

Public Health Transition – Overview (Safer Stockton Partnership Paper)

1. Introduction

The publication of *'Healthy People, Healthy Lives: Our Vision for Public Health in England 2010'* (Department of Health) proposed radical reform of the future delivery of public health in England. This white paper proposed new responsibilities for Local Government for improving health which are outlined below.

2. Public Health Policy Update

The NHS White Paper *'Equity & Excellence'* proposed major changes in the arrangements for the delivery of public health functions in England as part of the Health and Social care Bill. The key proposed changes, (subject to parliamentary approval) are:

- For Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) are to be abolished by April 2013.
- Responsibility for strategic planning and commissioning of NHS services is proposed to transfer to the NHS Commissioning Board (NHSCB) and Clinical Commissioning Groups (CCGs).
- A national public health service to be developed, Public Health England to provide national leadership across the three domains of public health.
- Local Authorities (LAs) will assume statutory responsibilities for public health across the three domains: health improvement, health protection and health service quality from April 2013.
- LAs will receive a ring-fenced public health grant. The Department of Health will incentivise action to reduce health inequalities by introducing a new health premium.
- LAs are to establish statutory Health & Well-being Boards (HWBs) responsible for Joint Strategic Needs Assessments (JSNA) and development of a health and wellbeing strategy.

The *Healthy Lives, Healthy People* White Paper outlined a vision for new public health systems and subsequent documents have provided more detail about how plans must be taken forward. In December 2011, a series of fact sheets describing public health in local government and the operating model for Public Health England were published. The fact sheets covered a range of issues but confirmed the NHS functions that will move to the Local Authority and Appendix 1 highlights this detail.

Further guidance on the public health outcomes framework (*Improving outcomes and supporting transparency*) was published late January 2012. Its focus has been on two outcomes around:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities.

The indicators will be grouped into four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality.

The Outcomes are attached at Appendix 2 and specific outcomes which will be of interest and relevance to the Safer Stockton Partnership are highlighted.

The guidance around the public health ring fenced budgets and health premium has been delayed. However the detail is expected imminently.

Further guidance is also anticipated around the human resource toolkits and workforce strategy.

3. Local Delivery

In parallel to the changes to Public Health there are developments in the current PCT structures. Clinical Commissioning Groups will be responsible for the significant proportion of NHS Budgets. There will be two CCGs on Tees, one for North (covering Hartlepool and Stockton-on-Tees) and one for South (covering Middlesbrough and Redcar & Cleveland).

The role of the Health and Wellbeing Board (HWB) will be critical in 'holding the ring' across the NHS and Local Authority and beyond for the delivery across the system. Its main responsibilities are:

- The development of the Joint Strategic Needs Assessment
- The development of the Joint Health and Wellbeing Strategy (JHWS).

The HWB will have oversight of all commissioning plans produced by health and social care and will want to ensure that the plans reflect the priorities and issues identified via the JHWS.

Locally the shadow arrangements for the Board have been put in place and the structures have met a number of times.

As part of the changes the leadership function around Public Health has been reinforced. The role of the Director of Public Health (DPH) as a key health advocate within each locality has been highlighted. To this end the appointment of the Director of Public Health (DPH) has been agreed by Cabinet and the recruitment process is underway. Appendix 3 outlines the various roles within the new Public Health System.

4. Transition

In order to address the various changes across the NHS System a number of transition plans have been developed which outline the key actions and timescales to enable the revised infrastructure to be in place by April 2013.

It is anticipated that there will be further shadow arrangements developed from 31st October 2012 to enable a smooth transition at April 2013.

Key issues are managing the risks around:

- Understanding the funding
- Assessing commissioning issues
- Sustaining the workforce during this period of uncertainty
- Maintaining current work programmes

5. Conclusion

Members of Safer Stockton Partnership (SSP) need to be aware of the key changes to NHS Structures. There remain a number of uncertainties around the current transition and further briefings can be offered when the detail is known.

There will be a number of key performance outcomes that will overlap both SSP and the HWB and it is anticipated that dual accountability will remain (as per current arrangements with drugs and alcohol).

The Health and Wellbeing Management Team is maintaining oversight of the transition arrangements and a number of officers are also part of SSP (Mike Batty, Emma Champley and Ruth Hill) and as such continue to flag issues relevant to both parties. Other representatives also participate via the Health and Wellbeing Partnership and can also contribute to the health transition via this forum too.

Appendix 1 - NHS functions that will move to the Local Authority

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

Appendix 2 – Public Health Outcomes

1. Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
 - *School readiness (Placeholder)*
 - Pupil absence
 - **First-time entrants to the youth justice system**
 - 16-18 year olds not in education, employment or training
 - People with mental illness or disability in settled accommodation
 - ***People in prison who have mental illness or significant mental illness (Placeholder)***
 - Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness
 - Sickness absence rate
 - Killed or seriously injured casualties on England's roads
 - ***Domestic abuse (Placeholder)***
 - ***Violent crime (including sexual violence) (Placeholder)***
 - **Re-offending**
 - *The percentage of the population affected by noise (Placeholder)*
 - Statutory homelessness
 - Utilisation of green space for exercise / health reasons
 - Fuel poverty
 - *Social contentedness (Placeholder)*
 - *Older people's perception of community safety (Placeholder)*
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2. Health Improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
 - Breastfeeding
 - Smoking status at time of delivery
 - Under 18 conceptions
 - *Child development at 2-2.5 years (Placeholder)*
 - Excess weight in 4-5 and 10-11 year olds
 - Hospital admissions caused by unintentional and deliberate injuries in under 18s
 - *Emotional wellbeing of looked-after children (Placeholder)*
 - Smoking prevalence – 15 year olds
 - Hospital admissions as a result of self-harm
 - *Diet (Placeholder)*
 - Excess weight in adults
 - Proportion of physically active and inactive adults
 - Smoking prevalence – adults (over 18s)
 - Successful completion of drug treatment
 - People entering prison with substance dependence issues who are previously not known to community treatment
 - Recorded diabetes
 - Alcohol related admissions to hospital
 - *Cancer diagnosed at stage 1 and 2 (Placeholder)*
 - Cancer screening coverage
 - Access to non-cancer screening programmes
 - Take up of the NHS Health Check Programme – by those eligible
 - Self-reported wellbeing
 - Falls and injuries in the over 65s
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3. Health Protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Air pollution
 - Chlamydia diagnoses (15-24 year olds)
 - Population vaccination coverage
 - People presenting with HIV at a late stage of infection
 - Treatment completion for tuberculosis
 - Public sector organisations with board-approved sustainable development management plan
 - *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*
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4. Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicators

- Infant mortality
 - Tooth decay in children aged 5
 - Mortality from causes considered preventable
 - Mortality from all cardiovascular diseases (including heart disease and stroke)
 - Mortality from cancer
 - Mortality from liver disease
 - Mortality from respiratory diseases
 - *Mortality from communicable diseases (Placeholder)*
 - *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
 - Suicide
 - *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
 - Preventable sight loss
 - *Health-related quality of life for older people (Placeholder)*
 - Hip fractures in over 65s
 - Excess winter deaths
 - *Dementia and its impacts (Placeholder)*
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Appendix 3

Roles in the new Public Health System: Local Delivery

