NHS B&NES Key Issues Briefing Note

Overview and Scrutiny Panel – 29th July 2011

NHS Reforms
Update information on the reform programme and the PCT cluster arrangements is provided in a separate report.

Public Health
The Health and Social Care Bill will transfer public health to Local Authorities The Department of Health have recently released an update on the proposed pubic health changes in England. A specific briefing paper has been prepared and this is attached for information.

Health and Wellbeing Boards
A key aspect of the reform programme is the establishment of health and wellbeing boards. Both the partnership board and the PCT board have approved a set of principles and outline governance arrangements for the creation of a health and wellbeing board in B&NES.
We are in a strong position to build on the integration work already established over several years and plan to take an evolutionary approach whereby the existing partnership board, alters its membership to include both clinicians and HealthWatch representation, revises its terms of reference and moves into a the new role from April 2012.
The health and wellbeing board will be responsible for:

- developing a joint strategic needs assessment (JSNA)
- preparing the health and wellbeing strategy
- considering whether the commissioning arrangements for social care, public health and the NHS are in line with the health and wellbeing strategy
- considering whether the GP Consortia's commissioning plan has given due regard to the health and wellbeing strategy
- reporting formally to the NHS Commissioning Board, GP Consortium, council leadership if local commissioning plans have not had adequate regard to the health and wellbeing strategy.

Membership

Membership for the health and wellbeing board in B&NES is proposed as:

For NHS B&NES	**For B&NES Council**
Chairman	Leader
Chief Executive	Chief Executive
1 Non Exec Director	1 Councillor
Chair of Clinical Commissioning Group	1 Councillor
Accountable GP	Director of Peoples Services
Additional Members	
Healthwatch x 2	Acting as consumer champion
Director of Public Health	Acting across both organisations in joint role
Finance Advisor	Nature of membership to be agreed

Cluster Management Arrangements

A single executive team of Chief Executive and five Directors is being established across the two PCts within the B&NES and Wilts cluster. Three appointments have recently been made.

Jennifer Howells is now in post as joint Director of Finance. Jenny has held the position of Joint Director of Finance across the two Trusts since March this year and her appointment through the latest process now confirms her position with us for the next two years.

Suzanne Tewkesbury has been appointed Director of Human Resources, Communications and Corporate Services to. Suzanne has held the position of Director of HR at NHS Wiltshire since 2007.

Mary Monnington has been appointed Director of Nursing. Mary has worked for South Somerset Primary Care Trust and latterly NHS Somerset as Director of Nursing since 2001.

Advertisements are now out for the roles of Interim Director of Commissioning Development and Medical Director. It is anticipated that interviews will be held for these two posts during August.

Any Qualified Provider

The Department of Health has published guidance on how the NHS will deliver greater choice. This programme of change is entitled Any Qualified Provider (AQP). Full details are available to view at
http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125442

More choice will mean that when patients are referred for selected services, usually by their GP, they should be able to choose from a range of qualified providers who meet NHS quality, prices and contracts.

To date, choice has only been available in non-urgent hospital care, but published guidance now sets out that the choice offer will be extended to community and mental health services for the first time. Following advice from patient groups, clinicians and voluntary organisations, there are eight services that have been recommended as the most suitable:

- Services for back and neck pain
- Adult hearing services in the community
- Continence services (adults and children)
- Diagnostic tests closer to home
- Wheelchair services (children)
- Podiatry (feet) services
- Leg ulcer and wound healing
- Talking Therapies (Primary Care Psychological therapies, adults)

PCT clusters, supported by Clinical Commissioning Groups may also choose other services which are higher local priorities, if there is a clear case to do so based on the views of service users and potential gains in quality and access

Every area across England will be expected to offer choice in a minimum of three services by September 2012 – Primary Care Trust clusters will engage with local patients, carers and professionals during August and September and identify their three or more community or mental health services. These decisions need to be reached by October with implementation then taking place between April and September 2012.

Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Healthy lives, healthy people

Update from Department of Health on key issues and proposals for the way forward.

Paul Scott, Assistant Director of Public Health, July 2011

A new public health system, with strong local and national leadership

A system focused on outcomes

The whole system will be refocused around achieving positive health outcomes for the population, rather than focused on process targets and will not be used to performance manage local areas. DH will work with stakeholders to finalise the Public Health Outcomes Framework and publish it later in the year (expected autumn 2011).

A locally-led system: local government

- Local authorities are uniquely placed to tackle the wider determinants of health (such as employment, education, environment, housing and transport), and are a natural home for a public health function focused on improving health and wellbeing across the life course.
- Local authorities will have a role across the three domains of public health (health improvement, health protection and health services quality). The Health and Social Care Bill gives unitary local authorities a new duty to take such steps as it considers appropriate for improving the health of the people in its area. DH plan to give local authorities new functions through regulations for taking steps to protect the local population's health, and for providing clinical commissioning groups with population health advice.
- Local authorities will be funded to carry out their specific new public health responsibilities through a ring-fenced grant. To maximise flexibility DH will place only a limited number of conditions on the use of the grant. The core conditions will centre on defining clearly the purpose of the grant, to ensure it is spent on the public health functions for which it has been given, and ensuring a transparent accounting process.
- Commissioning routes for programmes are set out in Appendix 2 of this summary. DH encourage local services to move forward with planning on this basis.
- In addition to local authorities role in a wider range of activities, DH will specifically prescribe that local authorities deliver the following services or steps:
    - appropriate access to sexual health services
    - steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population
    - ensuring NHS commissioners receive the public health advice they need
    - the National Child Measurement Programme
    - NHS Health Check assessment
    - elements of the Healthy Child Programme.

A local community's health advisor - the Director of Public Health

- The Director of Public Health (DPH) will be:
  - the principal adviser on health to elected members and officials
  - the officer charged with delivering key new public health functions
  - a statutory member of the health and wellbeing board
  - the author of an annual report on the health of the population.
- The DPH will have responsibilities across the three domains of public health, reflecting the responsibilities of local authorities. Thus on health improvement, DH expect the DPH to lead on investment for improving and protecting the health of the population locally, and reducing health inequalities through the way the ring-fenced grant is spent (although accountability for the grant rests with the Chief Executive of the local authority).
- On health protection, DH plan to make it a requirement for the local authority to ensure that plans are in place to protect the health of the local population, under regulation making powers in the Bill. This will ensure that Directors of Public Health have a critical role, working closely with Public Health England at the local level and with the NHS, to ensure appropriate public health responses to the whole spectrum of potential problems, from local incidents and outbreaks to emergencies.
- With regard to population healthcare, Directors of Public Health and their teams will provide public health expertise, advice and analysis to clinical commissioning groups and health and wellbeing boards and (for primary care and other directly commissioned services) to the NHS Commissioning Board. This provision of public health input to NHS commissioning will become a mandated step for local authorities, using regulation-making powers in the Health and Social Care Bill. Public health specialists will also come together with other health and care experts in new clinical senates, hosted by the NHS Commissioning Board, to advise on how to make patient care fit together seamlessly.
- Directors of Public Health will be employed by local authorities, but the appointment process will be joint with Public Health England, who will be able to ensure that only appropriately qualified individuals are appointed.
- DH state that local authorities will determine the precise detail of their own corporate management arrangements. DH also state that given the importance of these new local authority public health functions, they would expect the DPH to be of Chief Officer status with direct accountability to the Chief Executive for the delivery of local authority public health functions. DH will discuss with local government and public health stakeholders how best to ensure that the Director of Public Health has an appropriate status within the local authority, in line with the position of the Directors of Children's Services and Adult Social Services.

A locally-led system: the NHS

- The NHS has four main roles in securing population health outcomes:
  - provision of accessible and high quality health care to meet the needs of the local population
  - ensuring that in delivering healthcare the opportunities to have a positive impact on public health are taken (eg. through advice, brief interventions and referral to targeted services)
  - delivery of specific population health interventions (eg. childhood immunisations and national screening programmes)
  - the NHS contribution to health protection and emergency response.

- Appendix 1 identifies a number of services that will be commissioned by the NHS Commissioning Board, funded from the public health budget.
- Local authorities, through their Directors of Public Health, will provide public health advice to clinical commissioning groups. To support the detailed implementation of this policy, DH

will engage with stakeholders on the design of the “core public health offer” from local authorities to the NHS, setting out what support local NHS bodies should expect from the local authority Director of Public Health.

A locally-led system: coordinated by the health and wellbeing board

- Health and wellbeing boards will maximise opportunities for integration between the NHS, public health and social care, promoting joint commissioning, and driving improvements in the health and wellbeing of the local population.
- Health and wellbeing boards will provide the vehicle for local government to work in partnership with commissioning groups to develop comprehensive Joint Strategic Needs Assessments and robust joint health and wellbeing strategies, which will in turn set the local framework for commissioning of health care, social care and public health services, and taking into account wider ranging local interventions to support health and wellbeing across the life course (eg. local planning and leisure policies and working with community safety partnerships and police and crime commissioners).
- Health and wellbeing boards will have a strong role in leading on local public involvement Health and wellbeing boards, in considering their membership, will be free to invite other members to sit on the board in order to maximise the gain from health outcomes and align these with employment, welfare and reductions in offending. Each health and wellbeing board will consider its membership based on local needs and priorities.
- Health and wellbeing boards will be subject to oversight and scrutiny by the existing statutory structures for the overview and scrutiny of local authority executive functions. In line with the Localism Bill, local authorities will have greater discretion over how to exercise their health scrutiny powers, and will be able to challenge any proposals for the substantial reconfiguration of NHS services.

A locally-led system: supported by Public Health England

- Public Health England will bring together a fragmented public health system, strengthen the national response on emergency preparedness and health protection and support public health delivery across the three domains of public health (health improvement, health protection and health service quality) through information, evidence, surveillance and professional leadership.
- Public Health England will support local action by:
    - generating information to support the development of local Joint Strategic Needs Assessments
    - building the evidence base on what works
    - communicating intelligence to local leaders about how best to tackle the public health challenges their population is facing, to support the development of joint health and wellbeing strategies
    - reporting on local government contribution in improving population health outcomes as part of the public health outcomes framework
    - advocacy to promote and encourage action right across society, including by local employers and individuals and families
    - providing robust surveillance and local response capabilities to respond to threats to public health and ensure health is protected.
- Public Health England will play a particularly key role in health protection. Appendix 3 sets out how DH are strengthening the arrangements around emergencies, highlights the clear role for Public Health England and includes the defined route for mobilising NHS and public health services to respond to emergencies.

Clear national leadership

- The Secretary of State for Health will provide national leadership, resources and the legislative infrastructure for public health.
- Public Health England will drive delivery of improved outcomes in health and well-being, and design and maintain systems to protect the population against existing and future threats to health.
- Public Health England will develop an integrated approach to information, intelligence and evidence (working alongside NICE), ensuring that local authorities, the NHS and Department of Health have the understanding, advice and tools they need to successfully drive improvements in health.
- Public Health England will be established as an integrated public health delivery body. It will bring together in one organisation the following:
  - Health Protection Agency
  - National Treatment Agency for substance misuse
  - Regional Directors of Public Health and their teams in the Department of Health and Strategic Health Authorities
  - regional and specialist Public Health Observatories
  - Cancer Registries and the National Cancer Intelligence Network
  - National Screening Committee and Cancer Screening Programmes.
- DH intends to establish Public Health England as an Executive Agency of the Department of Health. It will have a distinct identity and a Chief Executive with clear accountability for carrying out its functions. Its status will underline its responsibility for offering scientifically rigorous and impartial advice. DH will work closely with stakeholders to ensure that Public Health England is focused to offer strong support to Directors of Public Health and their partners in the local system.
- The NHS Commissioning Board will look to Public Health England to ensure appropriate population health advice is available to the NHS from the public health system.
- DH are developing further the detailed accountability relationships between the Department of Health, Public Health England and the NHS Commissioning Board in the new system.

Developing a rich and diverse workforce

- DH are working with stakeholders to develop a public health workforce strategy that will include education and training opportunities for people at different entry points, that will provide flexibility for staff to move between different employment sectors and to meet the changing public health needs of the future.
- DH are developing a high level HR “concordat” in partnership with the NHS and Local Government Employers on the effective transition of public health staff between the NHS and local authorities.
- DH are also developing a “People Transition Policy” that will set out the principles applying to the HR and employment processes supporting the transfer of staff into Public Health England.

Financing the public health system

- DH state that ‘a fundamental plank’ of their reform strategy is providing public health with dedicated resources. This will allow a strategic approach to spend on prevention, recognising that public health is a long-term investment, and that effective spend on prevention will release efficiency savings elsewhere, which can then be used elsewhere in the NHS and cross-government more widely.
- DH are continuing to engage with the NHS and local government partners to refine assessments of current baseline spending by the NHS on activity, which in future will be

funded from the public health budget. This work and decisions about the portions of the public health budget that would be distributed to local authorities, transferred to the NHS Commissioning Board to fund commissioning of specific public health programmes; or form the budget of Public Health England itself are dependent on ongoing work, including on the final agreement of commissioning responsibilities.

- DH are committed to ensuring that local authorities are adequately funded for their new responsibilities and that any additional net burdens will be funded in line with the Government's New Burdens Doctrine.
- Public health grants to upper tier and unitary local authorities will be made for the first time in 2013-14 and DH intend to provide shadow allocations for 2012-13 by the end of this year. DH intend to take forward the detailed development of the Health Premium (which will incentivise improvement against a subset of indicators from the public health outcomes framework) with a group of key partners, including local government, over the coming months.

Next steps

Completing the operational design

- DH will produce a series of Public Health Reform Updates through the autumn, including:
  - The Outcomes Framework
  - The Public Health England Operating Model
  - Public Health in local government and the DPH
  - Public Health Funding Regime
  - Workforce strategy

Managing the transition

- Subject to Parliament, upper tier and unitary local authorities will take on their new public health responsibilities in April 2013, at which point they will also take responsibility for Directors of Public Health and their functions.
- Public Health England will be created at the same time, formally taking on the functions of its predecessor bodies.
- Ahead of the formal transfer there is much that can be done to build the local relationships and develop local agreements and shadow arrangements to test elements of the new approach to public health. DH are encouraging local systems to press ahead and develop locally tailored approaches.
- Formal transition plans are to be agreed with the Regional Director of Public Health by March 2012. Ahead of this date DH strongly encourage local authorities and Primary Care Trusts to work together on developing the relationships and joint working that will facilitate a robust transition for April 2013.
- DH plan to recruit a Chief Executive for Public Health England to be in post from April 2012.
- The Regional Directors of Public Health will continue to lead the transition in their regions and DH will continue to work closely with the Faculty of Public Health, the Association of Directors of Public Health, the Public Health Taskforce, the Local Government Group and other key stakeholders in developing detailed proposals and implementing these reforms.

Appendix 1 – Headline recommendations from the Marmot Review into health inequalities *Fair Society, Healthy Lives*

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

NB: More detailed policy recommendations for each of these headline areas can be found at www.marmotreview.org

Appendix 2: Proposed commissioning responsibilities for public health

- Subject to further engagement, the new responsibilities of local authorities would include local activity on:
  - tobacco control
  - alcohol and drug misuse services
  - obesity and community nutrition initiatives
  - increasing levels of physical activity in the local population
  - assessment and lifestyle interventions as part of the NHS Health Check Programme
  - 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 programmes
  - comprehensive sexual health services
  - local initiatives to reduce excess deaths as a result of seasonal mortality
  - role in dealing with health protection incidents and emergencies as described in Appendix 3
  - promotion of community safety, violence prevention and response
  - local initiatives to tackle social exclusion.

- DH will ask the NHS Commissioning Board to commission all immunisation programmes, to ensure a single commissioner, but ensure that Directors of Public Health have a defined role in supporting reviewing and challenging delivery of services
- DH will consider what role Directors of Public Health should have with regard to national screening programmes, which will be commissioned by the NHS Commissioning Board on behalf of Public Health England.
- In addition to their new public health responsibilities, local authorities are ideally placed to maximise the opportunities to develop holistic approaches to improve health and wellbeing, such as specific services for older people and carers, local employers, local criminal justice and community safety agencies, tacking wider issues, such as air quality and noise and improving access to employment, shops and other local services through sustainable modes of transport.
- The public health budget will also fund the NHS to commission certain public health services, in light of the paragraphs above, and subject to further engagement. This includes:
  - immunisation programmes
  - contraception in the GP contract
  - screening programmes
  - public health care for those in prison or custody
  - children's public health services from pregnancy to age 5 (including health visiting).

- The NHS will also commission and deliver many more interventions that improve public health funded, from within the NHS budget over and above this. For example, providing brief interventions and referral in primary and secondary care.
- DH ask local authorities, the shadow NHS Commissioning Board (once established) and emerging clinical commissioning groups to plan on the basis of the respective responsibilities set out above.

Appendix 3: Emergency preparedness, resilience and response

- There will be clear roles and responsibilities for the Department of Health and Public Health England, Directors of Public Health and the NHS Commissioning Board with a defined route for mobilising NHS and public health services to respond to emergencies.
- The Health and Social Care Bill will update the Secretary of State for Health's powers of direction during an emergency. In addition, new arrangements provide the Secretary of State with a clear line of sight to front line responders through Public Health England and the NHS Commissioning Board.
- The Department of Health will support the Secretary of State in his responsibilities for emergency response. It will represent the health sector in the development of cross government civil resilience policy and support the UK Government's central response to major emergencies.
- Public Health England will provide public health leadership for emergency preparedness and response and will provide independent scientific and technical advice at all levels.
- Subject to regulations being made, it is intended that, within local authorities, Directors of Public Health will ensure plans are in place to protect the health of their population, working closely with Public Health England local units and NHS organisations.
- In the event of an emergency or incident, the NHS Commissioning Board, at an appropriate level, will lead the NHS response to any emergency that has the potential to impact, or impacts on the delivery of NHS services, or requires the services or assets of the NHS to be mobilised, taking scientific and technical advice from Public Health England.
- NHS-funded units will have clearer obligations to prepare for and respond to emergencies, and providers will be required to collaborate in local multi-agency emergency planning and response activity.
- Joint planning and collaborative working will lie at the heart of the health system's preparedness and response arrangements. Public Health England and the NHS Commissioning Board will work together at all levels to ensure nationally consistent health emergency preparedness and response capability. Senior leaders will be responsible for emergency preparedness and response in both the NHS Commissioning Board and Public Health England and in the Department of Health. They and their teams will work closely together, aligning with wider Government resilience hubs established by the Department for Communities and Local Government, and the existing Local Resilience Fora that provide the focus of multi-agency planning and response to emergencies. There will be a clear process to develop and test plans based on national and local risks and challenges.
- These new arrangements will be a significant improvement on the current arrangements.
- DH will manage the transition to this new approach to ensure a continuing robust and effective emergency planning system, including throughout the Olympic period.
- DH will engage with key stakeholders over the coming months to consider further the proposed model for health emergencies and incidents based on these principles.

I promised to keep you up to date with news about the recruitment to the four Director posts across the NHS BANES and NHS Wiltshire Cluster and so I'm writing now to let you know how the process is progressing.

I'm delighted to confirm that Jenny Howells has been officially appointed to the post of Director of Finance to the NHS Bath and North East Somerset and NHS Wiltshire Cluster. Those of you who know Jenny will be aware that she has held the position of Joint Director of Finance across the two Trusts since March this year, so we're particularly happy that her appointment through the latest process now confirms her official position with us for the next two years.

Unfortunately we have not been able to successfully recruit to the positions of the three remaining Director posts – Director of Commissioning, Medical Director and Director of Nursing – so the positions will be opened to expressions of interest from candidates outside of the South West region. Interviews for these posts will be held during June and I will, of course, let you know the outcome of any decisions.

Jeff James, Cluster CEO NHS B&NES and NHS Wiltshire