- Rapidly adapt to working with democratic process and elected members

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Maximising the public health workforce

- Significant skill base and experience within:
  - local government commissioners and service delivery
  - public health provider unit
  - voluntary sector
  - primary care
- Significant local knowledge, understanding and community connections in elected members
- Need to share, co-ordinate, aggregate the skills

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Summary

- Shape the vision for what you want an integrated public health system to deliver
- Put in place functional working arrangements for:
  - Informed decision making and commissioning
  - ph specialist team having active advisory voice at heart of council decision making
  - maximising full range of contributors to public health agenda
- Develop mechanisms to ensure public health advice is provided to all key players
- Develop and implement your prioritised action plan

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