

<p>Yorkshire and the Humber Strategic Health Authority</p> <p><b>BOARD MEETING</b></p>	
<p><b>Date: 12 September 2011</b></p>	<p><b>Report Author: Prof. Paul Johnstone</b></p>
<p><b>Title of paper: Peer Support and Assurance for Public Health Transition</b></p>	
<p><b>Actions Requested:</b></p> <ul style="list-style-type: none"> <li>• Note the process in place to support and assure the transition of public health from the NHS to local government.</li> <li>• Note the emerging good practice examples and give advice on handling of the risk areas that have been identified.</li> </ul>	
<p><b>Governance Requirements</b></p>	
<p><b>SHA Objectives supported by this paper:</b>  This work is a key mechanism to deliver the following objective: implementation plans for Public Health transition agreed by January 2012.  It will also underpin and support the objective on improving outcomes (healthier people) by having a smooth transition of this responsibility.</p>	
<p><b>Risk Management:</b>  The work helps to mitigate the following risks:  11. SHA fails to deliver effective partnership structures to manage the functional transfer to local government.  2. SHA interventions fail to support the delivery of required outcomes, standards and improvements.</p>	
<p><b>Board Assurances:</b>  The paper provides a significant level of assurance that both good practice and risks to transition are being identified at a local level. This will allow action to be taken to address those risks, support local areas and prepare for a successful transition. Local areas will be moving into 'shadow operation' form in 2012/13 with shadow budgets allocated. A further round of assurance is proposed for early 2012 to assess readiness on staffing and finance issues.</p>	
<p><b>Risk Assessment:</b>  The process of peer support and assurance aims to identify risks to delivery of public health transition at an early stage so these can be addressed before implementation of the transfer. Securing peer support (via the Directors of Public Health network) in the process will help identify any professional issues as well as management and technical matters</p>	
<p><b>Communication (including public and patient involvement):</b>  The process has been developed in partnership with the Directors of Public Health in Yorkshire and Humber and has been overseen by the Public Health Transition Steering Group.</p>	

**Resource Implications**

NHS resources for public health will be transferring to other organisations – such as local government and the NHS Commissioning Board. Part of this process will look specifically at the robustness of the process to identify those resources and the process of transfer. The Director of Finance is also active in this aspect of the work.

**Legal Implications:**

Legal implications of the public health transition are being addressed at national level as a consequence of the proposed changes to legislation. There are legal implications regarding the transfer of statutory duties and the change of employment for public health staff. Further guidance is expected on legal aspects.

**Equality and Diversity:**

This is predominantly a management process to support good practice and reduce risks.

**NHS Constitution:**

The Board is asked to note that the transition of public health will mean that some services will be commissioned in future by CCGs, the NHSCB and others by local government. The public health services commissioned in future by local government will be subject to the legal and contractual frameworks that apply to local authorities and the Board is asked to note that these are different to those in the NHS.

# Yorkshire and the Humber Strategic Health Authority

12 September 2011

## Assuring Public Health Transition in Yorkshire and Humber.

### **1. Executive summary**

In July 2011, the Department of Health issued the 'Healthy Lives; Healthy People – Update and Next Steps' document which confirmed the policy direction for public health nationally. The main element of this was to transfer responsibility and resources for public health to local government. This paper provides further guidance on the implementation process.

A letter from the Chief Medical Officer (10<sup>th</sup> August) also confirms that Regional Directors of Public Health continue to hold the lead responsibility for public health transition. The RDPH will be reporting directly to the SHA (Board, SMT and via SAAP) and to the Public Health England Transition Team (PHETT) on progress.

The main role of the SHA is to support local areas in their work, share solutions and address any common collective risk areas. In short assuring the public health transition process. This paper describes how this is being carried out in Yorkshire and Humber and asks the Board to note the process and advise on the emergent findings.

### **2. Introduction to Public Health Peer Support and Assurance**

At the start of 2011/12 a broad process was discussed and agreed with the DsPH and the Public Health Transition Steering Group. Three main phases of support and assurance were identified:

1. Assessment of preparation for public health transition in PCT Single Integrated Plans and initial risk rating (low or medium/high).
2. Peer support and assurance meetings with every local DPH and local team (Summer 2011) to assess progress.
3. Follow up assurance meetings to assure final preparations for 'shadow' operations year of 2012/13 (post Christmas 2011) e.g. to focus on resources and HR.

Phase 2 is now underway with a series of face to face meetings (medium/high risk areas) and teleconferences (low risk areas). The RDPH is leading the discussions supported by other organisations such as the PHO, HPA and NTA. DsPH have also offered to be peer assessors in the process and will attend the face to face meetings alongside the SHA and this is an added strength. Further information is set out in the SMT report (July 11) which is appended (2).

### **3. A systematic approach**

An agenda – covering the main issues has been discussed and agreed with the DsPH collectively. This will ensure that we review the same issues with each local area and have a consistent approach. We have also aligned this with the criteria set out in the national single reporting framework for public health transition – and the SHA reporting ‘milestones’.

The detailed process – carried out with local teams – is fully recorded and letters capturing the key points are sent following each visit. A summary of this is fed into the corporate SAAP approach via the public health transition ‘dashboard’.

### **4. Issues: good practice and risks**

Eight of fourteen meetings have taken place and good practice and collective risk areas are being identified. An initial summary of good practice and risks is attached as Appendix 1. Full summaries (letters and completed position statements for each area) are available from Carol Massey.

### **5. Next steps**

The results of the full review of preparedness for public health transition will be available in October 2011 once this series of discussions has been concluded. This will be shared at SMT and with the new SHA Cluster Board. It will also be shared with partners on 27<sup>th</sup> October (see below).

Risks that have already been identified are being addressed as they emerge. For example – advice and support from the public health team communications manager has already been made available to local areas.

### **6. Reporting routes**

It is clearly very important that other stakeholders are engaged in the transition assurance process and its outcomes. Both Cluster and Local Authority Chief Executives are well represented on the Public Health Transition Steering Group which has an overview of the process. Emerging issues will be reported back to the Group in early September and from there into Cluster and Local Government Chief Executives networks. There will also be an opportunity to work with Local Government members networks in the autumn.

An event “Building the Local Public Health System” is being planned for October 27<sup>th</sup> 2011 to share and review the outputs of the whole process. This will engage both local teams and the national Public Health England Transition Team and invites will be offered to the CCGs as well as local government colleagues. Board members are invited – and asked to register their interest with Carol as soon as possible.

## **7. Action**

The Board is asked to:

- Note the process in Yorkshire and Humber for peer support and assurance of public health transition – and the SHA reporting mechanisms.
- Advise of any other reporting or information routes that might be helpful.
- Note the emerging list of risks and good practice and provide support and advice on handling.

**Professor Paul Johnstone**  
**Regional Director of Public Health**  
**September 2011**

**Appendix 1: initial outputs from the peer support and assurance process - good practice and risks**

<b><i>Good practice</i></b>	<b><i>Action</i></b>
Development of PH in local government environment	Health and Well-Being Boards operational in many areas (shadow form). Several DsPH already co-located with LA exec teams. Joint developmental events – working across NHS and local government – are taking place to shape the joint agenda. PH team development events are taking place to build the approach and keep momentum.
Intelligence	JSNA development reported as robust in many areas – good underpinning for strategies in future.
Emergency planning and health protection response	Local areas are working well together to ensure that rotas are maintained and emergency planning is robust.

<b><i>Risk</i></b>	<b><i>Mitigation - proposals</i></b>
Scarce skills and capacity in some areas e.g. health intelligence, communications and engagement	RDPH discussions with PHETT to confirm level of national support that will be offered. Collaboration across areas with the most challenges.
National HR guidance isn't yet available to support staffing transfers.	Preparatory work to match mandatory/statutory duties with resources and staffing inventories at local level either collectively or at local level.
Variable pace of change for transition between NHS and PHE	Work with PHETT and Dept of Health to align national timelines as far as possible.
Governance in transition	RDPH and DsPH working closely with Cluster CEs to ensure existing NHS accountability routes are robust up until the point of transfer – especially for NHS statutory functions.
Political environment - many areas in Yorkshire and Humber had a change of administration in May 2011. LA policy and mechanisms (all business) are still embedding and the financial environment is challenging.	RDPH and DsPH to work closely with LA Chief Executives both individually and via their collective network. Engaging with the members who lead on health issues via their emerging network.

## Appendix 2

### Assuring Public Health Transition: July SMT report



SMT Paper PH  
transition July 11.doc