

# **Public Health Transition Plan**

## **NHS Bradford and Airedale**

**August 2011**

## Introduction

There are a number of significant implications for Public Health in both the NHS White Paper and the Public Health White Paper. These present a number of issues for Bradford and Airedale which may impact differently in different areas and in different elements of the health and social care economy.

Priority issues identified include the following:

- A continued delivery of population health improvement during the period of transition
- A continued delivery of support to emerging Clinical Commissioning Groups during the period of transition
- Through consultation responses, an opportunity to influence and understand the broader impact of the white papers and their associated documents, including the role of the local Director of Public Health and the implications for partners, in particular the Local Authority and the emerging Clinical Commissioning Groups
- Scoping the extent and nature of Public Health intelligence assets (in the broadest sense) across the District to ensure they are arranged in way that informs to best value the work of Clinical Commissioning Groups, Local Authorities, other partners and Public Health England
- Specifying the nature and extent of Public Health and Dental Public Health support to Clinical Commissioning Groups and the NHS Commissioning Board.
- Specifying the nature and extent of Public Health support to Clinical Commissioning Groups
- Scoping and specifying the possible role of Public Health in operating as a patient/public/local community advocate and to ensure that the voluntary sector and communities are supported to become active in raising concerns over health and in determining the solutions and acting on them
- Ensuring that during the transition period there is no risk to the effective operation and resilience of public protection arrangements in Bradford and Airedale and clarifying the arrangements to manage Public Health emergencies.
- Ensuring the smooth transfer of health improvement functions to the Local Authority

## Providing Leadership for the Future

As we move forward we must consider some assumptions and expectations about the future, based on both the NHS White Paper and the Public Health White Paper and associated documents:

- There is an opportunity for fresh thinking as we move forward
- There is going to be change, staying the same is not an option
- Public health resources are likely to be less
- Expectations for health improvement, health care & health protection will remain high
- Clinical Commissioning Groups will be key partners and require Public Health support and input
- There may be a need to have both local Public Health services working with the Local Authorities led by a DPH, and complimentary joint Public Health services
- Accountability & funding for Public Health stays with PCTs/Clusters until April 2013
- Over the next two years following the consultation documents there will be a steady release of more policy guidance

These assumptions and expectations will necessitate strong and informed local leadership in order to:

- Provide leadership and guidance to ensure there is a smooth transition to the new arrangements for Public Health across Bradford and Airedale, reflecting the objectives of the NHS White Paper and the Public Health White Paper and supporting documents
- Ensure that performance of the Public Health system in Bradford and Airedale to improve and protect health and tackle health inequalities is maintained during the transition period
- To seek to inform regional and national activity relating to the white papers so as to benefit the health and well being of Bradford and Airedale

## Transition Plan

The focus for the Public Health Senior Management Team (SMT) working on behalf of the Joint Director of Public Health is (DPH) to lead the preparation work for the new Bradford and Airedale Public Health Service over the next 18-24 months, across both NHS Bradford and Airedale (NHSBA) and the Local Authority (LA). The work will involve more individuals who will be involved in a task-based Transition Matrix. The DPH is responsible for keeping the Local Authority Chief Executive and the NHSBA/Cluster Board briefed and involved

At the outset of the transition, the SMT adopted a transition framework based on 12 domains with specified success criteria:

1. Corporate Leadership
2. Health Improvement Commissioning
3. Health Impact of LA Services
4. LA Health and Well-being
5. GP Commissioners
6. Other Local NHS
7. Other Local Partners
8. Communities
9. NHS Commissioning Board
10. West Yorkshire Health Protection Unit
11. National Public Health Service
12. External Networks

This framework is attached at Appendix B

In addition, a Regional Transition Checklist has been published (attached at Appendix C), and this has been mapped onto the 12 domain framework to populate the task-based Transition Matrix,

### Principles to guide the work of the SMT

- Clarity of purpose: what are services intended to achieve? – an outcomes focus
- Engagement of all staff and wider stakeholders including LA and Clinical Commissioning Groups
- Focus on value for money and so a cost effective Public Health service

- Recognition of the need for a Public Health 'critical mass' in order maintain Public Health skills across the system
- Retention and development of close links between all elements of the Public Health system - Public Health England, Local Health Protection Units, NHS Commissioning Board and GP Commissioners, Local Authority (LA), and Academic Public Health
- Focus on exploring how best we discharge the Public Health function
- The need to continue to develop partnership working at a local level with Local Authority colleagues but also explore what may best be done jointly across Districts
- The crucial element that through this transition we continue 'business as usual', working locally to deliver Public Health.

## Step-based Delivery

Running through the transition plan are a number of key steps around which the Transition Matrix is structured, these are:

- Step 1: Broad Service Specification for District -wide Public Health support functions
- Step 2: Mapping of existing LA Health and WellBeing services
- Step 3: Mapping existing PCT/PH Health and Wellbeing Services
- Step 4: Option Appraisal for a model of a new Public Health service delivered from the Local Authority
- Step 6: Service Map for delivery of JSNA post-transition
- Step 7: Agreement of a service integration plan with LA Directors
- Step 8: Agreement of a post-transition service model
- Step 9: Agreement of a JSNA model to service the Health and WellBeing Board (HWBB)

## **Governance and Accountability**

A key focus of Department of Health policy to date has been governance and accountability. It is important that transition planning for Public Health is consistent with this and to recognise that it is likely to change and evolve as national policy and guidance is produced. For the present:

- The current Public Health teams will continue to focus both locally and jointly maintaining critical mass and exploring how to organise the work to best effect
- During this time local teams will remain accountable to the DPH and this is the default position whilst accountabilities remain with PCTs/Clusters
- Collectively oversight will be provided by the Regional DsPH Group
- SMT members will be designated to lead on various topics which may result in some changes to an individual's accountability

### Other key requirements to underpin the transfer will include:

- Local JSNA and needs assessment including community engagement linked to joint Public Health intelligence expertise and support
- Local strategy and policy development linked to joint work on the Public Health evidence base/outcomes expertise and District wide strategies where appropriate
- Local integrated commissioning of Public Health programmes and health care linked to commissioning & procurement expertise delivered jointly
- Local evaluation and performance reporting linked to joint performance monitoring and Public Health intelligence expertise and support
- Local health protection linked to a health protection team & Public Health England
- A clear overview of how Public Health resources are invested currently in each of the local Public Health Services and jointly across the various networks
- Further work will be needed to identify within the broad outcome areas for Public Health what is best done locally and jointly based on the principles set out above
- Public Health must also be fully engaged with Clinical Commissioning Groups. In order to provide the Public Health strategic context for GP commissioning and ensure commissioning plans address health inequalities

we will need to provide information to support the development of business cases, assessing health needs of population, monitoring progress of health improvement, reduction in health inequalities and promoting evidence based interventions. Proposals for how we do this are likely to be an immediate priority

- The need for an organisational development plan which:
  1. Supports the existing PCT based Public Health teams to work together to deliver practical recommendations about the detail of how a local and joint model could work
  2. Builds a mutual understanding of roles and skills between LA and Public Health teams and in doing so identifies potential local efficiencies to achieve greater local impact



# **Appendix A**

## **Transition Matrix**

Domain	Success Scenario	Tasks	Responsibility	Deliverable	Milestones	Deadline
1. Corporate Leadership	Leadership of the Public Health System in Bradford and Airedale that protects the public, improves healthy life expectancy and improves health of the poorest fastest.	Develop an agreed vision and purpose for the new Public Health function	Anita Parkin, Tony Reeves, Chris Harris	Broad Service Specification for District -wide support functions	Publication of Public Health HR framework Autumn 2011	April 2012
		Agree the line management and accountability arrangements of the Director of Public Health	Anita Parkin, Tony Reeves, incoming Cluster CEO	Agreed roles and structures formally established within LA corporate processes	Publication of Public Health HR framework Autumn 2011	April 2012
		Engage with stakeholders to develop broad – based joint understanding of Public Health changes	Andrew O'Shaughnessy	Common understanding among partners as to the role and functions of PH post-transition	Agreement of roles and functions at Director/GPCE/Executive level	April 2013
		Agree accountability for current non-public health responsibilities of Director of Public Health	Incoming Cluster CEO	Formal transfer of responsibilities	Publication of Public Health HR framework Autumn 2011	December 2011
		Formalise transfer of Public Health to Local Authority	Anita Parkin, Tony Reeves	SLA between NHSBA and LA re roles of DPH and the accountability for the delivery of Public Health	Publication of Public Health HR framework Autumn 2011	April 2012
2. Health Improvement Commissioning	Commissioned services that deliver health improvement and prevention outcomes consistent with Public Health outcomes framework and are integrated with local NHS and social care services and outcomes.	Establish a virtual ring-fence for prevention spend	Ralph Saunders	Framework of distribution of Public Health Grant agreed with Council Executive	Specification of budgets by DoH	April 2012
		Service specification for Intelligence function	Greg Fell	Needs and capacity based specification of Health Intelligence team(s) across District	Agreement on make up and setting of Local Health Intelligence team	Dec 2011
		Maintain delivery of QIPP support	Greg Fell	Continued progress towards achievement of specified local efficiency savings	Publication of Public Health HR framework Autumn 2011	Ongoing
		Health & Wellbeing Board established	Andrew O'Shaughnessy	HWBB in place with engagement from partners and agreement of roles and executive powers	Establishment of Shadow HWBB October 2011	April 2013
3. Health Impact of LA Services	Local Authority services that improve and protect health and well-being through their impact on the wider determinants of health	Map existing LA Health and WellBeing services	Andrew O'Shaughnessy	Service Map of current LA services		December 2011
		Map existing PCT/PH Health and Wellbeing Services	Andrew O'Shaughnessy, Ralph Saunders	Service Map of current PCT/PH services	Agreement of Broad Service Specification for District -wide support functions April 2012	December 2011
		Option Appraisal for a model of a new Public Health service delivered from Local Authority	Andrew O'Shaughnessy, Ralph Saunders, Anita Parkin	Option Appraisal		Jan 2012
		Agree model of integration of Public Health functions into existing LA service model	Andrew O'Shaughnessy, Ralph Saunders	Service Map to deliver JSNA post-transition		Jan 2012
4. LA Health and Well-being	Locally commissioned joined up NHS Services that are based on JSNA and HNAs, support local voice and patient choice and are integrated with other local services and deliver local Public Health, NHS, social care outcomes.	Consult with JSNA Steering Group members on the future models of JSNA	Andrew O'Shaughnessy, Ralph Saunders	Options paper and Steering Group meeting	Options paper April 2011	July 2011
		Agree structure of 2011 JSNA	Andrew O'Shaughnessy, Ralph Saunders, Greg Fell	2011 JSNA with initial agreed changes to reflect changes in light of HWBB role	Options paper April 2011	December 2011
		Agree service integration plan with LA ADs	Ralph Saunders	Service model post-transition	Integration model November 2011	April 2012
		Agree timetable of HNAs and JSNAs during and post-transition	Ralph Saunders	Timetable and ongoing production of JSNA and HNAs	Ongoing	Ongoing
Domain	Success Scenario	Tasks	Responsibility	Deliverable	Milestones	Deadline
5. GP Commissioners	Local NHS services commissioned from the national framework based on JSNA and local HNA, of high quality supported by fair and transparent decision-making processes and integrated with other services	Service specification for Public Health support	Greg Fell	Service Specification signed off by DPH and Chair of GPCE	Agreement with GPCE as to their requirements from Public Health	Sept 2011
		Agree with GP Consortia the accountability for areas that will be their responsibility	Anita Parkin, Greg Fell, Chris Harris		Publication of DoH plans post "listening exercise"	Awaited from DoH
		Engagement with PCT Clusters Exec Team and GPCE	Anita Parkin	N/A	Ongoing	Ongoing
		Clinical Commissioning Groups established	Chris Harris	N/A	Publication of DoH plans post "listening exercise"	April 2013
6. Other Local NHS	Locally provided NHS services that protect the public, improve healthy life expectancy and improve the health of the poorest fastest	Specify extent and nature of ongoing Public Health engagement with secondary care	Andrew O'Shaughnessy, Greg Fell, Clare Smart, Cathy Beck, Sue Pitkethly	Input to Broad Service Specification for District -wide support functions	Publication of Public Health HR framework Autumn 2011	April 2012
		Specify extent and nature of ongoing Public Health engagement with Bradford District Care Trust	Andrew O'Shaughnessy	Input to Broad Service Specification for District -wide support functions	Publication of Public Health HR framework Autumn 2011	April 2012
		Agree health improvement role of secondary care providers	Andrew Catto, Andrew O'Shaughnessy	Shared understanding of importance of secondary care in improvement and prevention	N/A	April 2012
7. Other Local Partners	Partnerships and services that improve and protect health and well-being through their impact on wider determinants of health.	Specify extent and nature of ongoing Public Health engagement with voluntary and independent sectors	Anita Parkin, Andrew O'Shaughnessy, Jen White	Input to Broad Service Specification for District -wide support functions	Publication of Public Health HR framework Autumn 2011	April 2012
		Engage with Healthwatch	Dave Ross, Andrew O'Shaughnessy	Service users have clear understanding of role of PH, particularly role on HWBB	Publication of DoH plans post "listening exercise"	April 2012
		Agree key Boards and Committees which will receive support/membership from Public Health	Anita Parkin	Directorate map of boards/committees and delegated roles of SMT	N/A	Dec 2011
		HWBB membership to satisfy needs of local partners	Anita Parkin, Andrew O'Shaughnessy, Moira Wilson	Terms of Reference reflecting local partnerships beyond health and social care	Publication of DoH plans post "listening exercise"	October 2011
8. Communities	Communities that are empowered to have an active voice and contribution to positive action to improve health	Specify role of PH service delivery arm in communities	Ralph Saunders, Julia Burrows		Completion of Consultation Responses	April 2012
		Engagement with BDCT and other partners to clarify service users expressed need	Andrew O'Shaughnessy	Understanding of partners plans and processes for involvement of service users		April 2012
		HWBB membership to satisfy needs of service users	Anita Parkin, Andrew O'Shaughnessy, Moira Wilson	Terms of Reference reflecting local service users and DoH requirements therein	Publication of DoH plans post "listening exercise"	October 2011

Domain	Success Scenario	Tasks	Responsibility	Deliverable	Milestones	Deadline	
9. NHS Commissioning Board	Nationally commissioned NHS services that meet needs of local people and populations that are integrated with local services and contribute to outcomes framework	Active contribution to sub national and national agenda of NHS Commissioning Board.	Greg Fell, Anita Parkin	N/A	N/A	Ongoing	
		Ensure that health needs and voices of local people drive nationally commissioned services	Andrew O'Shaughnessy	Healthwatch representation on HWDB	Shadow HWDB established October 2011	April 2012	
		Keep Public Health team updated on national and sub-national developments in Public Health Dentistry	Jenny Godson	High quality commissioning and service redesign	Publication of Guidance	Ongoing	
10. West Yorkshire Health Protection Unit	Effective protection from existing and emerging hazards to health with specialist knowledge and capacity to respond	Maintain capacity and capability of Health Protection services and on-call through the transition	Anita Parkin, Leena Inamdar, Jane Reid, Public Health SMT	Continued quality of service	N/A	Ongoing	
		Specify Health Protection & Emergency Planning Frameworks for HPU post-transition	Leena Inamdar, Anita Parkin	Model for post-transition that is consistent with national and subnational specifications	Publication of DoH guidance	April 2012	
		Keep Public Health team updated on national and sub-national developments	Leena Inamdar	N/A	N/A	Ongoing	
11. National Public Health Service	Professional unified and efficient service that will achieve measurable improvements in public health outcomes and effective protection from public health threats that we engage with	Respond to PHWP Consultations	Andrew O'Shaughnessy	Response signed off by PCT Directors and CMT	Completion of interviews 24th March 2011	31st March 2011	
		Active contribution to sub-national and national agenda of public health service	Anita Parkin	Local concerns and initiatives fed back to evolving PHE/NHSCB with reciprocal updates on policy	Ongoing	Ongoing	
		Active engagement with NICE in respect of their post-transition role	Andrew O'Shaughnessy	Complete pilot of NICE intervention at LA re PH Guidance	Local Elections May 2011	December 2012	
		Active contribution to regional DsPH processes and meetings	Anita Parkin	N/A	Ongoing	Ongoing	
12. External Networks	Export professional and support networks that we are engaged with that add value to local public health offer	Health Intelligence/Observatories	Greg Fell	Active engagement and reporting to SMT	Ongoing	Ongoing	
		Directors of Public Health	Anita Parkin				
		Obesity, Children's networks etc.	By lead responsibility				
		Public Health England	Anita Parkin, Andrew O'Shaughnessy				
		Health Protection	Leena Inamdar				
Domain	Success Scenario		Responsibility	Deliverable	Milestones	Deadline	
13. Staff Management	Employment issues and support to staff managed smoothly through transition in accordance with policy and law	Ensure Job descriptions and objectives are up to date and include transition for all staff	Line Managers	JDEs up to date and fit for transfer	Publication of Public Health HR framework Autumn 2011	April 2012	
		Review Personal Development Plans	Line Managers	PDPs up to date	Publication of Public Health HR framework Autumn 2011	April 2012	
		Establish Organisational Development Programme for all grades of staff	Line Managers	Directorate OD Plan	Publication of Public Health HR framework Autumn 2011	April 2012	
		Ensure HR processes are adhered to	Line Managers	Management of concerns/appeals/grievances	Ongoing	Ongoing	
		Proper attention to Terms and conditions, pensions etc.	Line Managers	Management of concerns/appeals/grievances	Publication of Public Health HR framework Autumn 2011	Ongoing	
		Manage impact of NHS redundancy schemes:	Anita Parkin, Line Managers	Management of concerns/appeals/grievances	Ongoing	Ongoing	
14. Business functions	Public Health business functions maintain capability and quality during and post-transition	Accommodation and IT connectivity to be agreed with LA	Sharon Haigh	Functioning office space at LA	N/A	October 2011	
		Mapping and Alignment of PH Directorate Resources	Ralph Saunders	Cross-Directorate agreement of PH resources and responsibilities therein prior to transfer	Publication of Public Health HR framework Autumn 2011	October 2011	
		PH Business and Finance functions prepared for transfer	Ralph Saunders	Cross-Directorate agreement of PH resources and responsibilities therein prior to transfer	Publication of Public Health HR framework Autumn 2011	October 2011	
		QIPP functions in PH continue	Greg Fell	Continued progress towards achievement of specified local efficiency savings	Publication of Public Health HR framework Autumn 2011	Ongoing	
16. Other	All Public Health functions and responsibilities identified and integrated into transition process	Risk Framework and Registers to be reviewed to reflect new structures as well as existing	Ralph Saunders	Satisfaction of Board and Directorate level risk management through and beyond transition	Ongoing	Ongoing	
		Performance monitoring through and beyond transition	Andrew O'Shaughnessy	Identification and communication of performance issues relating to targets/trajectories through/beyond transition	Ongoing	Ongoing	

# **Appendix B**

## **Domain-based Transition Framework**

Domain	Success	Directorate Delivery	Lead Responsibility	Key Links
1. Corporate Leadership	Leadership of the Public Health System in Bradford and Airedale that protects the public, improves healthy life expectancy and improves health of the poorest fastest.	<p>Ability to deliver credible leadership to acknowledge professional Public Health and Dental Public Health standards.</p> <p>Leading the Public Health agenda with a portfolio that has control or direct influence over factors that protect and improve health and reduces inequalities.</p> <p>Work effectively in partnership to shape Public Health agenda to identify evidence based priorities for action and interventions.</p> <p>Other corporate well-being leadership duties.</p>	Anita Parkin - Joint Director of Public Health	Anita Parkin, Director of Public Health, is a joint appointment between NHS Bradford & Airedale and BDMC, having close links with senior management and Directors at the Local Authority. There is regular engagement through high level LA committees and also with other DsPH in Yorkshire and the Humber. The Senior Management Team led by the DPH has strong relationships across the Local Authority, Primary Care, Secondary Care and Provider Services
2. Health Improvement Commissioning	Commissioned services that deliver health improvement and prevention outcomes consistent with Public Health outcomes framework and are integrated with local NHS and social care services and outcomes.	<p>Effective commissioning cycle and processes for health improvement and prevention services within national/locally agreed definition.</p> <p>Health improvement contribution to coherent health and well-being community plan for health and social care services aligned to the outcomes framework.</p> <p>Capacity and capability to deliver.</p>	Ralph Saunders - Head of Public Health	Through regular engagement with senior NHS and Local Authority Managers, local clinicians and with Health and Social Care Scrutiny Committees, members of the Public Health Directorate maintain a high profile across all commissioning areas, leading on the JSNA and providing evidence-based advice to a range of partners. We have a Consultant in Dental public health who is a member of key committees and provides advice on oral health and related inequalities
3. Health Impact of LA Services	Local Authority services that improve and protect health and well-being through their impact on the wider determinants of health	<p>Shared understanding of health and well-being impact of LA services.</p> <p>Support to current and future services to assess and maximise positive and minimise negative well-being and economic impacts.</p> <p>Embedding into organisational business model.</p>	Ralph Saunders - Head of Public Health	A strategic approach is led in partnership by senior staff in both PCT Public Health and the Local Authority, with direct input from Directors including the Director of Adult Social Services to district-wide strategies including the JSNA. The Bradford Observatory is a key mechanism of monitoring changes in health and social care outcomes
4. LA Health and Well-being	Locally commissioned joined up NHS Services that are based on JSNA and HNA, support local voice and patient choice and are integrated with other local services and deliver local Public Health, NHS, social care outcomes.	<p>Intelligence of health needs choices and voices underpins LA duties</p> <p>Executive leadership of local health and well-being strategy that joins up local NHS and well-being services and influences to supra-local, sub-national and national bodies</p> <p>Ensuring delivery of Public Health outcomes within an integrated outcomes framework</p>	Anita Parkin - Joint Director of Public Health Andrew O'Shaughnessy - Consultant in Public Health	The Integrated Commissioning Group incorporates membership from across a range of partners including a Consultant in Public Health and the LA director of Adult Social Services, exploring health and social care commissioning strategy through both proactive and reactive means

Domain	Success	Directorate Delivery	Lead Responsibility	Key Links
5. GP Commissioners	Local NHS services commissioned from the national framework based on JSNA and local HNA, of high quality supported by fair and transparent decision-making processes and integrated with other services	<p>Locally commissioned NHS contribution to coherent health and well-being community plan.</p> <p>Ensure that health needs, choices and voices of local people drive locally commissioned NHS services.</p> <p>Delivery of support that enables fair and transparent decision-making, prioritisation and evidence based solutions.</p>	Greg Fell - Consultant in Public Health	There are excellent long standing relationships between senior Primary Care clinicians and the Public Health Directorate, with ongoing and developing health inequalities workstreams. Members of the PH SMT sit on numerous committees with Primary Care staff and have strong formal and informal relationships. There are also strong relationships with all levels of provider services. The PCT Medical Director also works closely with public health staff to resolve commissioning issues
6. Other Local NHS	Locally provided NHS services that protect the public, improve healthy life expectancy and improve the health of the poorest fastest	<p>Shared understanding of health and well-being impact of local NHS services.</p> <p>Support to current and future services to maximise positive and minimise negative well-being and economic impacts.</p> <p>Embedding role into directorate business model.</p>	Andrew O'Shaughnessy - Consultant in Public Health Helen Brown - Head of Health Intelligence	The Public Health SMT has a key role across commissioning activity at the PCT. This necessitates high level engagement with clinicians in secondary and tertiary care and also senior managers and Directors at local acute trusts. Public Health consultants sit on key commissioning committees with PCT staff, secondary care managers and clinicians and primary care managers and clinicians
7. Other Local Partners	Partnerships and services that improve and protect health and well-being through their impact on wider determinants of health.	<p>Shared understanding of health and well-being impacts of roles and responsibilities of other local partners.</p> <p>Support to current and future partners to assess, maximise positive and minimise negative well-being and economic impacts.</p> <p>Embedding role into directorate business model.</p>	Andrew O'Shaughnessy - Consultant in Public Health Anita Parkin - Joint Director of Public Health	A Consultant in Public Health has a dedicated role in childrens and Maternity Services and engages with community partners, clinicians and senior managers to address key inequalities issues, in particular infant mortality. A Public Health Consultant also sits on the Alcohol Strategy Implementation group, a sub-committee of the Safer and Stronger Communities Committee, which includes representatives from the police force and numerous voluntary sector organisations
8. Communities	Communities that are empowered to have an active voice and contribution to positive action to improve health	<p>Active collation of health needs, choices and voices to drive health and well-being community plan.</p> <p>Ensure that health needs, choices and voices of local people drive nationally commissioned services.</p> <p>Active contribution to sub-national and national agenda of NHS Commissioning Board.</p>	Ralph Saunders - Head of Public Health Helen Brown - Head of Health Intelligence	There is a strong health intelligence function incorporating both sophisticated epidemiological analysis, and qualitative techniques such as lifestyle surveys where members of the public engage directly with the processes. The Public Health SMT is regularly consulted by the Improving patient Experience team and also the PALS team to resolve a variety of issues. Two Public Health consultants lead the management of Individual Funding Requests and have extensive involvement with individual cases

Domain	Success	Directorate Delivery	Lead Responsibility	Key Links
9. NHS Commissioning Board	Nationally commissioned NHS services that meet needs of local people and populations that are integrated with local services and contribute to outcomes framework	Nationally commissioned NHS services contribute to coherent Health and Wellbeing community plan Ensure that health needs, choices and voices of local people drive nationally commissioned services Active contribution to sub national and national agenda of NHS Commissioning Board.	Greg Fell - Consultant in Public Health	The Public Health team has strong relationships with regional and national commissioning bodies, particularly the Regional Specialist Commissioning Group which two of our Public Health consultants have been seconded to. We also engage with NICE, responding to consultations and local processes
10. West Yorkshire Health Protection Unit	Effective protection from existing and emerging hazards to health with specialist knowledge and capacity to respond	Effective commissioning and process for health protection services within nationally/locally agreed definitions. Develop local capability and capacity to plan and respond to threats to health with all local partners (including contractual levers). Ensure that effective surveillance, horizon scanning and hazard assessment underpins local plans.	Leena Inamdar - Consultant in Communicable Disease Control	The Public Health team has a dedicated Consultant in Communicable Disease Control from the West Yorkshire Health Protection Unit. The DPH, Public Health Consultants and some senior managers take part in the health protection on-call rota and attend CDC update meetings.
11. National Public Health Service	Professional unified and efficient service that will achieve measurable improvements in public health outcomes and effective protection from public health threats that we engage with	Nationally commissioned and delivered Public Health Service that contributes to coherent health and well-being community plan. Active contribution to sub-national and national agenda of public health service Accountability of local public health services. Ensure that health needs choices and voices of local people drive nationally commissioned and delivered Public Health Service.	Anita Parkin - Joint Director of Public Health Andrew O'Shaughnessy - Consultant in Public Health	Members of the Public Health team are actively engaged in Regional and National networks, drawing data and intelligence from a wide range of sources, both formal and informal. This is reflected in the JSNA process which is both inward and outward looking and is supported by a substantial online data repository that draws from sources across the UK. All public health specialists are CPD accredited and annually submit returns which are signed off by the Faculty of Public Health
12. External Networks	Expert professional and support networks that we are engaged with that add value to local public health offer	Active engagement and contribution to sub-national and supra-local networks. Enhancing the local well-being and commissioning offer through such engagement. Embedding into organisational business model.	Public Health Senior Management Team	

# **Appendix C**

## **Regional Transition Checklist**



## Regional Checklist

1. A plan has been agreed locally on the transfer of Public Health responsibilities and staff from the PCT/Cluster to the Local Authority
2. Emergency preparedness and resilience
  - a. A plan has been developed that clarifies local responsibilities for emergency preparedness under the current statutory arrangements and that identifies the migration path to April 2013 and beyond;
  - b. This plan addresses how the resilience of local NHS services will be ensured after 2013 in the event of both a short term major incident but also a longer term incident such as pandemic influenza;
  - c. These arrangements have been tested including using a scenario of an incident occurring after the changes in April 2013 have come into force;

The Public Health Transition will be a considerable change management programme within the overall transition to the new arrangements. The framework below has been drawn up to inform the development of local transition plans for Public Health services. It covers:

- HR issues to be resolved to enable the transfer to happen by 2013
- Connecting to the national arrangements, including Public Health England
- Managing the current service and addressing risks to delivery
- Health White Paper
- Identifying what changes could be made ahead of 2013
- Managing relationships and expectations

### **Framework for Developing Public Health Transition Plans – “Small c” Checklist**

#### Managing External to Local

- Health Intelligence Y&H
- Directors of Public Health
- Obesity and other networks etc.
- Public Health England

### Managing Now

- Consultation process
- Impact of NHS redundancy schemes:
- PCT finances/QIPP/PH Business
- Keeping it safe
- Emergency Planning/Health Protection etc.

### Managing Impact of WP and PHWP

- NHS Commissioning Board
- PCT Clusters - Exec Team
- Health & Wellbeing Boards established
- GP Consortia/CCGs established

### Function & Configuration of Future PH Directorate

- What we are doing now
- Supra-Local
  - PHE
  - Sub-national
- Other LA Functions
- Other PCT functions
- Summary of Public Health Structure

### What is Safe to Change Now?

- “Aligning Resources”
- Data Observatory
- Health Protection & Emergency Planning Frameworks

### Manage Relationships/Expectations

- Public Health Teams
- Execs
- PCT
- Local Authority
- Voluntary Sector and Others

### Look After Ourselves and Teams

- Human Resources - T&C
- Pensions etc.
- Leadership Skills

# **Appendix D**

## **National Transition Timetable for Public Health as at August 2011**

### **Between April- October 2011**

- Establish the structure for taking forward the financial, commissioning and relationship flows between PHE and the rest of the Health and Care system including working relationships with Local Authorities
- Appoint a Chief Operating Officer and designate new senior leadership team for PHE
- Complete structure definition to enable staff mapping

### **Between Summer 2011 – April 2012**

- Formal consultation with Trades Unions, staff and then plan and map staff into new structure, including all parts of PHE – HPA; NTA; Public Health Observatories; Cancer Registries; Regional Public Health Groups; Department of Health policy staff; National Screening Committee, taking account of indicative budgets for 2012/13

### **April 2012**

- Staff migrate into the new structure
- PHE will take on full responsibilities, budgets and powers
- Shadow Local Authority budgets

### **April 2013**

- Public Health budgets allocated directly to Local Authorities

## **Acknowledgements**

- Manchester Public Health transition Planning
- Doncaster Public Health transition Planning
- Mersey Public Health transition Planning