From transition to transformation in public health

Resource sheet 1

Transition so far – key issues and findings

Key messages

- Focus on developing a local public health system that involves all partners in working together to improve health outcomes.
- Political and corporate leadership across the system is fundamental for making transformational change.
- Health improvements will be made by embedding public health across all local authority functions.
- Public health should help local authorities to develop their understanding of all three domains of public health.

This resource sheet identifies some of the common themes, challenges and solutions that have emerged from the preparation for public health transition as at January 2012. These themes focus on the potential for transformation through public health, rather than transactional issues involved in the transfer.

The resources sheet is based on discussions with public health in SHAs (clusters and regions), the case study areas, several local directors of public health (DsPH), local government representatives through the LGA, feedback from transition events in the North West and London, and a review of progress on public health transition from several regions. Messages, vision and views expressed in the resource sheet were developed from these discussions. The information and themes are a snapshot of the general direction of travel, and do not provide a comprehensive summary of developments across England.

Vision

The snapshot reveals consistent themes in the vision for public health when it is embedded in local authorities – integration, influence, innovation and safety.

There is general agreement that the move to local authorities should not be about the same programmes being offered from a different organisation, but a complete transformation of the delivery agenda. Good practice should be applied systematically throughout the council, taking an approach to health and wellbeing across the whole of the lifecourse as advocated in the Marmot report[1] (2010).

Achieving the vision will mean that public health has transferred safely and is integrated with every council function so that taking action to improve health is an automatic part of the work and culture of every department, section, team and individual – 'part of the organisation's DNA'.

A local public health system will be established in which all local partners – the NHS, other statutory partners such as the police, the community and voluntary sectors, local HealthWatch and contracted providers – are an integral part of delivering improvements. Councils are leading and influencing all sectors, communities and individuals, and public health has become a 'movement for change' for healthier lives and environments.

The transfer has resulted in reduced health inequalities, improved health outcomes and better integration of health and social care through cost effective delivery.

Coming together

Many people from public health were enthusiastic about moving to local authorities, describing this as 'coming home'. There was also considerable optimism from local authorities that this was a major opportunity to make a real difference to what matters to local people. Overall, it was felt that local authorities had a good grasp of the social determinants of health and taking a lifecourse approach. However, it was also felt that some had not yet realised the full extent of their forthcoming public health responsibilities across all three domains of public health (health improvement, health services and health protection), particularly in areas with which they were less familiar such as health protection and sexual health services.

There was a view that local authorities will provide a very different culture from PCTs and that both councils and public health will need to adapt to each other. An emphasis on co-production and enabling others to help deliver health outcomes was seen as a useful approach for working in local authorities (see Solutions for Public Health.[2])

Opportunities for councillors, local authority staff and public health teams to develop a greater understanding of working together are being organised both regionally and locally through training and induction programmes.

1 Marmot review, 2010, Fair Society Healthy Lives http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

2 Solutions for Public Health, 2011, Co-production for health: a new model for a radically new world: Report from a national colloquium http://www.sph.nhs.uk/what-we-do/sph-viewpoint/co-production-for-health

Doncaster Council has arranged a local transition programme for public health staff including learning sets and an induction to working within the council. A further programme aimed at orientating local authority staff to their public health role is being developed.

In recognition that working in a council is very different from a PCT, Lincolnshire has simulated council committees to enable public health staff to learn about democratic decision-making and to practice operating in a formal setting. This process has also informed councillors about the extent of their forthcoming public health responsibilities.

Factors shaping local public health systems

Public health systems are emerging from the combination of idealism and pragmatism that shapes many developments in public services. Some of the main factors are as follows.

Different starting points
Areas have different starting points in terms of the extent of joint work between public health and local authorities. This ranges from structural integration such as care trusts, through jointly managed teams, to looser collaboration such as strategic partnerships. In some areas public health and council teams have worked regularly together, sharing objectives, tasks, managers and office space; in others points of contact will have been limited. Some areas have long-standing joint directors of public health, others have appointed them recently. The starting point will influence how far and fast changes are made.

Following reorganisation of Wiltshire Council in 2009, the Director of Public Health took on additional council responsibilities including community safety, environmental health, knowledge management, emergency planning and resilience, licensing and trading standards – services focused on improving and protecting population health, particularly the most vulnerable.

Vision and priorities
Areas are keen not to take a 'lift, shift and drop' approach, and want to ensure that form does not just follow function but also vision, priorities and potential for improving health outcomes. Public health transition is generally being considered as part of the wider development of health and wellbeing boards (HWB), joint strategic needs assessment (JSNA), joint health and wellbeing strategies (JHWS) and local HealthWatch. In most areas, public health is either leading or co-leading these developments, and stakeholder events are taking place to consider and refresh local priorities and partnerships. In some cases, HWBs have been given the responsibility of developing and overseeing public health transition, involving a wide range of stakeholders in shaping public health.

Economic climate
The financial context has had a significant impact. Most areas are using the opportunity to identify smarter ways of working, such as combining teams and functions to reduce costs. All areas have been affected by the uncertainty about the level of budget allocation to local authorities (not known at time of writing), and the concern that it will be insufficient to meet responsibilities and aspirations. Generally, the view is that the models being developed will be fit for purpose whatever the ultimate allocation, but what they are seeking to achieve might be affected.

Some areas are reporting reductions in joint services such as access to free or low cost leisure activities, through reductions or withdrawals of PCT or local authority funding. It was felt that any budget reductions or cuts to services that affect health (such as leisure facilities) would need to be discussed between PCTs, CCGs and local authorities, and may benefit from being considered at health and wellbeing boards.

Council reorganisation
In most areas the transfer forms part of a wider council reorganisation, partly due to the budget situation, but also as part of wider public sector changes, such as a move towards more outsourcing of provider services. Restructuring has provided opportunities for creativity in combining public health and council functions.

Transactional change and assurance
Local areas must have public health transition plans in place by April 2012, and there is considerable focus on practical issues such as planning the transfer of staff, retaining skills and capacity, and identifying how contracts and finance will be managed. While essential, this work takes time and expertise which could be used to develop a transformative model. This is a challenging time for public health staff, and many people who contributed to the snapshot praised the way teams were continuing to deliver despite the uncertainties.

Achieving a 'safe landing' is essential for maintaining safe public health services. Regional and local assurance mechanisms are coming into play, such as audits to ensure that functions like health protection remain on track. It is recognised that new arrangements must enable local authorities' mandatory functions to be delivered safely.

Status of public health
Maintaining the status of public health as an evidence-based profession and discipline is seen by many as essential to exercise influence at a senior level. Alongside this is a desire to retain personal and professional status, both at the time of transition and in the future.

Types of emerging systems
Subject to the passage of the Health and Social Care Bill, formal transfer of responsibilities will take place on 1st April 2013. Ahead of this, local areas are engaging with staff and trade unions and shaping public health systems with a view to transformation and a smooth transition. The snapshot shows that areas are at different stages of development. A number are still considering how best to develop their model, some have identified the general direction, while some areas have started operating new public health models, or elements of these. In most cases these will be subject to further developments in the coming year. Some public health teams have already moved into council accommodation, but others will not be relocating until closer to the formal transfer.

A few areas are also considering formally transferring powers from PCTs to local authorities in advance of the statutory transfer, through a section 75 pooled budget agreement.

In Solihull, the early transfer of a selected number of programmes and budgets from the NHS to the council is taking place under Phase 1 of the local transition plan. Programmes include sexual health (excluding GUM), HPV immunisations, obesity and physical activity, drugs and alcohol misuse, tobacco control, prevention programmes and school nursing services. The transfer is underpinned by a Section 75 agreement and is likely to be in place by April 2012. Criteria for early transfer have been developed, such as level of risk, clear budget arrangements, and strategic fit.

In Lincolnshire, the council and PCT are about to enter into a section 75 agreement covering substance misuse and alcohol harm which will be overseen by public health.

Emerging models can be described within three broad categories:

1. a distinct public health directorate in the local authority (often including additional local authority functions – see below)

2. a section of another directorate – generally the directorate with responsibility for adult social care or a chief executive/corporate directorate

3. a 'distributed' or 'integrated' model in which public health responsibilities and staff work across directorates or functions but maintain identity and focus through being a 'virtual team', a 'hub' or a 'core and extended' team.

Within these broad categories there are many variations of approach relating to areas of responsibility, system-wide integration and leadership.

Areas of responsibility
Nearly all public health directorates are taking on responsibility for some areas of work previously managed elsewhere in the council, including support functions and areas of service delivery. These include: intelligence/analysis, public engagement, community development, voluntary and community sector support, policy and planning, trading standards, environmental health, emergency planning and response, leisure and elements of housing.

Some directorates have clustered functions around a theme such as health and protection – combining public health with emergency planning and environmental health functions, or community – combining public health with community development, public engagement and voluntary sector support.

Integration across the system
If developing the organisational structure for public health in the local authority is seen as an end in itself it risks being a 'lift and shift' exercise.

Most people involved in the snapshot were keen to stress that the most important element is the capacity to develop a local public health system in which public health is integrated across all council directorates and all partner organisations.

In Blackburn with Darwen the specialist public health service will become the strategic lead for a distributed public health function across the council, the NHS and wider public services. It is likely that a 'virtual one team approach' will be developed. BwD will also be discussing further options for integration including:

- **an integrated children's trust** – integrated prevention and operational budgets around a family-centred model.
- **integrated wellbeing centres** – bringing together leisure services and preventative services in which lifestyle and behaviour change professionals can support people to address problems with drugs, alcohol and obesity.
- **integrated public engagement system** with shared resources and a unified approach to engagement and communication for the NHS, the council and the police.

Salford is looking to establish an Integrated Commissioning Hub, with the core public health team integrated into the intelligence, research, policy and strategy function of the hub, which will also offer strategic population data and analysis support to the CCG. A workstream is now underway to consider what would be involved in extending the work of the hub so that in time it could become a single unified commissioning support structure across the local economy ensuring integrated commissioning is the standard way of operating in Salford.

In distributed or integrated arrangements, the starting point is to consider how public health staff can best influence and facilitate others in taking action to improve health outcomes. Distinct public health directorates are also promoting integration across the council through measures such as assigning public health specialists to work with other directorates, or mixed teams of public health and council staff working together (e.g. on public engagement, or intelligence/analysis); some are extending this to partner organisations.

In Coventry members of the public health team are encouraged to work on the Google staff development model where team members are encouraged to spend 10 per cent of their time "daylighting" i.e. working away from their "day job". In the case of public health in Coventry, this means working with another local authority department, understanding what it does and, eventually, what its health impact might be and how synergies with public health could be created and enhanced.

In Lincolnshire public health consultants have been assigned to work with other council areas such as adult social care, children's services, community safety, and planning and with district councils.

Whichever model is chosen should fit the specific needs of the local area, and this is likely to change over time. In the coming years it will be helpful to evaluate how the various approaches are performing. In the wider context this is seen as likely to lead to debates about the future direction of public health as a discipline and profession.

Leadership

Ensuring that DsPH had the corporate and political support, and organisational authority to lead transformational change was seen as important by many taking part in the snapshot.

Reporting lines for DsPH vary across the country; some DsPH report to the council chief executive, some report to another council director. Some areas are considering joint reporting arrangements in which a DPH reports to, for example, a deputy chief executive, but with direct access or a 'dotted line' to the chief executive. The DH factsheet on the Role of the Director of Public Health[3] describes government policy – 'while the organisation and structures of individual local authorities is a matter for local leadership … we 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'.

Overall, the snapshot found considerable political interest in public health in local authorities. The DsPH in the case study areas had direct access to a lead executive member with health in their portfolio, and this seems to be generally the case. In many areas, the health element of a portfolio is combined with other responsibilities, such as adult social care or housing, but in some areas there is a move to consider a health and wellbeing portfolio. People interviewed in the snapshot stressed the importance of political leadership with the power to ensure public health was integrated across the corporate agenda, and the enthusiasm to encourage other partners to play their full part.

Developing Partnerships

Clinical commissioning groups

Overall, the snapshot showed significant optimism about continued connections between public health and clinical commissioning groups, who were described as keen to maintain and build on public health input. GPs were often described as ready to consider social determinants of health; their locality focus meant they had a strong investment in improving the local area in the same way as local authority councillors.

3 Department of Health, 2011, Public Health in Local Government Factsheet: The Role of the Director of Public Health http://healthandcare.dh.gov.uk/public-health-system/

It was also recognised that further work would need to be done in some areas to ensure consistency of CCG/GP involvement and investment in public health.

In the case study areas where there was likely to be a single coterminous CCG, the DPH was a member of the CCG board (or its equivalent). The picture was more mixed where there was more than one CCG in the local authority area, and in a few cases the public health representative was invited to board meetings for specific items.

Subject to the passage of the Health and Social Care Bill, public health in local authorities will have a mandatory responsibility to provide advice to NHS commissioners – the public health 'offer'. The DH factsheet on public health advice to NHS commissioners[4] provides detailed information about what will be required. Draft guidance[5] on the core offer was published in February. Public health will largely provide a strategic local population focus includes assessing needs, reviewing service provision, deciding priorities, designing shape and structure of supply and seeking patient views.

Some areas in the snapshot had already assigned specialist public health support to CCGs. All were developing offers setting out what support would be provided, and some had signed these off for 2012-13. Some areas were looking to set up integrated commissioning arrangements in local authorities, providing advice to the council, CCGs and others on a partnership basis.

Opportunities for greater engagement with communities, people who use services and carers is seen as a key advantage of the move to local authorities, and some DsPH are responsible for overseeing the development of local HealthWatch.

In Lincolnshire the joint Healthier Communities team's responsibilities include community engagement, community development, working with the voluntary and community sectors and supporting the development of local HealthWatch.

Providers of NHS services

With public health moving arms-length to the NHS, it is seen as essential that their advice and influence is maintained and that providers are embedded in the local public health systems. Health and wellbeing boards are seen as an important mechanism for determining how providers can make their contribution to the strategic agenda[6]. The NHS Future Forum second phase report[7], endorsed by the government, makes helpful recommendations for the role of the NHS which local areas can utilise. The Forum identifies three main strands:

- making every contact count – all healthcare professionals should use every contact with patients to offer advice or information on health
- improving the health and the wellbeing of the NHS workforce – leading by example, and setting up local improvement strategies
- building prevention and health promotion into everyday work – to achieve this NHS commissioners would, for example, work with public health to design interventions for NHS care pathways and build these into provider contracts.

A number of local areas have already developed making every contact count across all partners, not just in the NHS.

4 Department of Health, 2011, Public Health in Local Government Factsheet: Public health advice to NHS Commissioners http://healthandcare.dh.gov.uk/public-health-system/

5 Department of Health, 2012, Guidance for local public health teams and CCGs. http://www.dh.gov.uk/health/2012/02/local-public-health-guidance/

6 Local government improvement and development, 2011, New partnerships, new opportunities: a resource to assist setting up and running health and wellbeing boards http://www.idea.gov.uk/idk/core/page.do?pageId=31196365

7 NHS Future Forum reports and DH response, 2012, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132075

'Making Every Contact Count in Salford' is an initiative to deliver at scale simple wellbeing messages on topics such as smoking, exercise, welfare rights, housing issues etc. It will ensure frontline workers are skilled and enabled to deliver effective interventions through their everyday contacts. A wide range of partners have committed to training their staff including the Salford Council, Salford Community Leisure, the Fire Service, the Citizens Advice Bureau and Salford Royal NHS Foundation Trust.

Health protection

Health protection is one of the three domains of public health. In summary, the local government role in relation to health protection is to ensure that plans are in place for outbreaks and emergencies, preventing these from occurring, immunisation and screening (challenge and advice on local plans) and infection control.

Some areas already have well-developed joint working arrangements across the NHS, the local authority and other partners covering all aspects of health protection – incident and outbreak response, critical health protection programmes such as screening and immunisation, infection control and environmental health. Others have started work on developing their local systems. However, the snapshot from across the regions suggests that up to now some local areas have put more emphasis on transformation within the domains of health improvement and health services rather than health protection.

One reason for this is that the first detailed guidance on health protection came in the DH factsheet on commissioning responsibilities[8]. Arrangements for health protection are a key element of transitional planning. Areas where this is already advanced have used mechanisms such as dedicated health protection committees or health protection workstreams to make progress.

Conclusion

This resource sheet shows the complexity of the issues which public health teams, local authorities and their partners are tackling. A clear theme emerging from the snapshot is that public health arrangements in local authorities will continue to develop and change. Many in public health are passionate about pursuing an agenda for innovation and transformational change. It is certain that in the coming months and years there will be many debates about public health and its role which may result in a fundamental reshaping.

8 Department of Health, 2011, Public Health in Local Government Factsheet: Commissioning responsiliblities http://healthandcare.dh.gov.uk/public-health-system/

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