Update report: Implementing the White Paper for Public Health: 'Healthy Lives, Healthy People' in Harrow	
Prepared for:	***Harrow Scrutiny***
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Action for Committee:	***For discussion***
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Summary
This paper provides an update of the work in progress to implement the public health white paper:

1. Paper 1 (attached) is a briefing to all Directorate Management Teams (DMTs) in Harrow. The Director of Public Health is in the process of visiting all DMTs to discuss the implications of the transition.
2. Paper 2 (attached) is the latest London Update report.
3. Work has now been initiated with the West London Alliance to explore how the Alliance wish to work together in the future with regard to delivering the new public health functions.

Next steps
It is likely that over the course of the next 3 months the key national documents will be published; the roles and responsibilities of Local Government; the final 'Outcomes Framework'; the ring fenced public health grant; and the Public Health England operating plan.
It is expected that during the period Jan to March 2012 a detailed transition plan for Harrow will be developed.

Andrew Howe
8th Oct 2011

Paper 1

Public Health transition in Harrow: Relationship to commissioning in Harrow and the 'Commissioning Panels'

The London Borough of Harrow will, at some stage in the next 2 years, become responsible for the current public health functions as outlined in the Public Health White Paper. There are three domains of public health activity that the Council as a Public Health Authority will need to deliver (see appendix one for more detail):

- Health improvement
- Health protection
- Public Health support to health care commissioning.

Assumptions in the new arrangements

- A new 'public health outcomes framework' was published in Dec 2010 for public consultation. This is summarised in appendix two (attached). It should be noted that the framework contains many pre-existing targets.
- The Authority will receive a 'ring fenced' public health budget. A 'shadow allocation' may be available for 2012/ 2013 (to be confirmed). Current public health budgets (at NHS Harrow) are attached (appendix three).
- It is recognised that the London Borough of Harrow already leads and contributes to improving public health in a number of ways (including environmental health services and trading standards; physical activity and leisure services; planning etc). There are likely to be synergies between existing LBH functions and the functions related to the new responsibility for public health.
- It is also recognised that as well as front facing services there are also a number of 'back office functions' that are required to support public health.
- Changes to these assumptions may be required as new national guidance is published.

Proposal for action for Directorates during the preparation for commissioning panels

1. During the strategic commissioning process all Directorates are requested to:
    a. Consider the impact of the new responsibility for public health and health and wellbeing
    b. Consider current activities and spend that contribute to, or overlap with, improving public health (appendix 1)
    c. Consider which outcomes (appendix 2) the Directorate already contribute to (or have the potential to contribute to)
    d. Given that there is likely to be synergy between services currently commissioned by the current public health team and services commissioned by other directorates, consider opportunities to join up resources to deliver shared outcomes
    e. Consider, where appropriate, the 'back office' functions required to enable the new responsibilities including: finance (e.g. ring fenced budget implications) ; HR (e.g. TUPE); Pay roll; Performance; Governance and risk ; IT; Estates.
2. The existing public health department at NHS Harrow is offering to support each DMT to work through the above considerations.

Dr Andrew Howe Director of Public Health
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Appendix 1. Overview of Public Health functions

The following are a breakdown of the existing public health service in Harrow within the three domains:

1. Health Improvement/Health Inequalities:

- Lead on the development, commissioning and evaluation of health and wellbeing initiatives and services to promote and enable healthy behaviors including: tobacco control/ stop smoking, alcohol, substance misuse, physical activity, healthy eating, sexual health (GUM, FP and TOP), oral health, breastfeeding, obesity
- Lead on the development, commissioning and evaluation of health and wellbeing initiatives and services for vulnerable groups
- Lead on health intelligence and knowledge management: development of the Joint Strategic Needs Assessment and specific topic needs assessments; analysis and interpretation of the evidence base; suicide audit and child death overview panels
- Design, commission, monitor and improve key preventive medicine services including all National Screening programmes: Cancer (breast cancer, cervical, bowel); Abdominal aortic aneurysm; Antenatal and neonatal; Diabetic retinopathy; Chlamydia
- Lead local health information, education and communication through generic and targeted 'social marketing'; actively working with and through other delivery agents (e.g. third sector; businesses; etc);
- Commission, monitor and support secondary and tertiary prevention programmes including: expert patient programmes and self care programmes
- Building policy, programmes and strategic partnerships to promote the health agenda (including through the Health and Wellbeing Strategy and Health and Wellbeing Board
- Patient, public and community engagement; enable and support communities to improve health and wellbeing including through commissioning health trainer programmes

2. Health Protection:

- Co-ordinate and oversee Emergency Planning preparations including on-call
- Lead development of Business Continuity Planning in accordance with Civil Contingencies Act
- Design, commission, monitor and improve Infection Prevention and Control, including Healthcare Acquired Infections (HCAI)
- Work with Health Protection Agency in response to infectious disease and environmental hazards
- Design, commission, monitor and improve TB services
- Lead, coordinate and performance manage vaccination and immunisation activity
- Ensure robust planning for and in response to Flu pandemics
- Coordinate local disease outbreaks (including blood borne viruses) or single cases

3. Public health support to health care (including GP) commissioning

- Supporting service redesign/ care pathway redesign / demand management programmes
- Supporting development of health outcome measures/ quality indicators for health services
- Advising on prioritisation to ensure best use of available resources
- Ensuring effective and cost effective services
- Access need, utilisation, demand and outcomes
- Setting thresholds for care and providing evidence for Interventions Not Normally Funded / Planned Procedures with a Threshold (PPwT)

- Critically appraise business cases from a population health perspective
- Support GPs in public facing communications
- Assess and ensure equity of service provision and plan services for vulnerable groups
- Health care development and planning- horizon scanning, health economics
- Support Healthcare audit/ evaluation and research

Appendix 2: Public Health Outcomes framework

In December 2010 the government presented a proposed outcomes framework which is currently out to public consultation (response expected mid July 2011):

Domain 1: Health Protection and resilience

- Comprehensive, agreed, inter-agency plans for a proportionate response to public health incidents are in place and assured to an agreed standard.
- Systems in place to ensure effective and adequate surveillance of health protection risks and hazards.
- Life years lost from air pollution as measured by fine particulate matter
- Population vaccination coverage (for each of the national vaccination programmes5 across the life course)
- Treatment completion rates for TB

Domain 2: Tackling the wider determinants of health

- Children in poverty
- School readiness: foundation stage profile attainment for children starting Key Stage 1
- Housing overcrowding rates
- Rates of adolescents not in education, employment or training at 16 and 18 years of age
- Truancy rate
- First time entrants to the youth justice system
- Proportion of people with mental illness and or disability in settled accommodation
- Proportion of people with mental illness and or disability in employment
- Proportion of people in long-term unemployment
- Employment of people with long-term conditions
- Incidents of domestic abuse
- Statutory homeless households
- Fuel poverty
- Access and utilisation of green space
- Killed and seriously injured casualties on England's roads
- The percentage of the population affected by environmental, neighbour, and neighbourhood noise
- Older people's perception of community safety
- Rates of violent crime, including sexual violence
- Reduction in proven reoffending
- Social connectedness
- Cycling participation

Domain 3: Health Improvement

- Prevalence of healthy weight in 4-5 and 10-11 year olds
- Prevalence of healthy weight in adults
- Smoking prevalence in adults (over 18)
- Rate of hospital admissions per 100,000 for alcohol related harm
- Percentage of adults meeting the recommended guidelines on physical activity (5 x 30 minutes per week)
- Hospital admissions caused by unintentional and deliberate injuries to 5-18 year olds
- Number leaving drug treatment free of drug(s) of dependence
- Under 18 conception rate
- Rate of dental caries in children aged 5 years (decayed, missing or filled teeth)
- Self reported wellbeing 5 year olds.

Domain 4: Prevention of Ill health

- Hospital admissions caused by unintentional and deliberate injuries to under 5 year olds.
- Rate of hospital admissions as a result of self-harm
- Incidence of low-birth weight of term babies
- Breastfeeding initiation and prevalence at 6-8 weeks after birth
- Prevalence of recorded diabetes
- Work sickness absence rate
- Screening uptake (of national screening programmes)
- Chlamydia diagnosis rates per 100,000 young adults aged 15-24
- Proportion of persons presenting with HIV at a late stage of infection
- Child development at 2 - 2.5 years
- Maternal smoking prevalence (including during pregnancy)
- Smoking rate of people with serious mental illness
- Emergency readmissions to hospitals within 28 days of discharge
- Health-related quality of life for older people
- Acute admissions as a result of falls or fall injuries for over 65s
- Take up of the NHS Health Check programme by those eligible
- Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed

Domain 5: Healthy Life expectancy and preventable mortality

- Infant mortality rate
- Suicide rate
- Mortality rate from communicable diseases
- Mortality rate from all cardiovascular disease (including heart disease and stroke) in persons less than 75 years of age
- Mortality rate from cancer in persons less than 75 years of age
- Mortality rate from Chronic Liver Disease in persons less than 75 years of age
- Mortality rate from chronic respiratory diseases in persons less than 75 years of age
- Mortality rate of people with mental illness
- Excess seasonal mortality

Appendix three: Current Public Health Budgets at NHS Harrow

The table below gives a general indication of budgets currently held at NHS Harrow (though further work is currently ongoing to scope whether other NHS Budgets may also become part of any public health 'ring fenced' budget in the future).

Public Health theme	Budget	Contract form
Pay	£1,222,000	
Non-pay	£130,000	
HIV (Specialist consortia)	£2,371,000	Block contract
Sexual Health (GUM, TOP, Family Planning)	£2,049,221	Block contract
Drug & Alcohol	£2,374,000	Block contract
Health Promotion	£420,000	Variable
Screening (Breast, Cervical, Bowel)	£1,955,467	Block contract
Immunizations	£802,000	Variable
Total	£11,323,688	

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Paper Two

LONDON PUBLIC HEALTH TRANSITION BULLETIN No 1

Public Health Transition in London

The Public Health Transition Board met last week to take stock of the current position and consider the way forward. Recognising that the public health transition process is exceptionally challenging, that one of the most complex and sensitive element in it is the transfer of the majority of front-line public health functions from the NHS to local government, much of the discussion focussed on that elements, but the positions of pan-London transferring and receiving bodies were noted.

Although the Department of Health Update in July has provided some clarity, many important specifics remain unresolved, principally: allocations/grants to local authorities, the PH outcomes framework and conditions of the grant, the operating model for Public Health England, the HR framework for staff transfers. These are expected by Christmas, but their order and timing are not yet known.

In light of this it is proposed that the transition process is planned in three phases:

- Phase 1 to end 2011, exploring opportunities, developing/bedding down constructive ways of working together, in preparation for phase 2 when policy clearer by Christmas;
- Phase 2 in early 2012, detailed planning and negotiations leading to formal transition plans for each borough and pan-London by end March 2012;
- Phase 3 2012/13, year of shadow working and formal implementation of transfers for April 2013.

It is intended to move forward in phase 1 by recognising Councils' role as the "design authority" for new local arrangements, and therefore promoting and supporting their leadership of local discussions. Across London we will encourage and develop the spirit of partnership to underpin these discussions, built on an explicit agreement about purpose and principles – both about processes and behaviours during transition and about the design of new systems.

Some of the activities that will be prioritised in phase 1 are:

- Understanding and influencing the development of national policy;
- Establishing mutual understanding of baselines in scope of public health activities, finance, human resources, and provider contracts;
- Exploration of S75 agreements, memoranda of understanding, co-location as vehicles for early steps towards integration;
- Exploring and agreeing design principles, developing and testing models for new arrangements, both locally and regionally;
- Developing a London workforce and redeployment strategy, based on national negotiations;
- Local discussions about sharing roles and functions between councils, where appropriate.

London Health Improvement Board

The London Health Improvement Board (LHIB) met in shadow for the first time on 11 July 2011 and has agreed to develop work programmes on alcohol, childhood obesity and early diagnosis and screening of cancers. A great deal of work has already been undertaken to capitalise on existing evidence and best practice across London in order to generate possible options for how these issues might be best tackled. The next Board meeting is scheduled for October 2011. For more information please visit the GLA or London Council's website

National policy developments

In July, the Department of Health published an HR Transition Framework which provides the overarching guiding standards for the Department, NHS and Arm's Length Bodies (ALBs) relating to the movement of employees to the new or changed bodies proposed in the Health and Social Care Bill. The Department has also published the People Transition Policy (PTP) which sets out the policies and processes that will guide the first round of appointments to the NHS Commissioning Board, a PTP is also being developed for those individuals who will move to Public Health England (PHE).

Work is also under way on the Public Health Concordat, which will be developed between the NHS, DH and local government. The Concordat will cover the principles relating to the transfer of public health staff moving to local authorities. The aim of the concordat is to retain the excellent talent that already exists in the system and to ensure all those affected by the creation of the new architecture, are treated consistently and fairly, through transparent recruitment processes. The concordat is currently scheduled for publication by the end of December 2011, which will provide clarity ahead of the negotiations between PCTs and local authorities.

Update on Public Health England

Work is well under way to ensure that Public Health England (PHE) is operational as an executive agency by April 2013. The PHE transition team, situated in the Department of Health has established the Public Health Engagement Group, which will be chaired by Chris Bull, Chief Executive of Herefordshire Council. This group will support engagement on the development of the five policy updates scheduled for release during the autumn period. These updates will provide the clarity needed to progress with the transition on a local level.

The NHS Future Forum – future work on public health

Following the listening exercise earlier this year, the NHS Future Forum has been asked by the Government to begin a new phase of conversations. Vicky Bailey and Ash Soni from the NHS Future Forum will lead a piece of work that aims to identify how the public's health can remain at the heart of the NHS. This new phase of work will explore what role the NHS and health and care professionals can play in systematically delivering improved population health outcomes as well as identifying the mechanisms that commissioners, providers and the wider system could use to help support them. Also in scope is an exploration of the relationship that the NHS will have with PHE and local government.