Committee and date	Item No
Shadow Health & Wellbeing Board 25th May 2011 12:30 p.m.	10 Public

WEST MIDLANDS STRATEGIC HEALTH AUTHORITY

29 MARCH 2011

Title	Public health transition arrangements in the West Midlands
Action requested from Board	The Strategic Health Authority Board is asked to note the progress
Purpose/intent	To update the Board of the work in managing the transition to the new national Public Health System in the West Midlands.
Which Strategic Priority does this relate to?	The NHS White Paper consultation *Equity and Excellence– Liberating the NHS* signaled major changes for public health, including the creation of a new National Public Health Service. The Public Health White Paper consultation *Healthy Lives, Healthy People,* published 30th November 2010, sets out a bold vision, announcing radical reforms to make wellness central to health and government priorities and identifies a number of Public Health issues for consideration during transition.
How does it impact on patients or the public?	The smooth transition to the new arrangements for Public Health across the West Midlands will contribute to improved services and outcomes for the West Midlands' population.
Equality and Diversity – Impact Assessment	Undertaken at national level.
Risk/Legal Implications	The PH Transition Steering Group has a focus on risk management and a risk register is in place to capture the risks and how these are being mitigated against.
Resource Implications	As well as partnership working across PCTs, SHA and Local Authorities, resources available for development will be pooled to enable a coherent programme.
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West Midlands Strategic Health Authority

West Midlands Public Health Transition Arrangements

Progress Report

1. Consultation for *Healthy Lives, Health People*

1.1. Consultation events for the Public Health White Paper and supporting documents have been sponsored across the region through the clusters and two regional events have been held. In addition to these events, support has been given to various networks/organisations to help stimulate debate e.g. Chartered Institute of Environmental Health, Regional Action West Midlands, the West Midlands Regulatory Partnership, the obesity network and the tobacco network. Around a thousand people have been involved in the consultation events.

1.2. The West Midlands PH transition steering group agreed a response to the consultation and this is available for Board members.

2. West Midlands Public Health Transition Arrangements

2.1. The steering group had set up 5 task groups, 4 of which have concluded their work. The groups have undertaken extensive scoping work which has included:

- Future Vision for Public Health/ Shaping the Public Health function
- System Linkages
- Health and Well Being Boards and role of Local Authority members
- PH Workforce development needs
- Community, Patient/ Service user and carer engagement in Public Health
- Development of scenarios for future system proofing

2.2. Detailed papers on these themes and others have been prepared and are being used to inform debate both nationally and locally. However, in a number of areas, it is clear that until the operating model for Public Health England is available, such issues could not be taken any further.

2.3. As part of the transition discussions for public health, there has been considerable focus on the development of shadow Health and Well Being Boards (HWBBs). All 14 upper tier and unitary Local Authorities in the West Midlands have expressed an interest to DH to be an Early Implementer for setting up their shadow HWBBs. Much of the discussions with respect to public health and HWBBs have been about the development needs of PH staff, members and officers of LAs and leaders of the emerging GP Commissioning Consortia in preparation for their new roles. In addition, the practical workings of the Health &

Wellbeing Boards and establishing the necessary relationships have also been raised.

2.4. The steering group agreed at its meeting on 16 March to move to next phase, phase 2, of the transition arrangements, having focused in phase 1 on supporting consultation and ensuring wide engagement from the different sectors to scope the issues for effective transfer of public health functions.

2.5. The key components of the public health transition steering group role going into the next phase of its work were agreed to be principally around three key areas:-

- Identifying and Managing Risks
- Development Support for Local Authority members and officers, Public Health Staff and emerging GP commissioning consortia. This area of work to include effective communication processes
- Delivery of Specific Transition Objectives as determined by Public Health England, for example ensuring governance regarding public health advice as clusters are set up; effective staff transfer as HR/Workforce plans available.

3. Key Deliverables to October 2011

3.1. The draft operating model for Public Health England (PHE) is expected in April 2011, with a command paper later in the year. This will signal key expectations from the SHAs and others with respect to PH transition, including the transfer of staff. The specific timelines are as follows:

- **April 2011** - Draft operating model for PHE and draft accountability framework to define formally the relationship between the Department of Health and Public Health England

- **April to October 2011** - Structure established for taking forward the financial, commissioning and relationship flows between PHE and the rest of the Health and Care system including working relationships with Local Authorities; Chief Operating Officer for PHE appointed and new senior leadership team for PHE designated

- **By Aug 2011** - Structure definition completed definition to enable staff mapping

- **Between Summer 2011 to April 2012** - Formal consultation with Trades Unions, staff and then plan and map staff into new structure, including all parts of PHE – HPA; NTA; Public Health Observatories; Cancer Registries; Regional Public Health Groups;

Department of Health policy staff; National Screening Committee, taking account of indicative budgets for 2012/13

- **April 2012** - Staff migrate into the new structure; PHE will take on full responsibilities, budgets and powers; Shadow Local Authority budgets

- **April 2013** - Public Health budgets allocated directly to Local Authorities

3.2. Across the West Midlands, we have achieved good engagement, scoped the issues and developed a response to the consultation. The Steering group agreed that the focus should now be how the new system will operate as national directions become clear, management of the inevitable operational risks of a major reorganisation and exploitation of opportunities that arise as local areas move towards implementation. In terms of known milestones it seems sensible to plan for the next 6 month period.

3.3. Based on the high level scoping work undertaken by the task groups the following areas are proposed as key deliverables by October 2011:-

3.3.1. Commission a Development Programme for Local Authority Members and HWBBs, GP Commissioning Consortia around the public health agenda in relation to health services, health protection and health improvement. This will be developed jointly with the Director of Commissioning Development, and relevant key groups such as Local Authority Chief Executives, Directors of Public Health, Adult Social Care and Children's Services. The regional programme will be designed to complement what is available through the national learning networks and what is available locally.

3.3.2. Identification of strategic high impact risks and oversight of operational risks and mitigation. This should include identification of a mechanism for escalating risks that cannot be managed locally for regional/national action. The strategic risks have been identified and these are attached as annex 1. Further work is now planned to describe the escalation process (for local to SHA and SHA to national) on to key deliverables.

3.3.3. Production of an Assurance process for Public Health Transition locally. As part of this process, the newly appointed Cluster PCT Chief executives will be expected to fully reflect in their governance plans how executive cluster decision making takes account of public health advice and how the statutory public health responsibilities of the PCT, including the executive responsibilities of the DPH, are enacted.

3.3.4. Commission from Directors of Public Health and wider public health the identification of support tools required to assist in PH transition locally (this could include for example, support around working relationship with PHE, DPH personal development).

3.3.5. Continuation of the development Programme for the public health workforce including the coordinated region-wide support of Practitioners in their preparedness for registration.

3.3.6. Development of a Public Health communications plan as part of wider communication framework for General Practitioner Commissioning Consortia (GPCCs), HWBBs and HealthWatch.

For each key deliverable, a responsible officer is being identified with accountability to the Steering Group and the SHA via the RDPH.

4. Future Governance Arrangements

4.1. The steering group has reviewed the current arrangements for PH transition and the need for task groups. The task groups have worked very well in engaging a wide section of interested organisations and individuals, enabling a richness of input in the scoping of the issues. The steering group was keen not lose the diversity of input that has been achieved thus far, and subsequently it was agreed that all who had been involved in the work for transition so far would be invited to participate in a wider stakeholder forum as implementation proceeds.

4.2. The steering group will continue to meet, however, the task groups will be ceased in their current format upon completion of phase 1 of their work (in many cases this may already be complete). The nominated SRO for each of the deliverables will be expected to engage with the wider stakeholder group as appropriate in ensuring delivery.

4.3. The steering group will provide an assurance to the SHA and the wider system around PH transition.

5. Recommendation

The Board is asked to note:

- The successful engagement of a wide range of organisations and individuals in the consultation of the Public Health White paper
- The progress to date for the PH transition arrangements
- The proposed deliverables and strategic risks agreed by the West Midlands PH transition Steering Group.

Dr Rashmi Shukla
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Annex 1

Regional strategic risks:

The following were agreed by the Steering group at it meeting on 16 March 2011:

1. Loss of key public health staff, leading to loss of expertise, inadequate capacity to deliver a business critical public health response (e.g. to protect health), loss of corporate memory and cost of additional recruitment.

2. Inadequate transfer of funds to deliver the local public health function.

3. Lack of coordinated activity to ensure adequate emergency preparedness, response and resilience as the health and care system is reorganized.

4. NHS capacity (particularly community nursing staff) cannot be mobilised to respond to public health incidents, outbreaks and emergencies.

5. Failure to focus on the “day job” and legacy arrangements during transition period leading to failures which damage health and loss of corporate memory.

6. Transferred public health responsibilities are not embedded in all relevant parts of the new local system - GP consortia, LAs, Health and Well Being Boards.

7. Local public health partnerships for health improvement and health protection disintegrate or partners are overlooked in the transition.

8. DsPH are not adequately positioned within LAs.

9. Children’s public health services are overlooked in the merger of adult and children’s services within Las.

10. Incentives for NHS and LAs are insufficient to maintain key population programmes e.g. immunisation, screening, sexual health services, TB services etc..

11. Failure to adequately clarify organisational roles and PH responsibilities of LAs and their DsPH, the NHS and Public Health England (Health Protection Units) and the PH roles of the Health & Wellbeing boards.