The new public health system – January 2012 update

Based on Latest guidance from Department of Health, published December 2011
http://healthandcare.dh.gov.uk/public-health-system/

Headlines

Local authorities will take the local lead for:

- improving health
- coordinating local efforts to protect the public's health and wellbeing
- ensuring health services effectively promote population health

Public Health England will:

- deliver health protection and intelligence services
- support the public through social marketing
- lead for public health by building the evidence base and relationships
- support the development of the specialist and wider public health workforce

NHS will:

- continue to play a full role in providing care, tackling inequalities and ensuring every clinical contact counts

Chief Medical Officer will:

- continue to provide independent advice to the Secretary of State for Health and the Government on the population's health

Department of Health will:

- set the legal and policy framework, secure resources and make sure public health is central to the Government's priorities.

Public Health in Local Government

The Government is returning responsibility for improving public health to local government due to their population focus, ability to shape services to meet local needs, ability to influence wider social determinants of health and ability to tackle health inequalities. Their aim will be to create healthier communities.

Having taken on the key role in promoting economic, social and environmental wellbeing at the local level, local government is ideally placed to adopt a wider wellbeing role.
In all they do, local authorities will want to ensure the health needs of disadvantaged areas and vulnerable groups are addressed, as well as giving consideration to equality issues. The goal should be to improve the health of all people, but to improve the health of the poorest, fastest.

The role of the Cabinet lead for health within the council is critical, but there needs to be a much broader engagement in this agenda among all local political leaders.

DH will publish a Public Health Workforce Strategy, accompanied by a formal public consultation. This will include options for how public health knowledge can best be embedded across the wider workforce. The new arrangements will provide opportunities and challenges for employers, including the wider local authority workforce.

Mandatory steps

DH set out some areas that require greater uniformity of provision or are a duty delegated by the Secretary of State for Health to local government and therefore need to be mandated. These are:

- 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
- appropriate access to sexual health services
- the National Child Measurement Programme
- NHS Health Check assessment.

The net result of these steps will be that local authorities have key responsibilities across the three domains of public health – health protection, healthcare public health and health improvement.

Although there had been signals to mandate elements of the Healthy Child Programme 5-19, this is not going to happen for 2013. Consideration is being given to the future models of delivery.

The role of the Director of Public Health

Each authority, acting jointly with the Secretary of State for Health, must appoint an individual to have responsibility for its new public health functions, known as the Director of Public Health. That individual could be shared with another local authority where that makes sense.

New guidance on appointments to existing Director of Public Health vacancies and transfer to local government, has been published by DH and LGA.
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132048.pdf

Subject to Parliament, DH will add Directors of Public Health to the list of statutory chief officers in the Local Government and Housing Act 1989. After Royal Assent, DH intend to issue statutory guidance on the responsibilities of the Directors of Public Health, in the same way that guidance is currently issued for Directors of Children's Services and Directors of Adult Services.

DH say that the organisation and structures of individual local authorities is a matter for local leadership, by that they are clear that these legal responsibilities should translate into the Director of Public Health acting as the lead officer in a local authority for health and championing health across the whole of the authority's business.

DH would expect there to be direct accountability between the Director of Public Health and the local authority Chief Executive for the exercise of the local authority's public health responsibilities and that they will have direct access to elected members.

The Director of Public Health will be the person elected members and other senior officers will consult on a range of issues, from emergency preparedness to concerns around access to local health services. He/she will be able to promote opportunities for action across the "life course", working together with local authority colleagues such as the Director of Children's Services and the Director of Adult Social Services, and with NHS colleagues.

The Director of Public Health will work with local criminal justice partners and the new Police and Crime Commissioners to promote safer communities. And he/she will engage with wider civil society to enlist them in fostering health and wellbeing.

In short, the Director of Public Health will be a critical player in ensuring there are integrated health and wellbeing services across the locality. With regard to the ring-fenced grant, formal accountability rests with the Chief Executive of the local authority, but we would expect day-to-day responsibility for the grant to be delegated to the Director of Public Health.

Commissioning responsibilities

Local authorities will be responsible for commissioning the services below. The list is not exclusive. Local authorities may choose to commission a wide variety of services under their health improvement duty.

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle 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 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.

DH are now proposing that abortion should remain within the NHS and be commissioned by clinical commissioning groups. A consultation on this revised recommendation starts soon. Responsibility for sexual assault services, including SARCs, rest with the NHS Commissioning Board.

Early diagnosis programmes for cancer will be a responsibility of both Public Health England and the NHS Commissioning Board.

The NHS Commissioning Board will be accountable for delivery of the national screening and immunisation programmes. Public Health England will provide public health advice on the specification of national programmes, and also a quality assurance function with regard to screening. Directors of Public Health will provide challenge and advice to the NHS Commissioning Board on its performance, for example through the joint strategic needs assessment and discussions at the health and wellbeing board.

Only some of the above services are to be mandated (see previous section above).

The commissioning of other services will be discretionary, guided by local results from the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy.

Children under five

In the first instance, the NHS Commissioning Board will lead the commissioning of public health funded services for children under five, including health visiting, the Healthy Child Programme and Family Nurse Partnership.

DH aim to unify responsibility for these services within local government by 2015 when the increased health visiting workforce and new health visiting service model and the Healthy Child Programme offer to families should be in place.

In line with this direction of travel, we are also transferring responsibility for commissioning effective Child Health Information Systems to the NHS Commissioning Board, also to be funded by the public health budget.

This decision will be reviewed in 2015 to determine longer-term plans. We will engage further on the detail of these proposals, particularly in respect of transition arrangements and the best way to begin to involve local authorities in local commissioning of these services in partnership with the NHS.

In the meantime, Public Health England will retain a close interest in the specification of Child Health Information Systems, to ensure public health requirements, such as accurate and effective collection on the delivery of childhood immunisations, are met.

Emergency preparedness

New guidance on the Local Resilience Forum (LRF) is provided, with a lead Director of Public Health from a local authority within the LRF area coordinating the public health input to planning, testing and responding to emergencies across the local authorities in the LRF area.

Public Health England will continue to provide the health protection services, expertise and advice currently provided at an LRF level by the Health Protection Agency.

The NHS Commissioning Board will appoint a lead director for NHS emergency preparedness and response at the LRF level, and provide necessary support to enable planning and response to emergencies that require NHS resources.

Local Health Resilience Partnerships (LHRPs) will bring together the health sector organisations involved in emergency preparedness and response at the LRF level. LHRPs will consist of emergency planning leads from health organisations in the LRF area and will ensure effective planning, testing and response for emergencies.

The lead director appointed by the NHS Commissioning Board and the lead Director of Public Health will act as co-chairs at the LHRP during emergency planning. Resources will be required to support the LHRP to provide continuous readiness.

DH will publish further details on the new system. DH will also produce operational guidance to support incident management at a local level, which will cover the working relationship between the NHS, Public Health England and the local authority.

Population healthcare advice to the NHS

Clinical commissioning groups (CCGs) will require a range of information and intelligence support via local authorities, other commissioning support organisations and potentially Public Health England. It is important to note that although there are some similarities in the nature of these services they will have a different focus (for example on strategic population issues on the one hand and more clinical processes and activity on the other). These should be complementary.

Local authority public health advice to CCGs is proposed in 6 key ways:

- Strategic planning: assessing needs
- Strategic planning: reviewing service provision
- Strategic planning: deciding priorities
- Procuring services: designing shape and structure of supply
- Procuring services: planning capacity and managing demand
- Monitoring and evaluation: supporting patient choice, managing performance and seeking public and patient views

More specific guidance on the public health contribution to CCGs is provided at:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131902.pdf

Public Health England – Operating Model

Public Health England will have three main business functions:

1. Delivering services to national and local government, the NHS and the public
2. Leading for public health
3. Supporting the development of the specialist and wider public health workforce.

Working with local authorities

Local authorities, supported by their Directors of Public Health, are the local leaders for public health. Public Health England will not duplicate the work that they do. Instead, Public Health England will be the expert body with the specialist skills to support the system as a whole. Public Health England will carry out functions and activities that would not be practicable to replicate in each local authority. Public Health England will support local authorities in their new role by providing services, expertise, information and advice in a way that is responsive to local needs. It will support local authorities to ensure action taken is on the basis of best available evidence of what works.

Working with the NHS Commissioning Board

Public Health England will provide a public health service to the NHS Commissioning Board to support the commissioning and delivery of health and wellbeing services and programmes. Public Health England will be providing public health and population healthcare advice to the NHS Commissioning Board. It will work with the NHS Commissioning Board to ensure that the prevention of ill health and promotion of good physical and mental health and wellbeing are addressed systematically across services and care pathways. Further work will be done in 2012 to establish and publish the arrangements of how Public Health England and the NHS Commissioning Board will work together.

Public Health England's structure will have three elements:

- A national office, including national centres of expertise.

- Four hubs, coterminous with the four sectors of the NHS Commissioning Board and Department for Communities and Local Government resilience hubs, covering London, the South of England, Midlands and East of England and North of England.

- Units that deliver its locally facing services and act in support of local authorities, other organisations and the public in their area. When appropriate, units will provide coordination across several local authorities in managing incidents and outbreaks. DH clarify that Directors of Public Health are the local leaders for public health and provide a core offer to the NHS.

Early in 2012 Public Health England will be seeking the views of local authorities, health and wellbeing board early implementers and local partners on how Public Health England can best prove its responsiveness and expert contribution to localities.

Public Health England expect to appoint a Chief Executive designate in April 2012 to further develop and implement the operating model for Public Health England through 2012/13. Public Health England will assume full powers in April 2013.

Public Health Human Resources Concordat

PCTs and local authorities will be responsible for developing public health transition plans and consulting with their constituent trade unions and staff on these and the associated workforce plans. Key guidance and support are being developed at national level, which outline the human resources (HR) processes and expectations on PCTs, councils, NHS and local government trade unions in managing this important change.

The Public Health HR Concordat, developed by the Department of Health with NHS Employers and the Local Government Association, and in partnership with NHS and local government trade unions, has been published. This provides a best practice framework.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131111

The Concordat is followed by more detailed transition guidance as follows:

- PCT Transition Planning Guidance

- Local Government Transition Guidance. This is aimed at HR specialists in councils who will be managing the staff transfers. This will be available in January 2012.

Sender guidance is also being developed by the Department of Health, providing practical advice, templates and guidance for sender organisations to implement the People Transition Policy(s) at local level. Items particularly relevant for primary care trusts and councils to use will be signposted.

A Public Health Workforce Strategy will also be published in early 2012, accompanied by a formal public consultation. The strategy will seek to ensure the development and supply of a future professional public health workforce for all sectors.

Public Health Outcomes Framework for England, 2013-2016

A new public health outcomes framework has been published. This still requires technical development during 2012/13 and so for that transition year the NHS Operating Framework for 2012/13 provides the headline performance measures required for public health. The public health outcomes framework is summarised below. There are clearly intended overlaps with NHS and Social Care outcomes and commissioning areas.

High level outcomes

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

1. Improving the wider determinants of health

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

2. Health Improvement

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- Child development at 2-2.5 years
- 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
- Smoking prevalence – 15 year olds

- Hospital admissions as a result of self harm
- Diet
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (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
- 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

3. Health Protection

- 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 plans
- Comprehensive, agreed, inter-agency plans for responding to public health incidents

4. Healthcare public health and preventing premature mortality

- Infant mortality
- Tooth decay in children aged five
- Mortality in 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
- Excess under 75 mortality in adults with serous mental illness
- Suicide
- Emergency readmissions within 30 days of discharge from hospital
- Preventable sight loss
- Health related quality of life for older people
- Hip fractures in over 65s
- Excess winter deaths
- Dementia and its impacts