Public Health in Oxfordshire: Implications of the Coalition Government's Plans.

Purpose of this paper

This paper has three purposes:

1. **To inform** a wide audience about the implications of the coalition government's plans for the Public Health of Oxfordshire.
2. **To analyse** the implications for Public Health in Oxfordshire
3. **To propose the way forward**.

Introduction

The Secretary of State for Health has set out his vision for Public Health in England in recent speeches and White Papers as part of the broader coalition government's plans.
This vision aims to improve the public's health and strengthen Public Health services as a priority.
To achieve this it is proposed to create a new National Public Health service (PHS), separate from the NHS, including an enhanced role in health improvement for Local Authorities at local level.
The PHS will be 'functional' from April 2012 and will 'go live' as statutory bodies from April 2013.

A Public Health White Paper will be published in December 2010 to set out the detail of the new National Public Health Service (PHS). Nonetheless there is sufficient information already in the public domain to describe the broad thrust of the proposals and to prepare for the future.

There are real opportunities for improving health in Oxfordshire through these plans, but skilful navigation will be required to keep the gains made in recent years and build on these further.

Gains in the Public's Health are made by individuals, carers, voluntary organisations, GPs, nurses, social workers, hospital doctors, transport planners, housing officers, environmental health departments, managers, scrutiny committee and leaders of organisations.
The role of Oxfordshire's Public Health department is to lead, prioritise and focus the effort of all these individuals and organisations. Disruption to the work of the Public Health Department should therefore be minimised during the coming months of transition.

This paper sets out the thrust of the new national plans and provides an analysis of the strengths, weaknesses, opportunities and threats for the Public Health of Oxfordshire in the situation.

The paper concludes with proposals for next steps to be taken to maximise the opportunities and minimise the threats.

Summarising the vision of the Secretary of State for Health

The Secretary of State takes a broad view of health. He is as concerned about the underlying causes of ill-health rooted in society as in health services themselves. This is to be welcomed.
His vision is of a well-informed and fully engaged public served by three main public sector organisations, called here the 'Three Pillars'. The Three Pillars are:

1. The NHS.
2. Local Authorities - in this case most mention is made of top-tier Local Authorities.
3. The new national Public Health Service (PHS).

The main features of each of these ***in terms of Public Health and health improvement*** are set out below.

Overall Coordination

The Secretary of State will chair a Cabinet Subcommittee with representatives of all government departments including the Department for Communities and Local Government. This will be responsible for coordinating a joined up approach to health. This includes traditional health services, Public Health, social care, education etc and will include wider aspects of health such as transport, housing and environmental issues.

The NHS:

- will retain its traditional values of universality and care which is free at the point of delivery
- will have a clear commissioning-provider split with more autonomy for NHS trusts
- will have its commissioning function coordinated nationally by a new commissioning board
- will be delivered at local level by GP commissioning consortia
- NB there is no requirement to have co-terminus boundaries with LAs

Local Authorities:

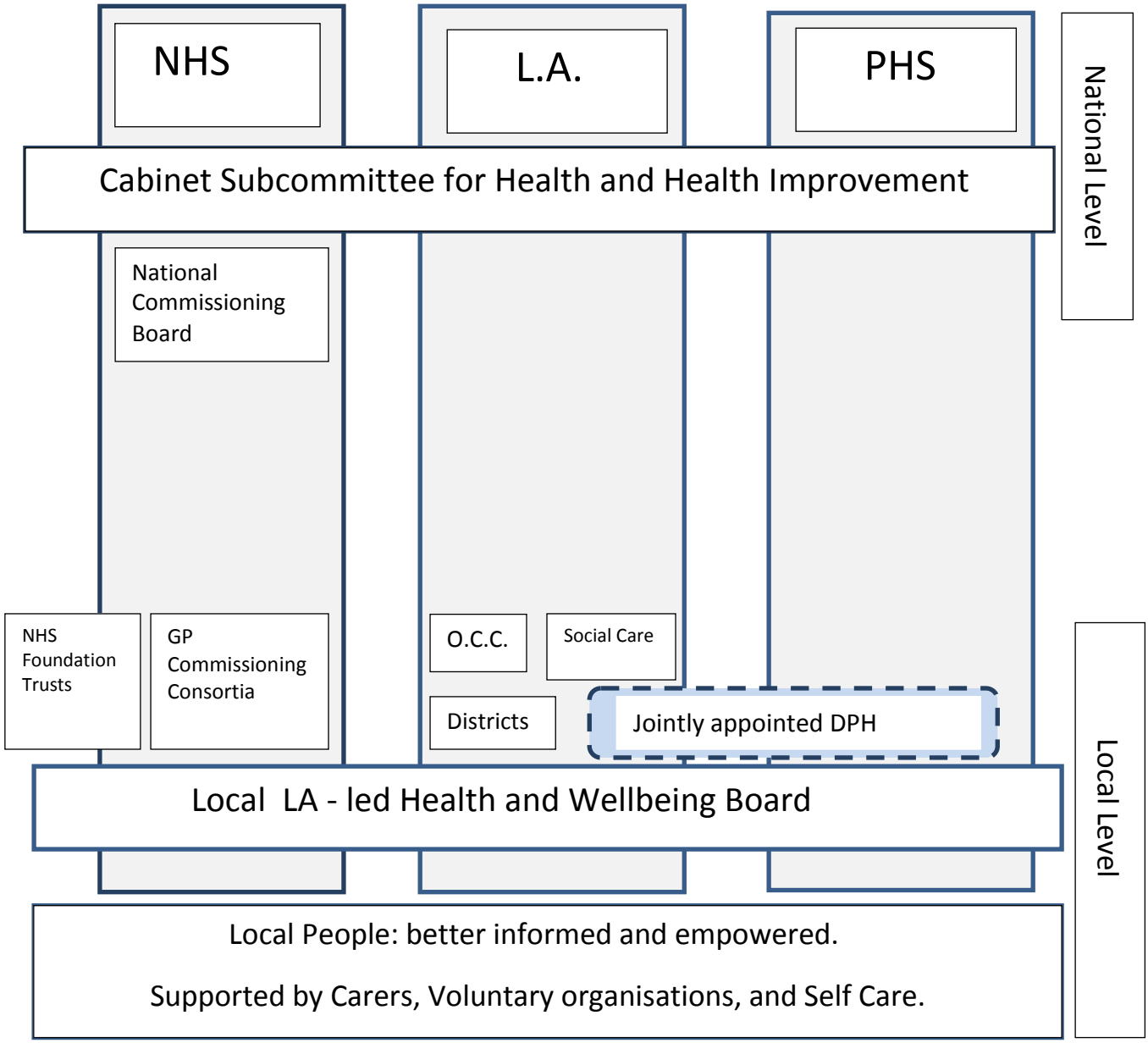
- will have increased responsibilities to coordinate overall health policy for an area, joining together in particular the work of local government, the NHS and the new National Public Health service. The favoured option for doing this is through a Health and Well-being Board at local level, led by Local Authorities. This is proposed to incorporate the current Health Scrutiny Function
- will have increased responsibilities for ' health improvement '
- will employ the local Director of Public Health, who will be jointly appointed by the National Public Health service
- will oversee a new ring-fenced budget which will be managed by the Director of Public Health
- will be accountable for achieving improved outcomes for the public's health
- NB white paper setting out the future of long term care, with implications for adult social care, is expected during 2011

The National Public Health Service:

- will have clear managerial ' line-of-sight ' from the Secretary of State and the Chief Medical Officer down to Local Authorities, the local Director of Public Health and thus to the public
- Will be accountable for a range of activities including: health promotion, disease prevention, health inequalities, immunisation, screening, assessing local needs, control of communicable diseases, emergency planning in the NHS and specialist support to the local commissioning of organisations
- Will bring together a number of existing bodies, including Public Health services which are currently within the NHS, regional Public Health Observatories and the Health Protection Agency

These relationships are summarised in the diagram below.

Diagram Summarising Coalition Government Proposals for the Main Health Organisations.



The diagram shows the three main 'pillars' of the 'health system' in coalition thinking, namely the NHS, LAs and the PHS. The national level is shown at the top of the diagram and the local level at the bottom. The known components of each pillar are set out in boxes on the respective pillar.

The two horizontal boxes which cut across all pillars show the two main mechanisms proposed to join-up public sector action. These are the Cabinet Sub-Committee at national level and the mooted Health and Wellbeing Boards at local level.

Implications of these changes for Public Health in Oxfordshire

These are set out below as a SWOT analysis (Strengths, Weaknesses, Opportunities and threats) below.

SWOT Analysis of Coalition Proposals for Public Health in Oxfordshire.

Strengths

- Public Health is seen as a national priority.
- The secretary of state will provide leadership.
- There will be a national Public Health service (PHS).
- The anticipated white paper will set a clear direction. (December 2010)
- A ring-fenced budget for some PH activities.
- Clear alignment with local government and a stronger role for local democracy.
- Clear responsibility for health improvement in local government.
- Retention of the Health Scrutiny function.
- Proposals are based on a very broad view of health.
- Proposals imply an understanding of the social causes of ill-health.
- Preventing ill-health is a priority.
- Reducing inequalities is a priority.
- There is a clear role for a local Director of Public Health.

Weaknesses.

- Inevitable loss of momentum due to major restructuring.
- Staff uncertainty for a prolonged period.
- Potential loss of skilled staff.
- Oxfordshire has a larger than average Public Health Department - a nationally allocated budget is unlikely to cover current staff costs.
- The ring-fenced budget cannot cover costs of all PH programmes. These costs will remain in the NHS. This may cause confusion.
- The existing Public Health Department contains core NHS functions (e.g. medicines management and priority setting) which require complex disaggregation.
- Key facts are unclear while awaiting the PHS white paper e.g.
  1. Division of responsibility between national, regional and local level.
  2. Size and shape of a regional level.
  3. The preferred future employer for local Public Health staff (only the DPH employer is certain, though there is no slot-in proposed for existing DsPH).
  4. The division between commissioning and providing roles.

Opportunities.

- **There is an overarching opportunity to create a slimmer, leaner, more efficient and better focussed public sector across Oxfordshire.**
- Potential gains for the health of the people of Oxfordshire due to a clear PH role.
- Opportunity to retain the gains made in Public Health in recent years through a well-managed transitional process.
- Opportunity to continue the successful alliance between PH and LAs while keeping strong links with the NHS.
- The creative engagement of GPs in stronger Public Health programmes.
- The coordinating role of LAs could create a single set of priorities for the public sector across Oxfordshire.
- Potential economies of scale by commissioning parts of some PH programmes at multi-county level.
- A clear direction could be set by clear outcome measures to be improved. This should unite organisations in Oxfordshire if the lessons of Local Area Agreements are learned.

Threats.

- Planning blight.
- The general climate of public sector 'squeeze'.
- Potential 'cuts' in Public Health caused by inadequate national budgets.
- Insensitive handling of 'NHS management cost reductions' leading to inappropriate cuts to Public Health.
- Public Health must not be 'left behind' in the hiatus caused by a 'late' White paper in December 2010.
- It must not be assumed that PH is 'OK' because of the ring-fenced budget. Costs of PH programmes will still sit in core NHS budgets. These must be budgeted for.
- Possible lack of detailed understanding of PH work by some GP decision-makers.
- Considerable preparatory work will be needed by OCC, working with the NHS, as the 'receiving' organisation, but the OCC change agenda is already burgeoning.
- Tensions between public sector organisations due to a general squeeze on budgets – just when maximum cooperation is critical.
- Possible unwillingness of the new NHS to act on PH priorities.
- Possible unwillingness of LAs to embrace the new health improvement role fully.
- Outcome measures become another set of targets lacking local relevance.
- Lack of financial control of Foundation Trusts dwarfs the real priorities for health.

How Can We Maximise the Opportunities and Minimise the Threats?
The overriding requirement is to secure the improvements made to the public's health over the last few years and to bring together speedily the relevant major stakeholders to agree a practical way forward for Oxfordshire's Public Health Department.

To do this it is recommended that we take the following practical steps:

PHASE 1
September 2010 to December 2010 (i.e. when the Public Health White Paper is published)
1. Clarify the current functions and work programmes of the Public Health Department including the direct and indirect budgets. This work is already well underway.
2. Ensure that public health is given due prominence in the transitional plans being formed by the PCT and the Strategic Health Authority (SHA).
3. Ensure that these plans contain clear proposals for the retention by the NHS of:
   - commissioning budgets required for public health programmes which will stay within the NHS
   - core NHS functions currently contained within the Department of Public Health which will be required by the NHS in the future (e.g. medicines management, priority setting and others)
4. Create, as part of these processes, a high-level task-and-finish group which will drive the Public Health transition. This should be balanced equally between the PCT as the ' donor organisation ' and OCC as the 'receiving organisation '. This will include representation from the PCT, LAs, the Public Health Department and GPs and should actively involve the Health Overview and Scrutiny Committee (HOSC).

PHASE 2
December 2010 to the formal inception of the PHS
Once the Public Health White Paper is released, the way forward will be clear. The actions required are:

1. A detailed transitional plan for Public Health functions and programs will be drawn up from December 2010 onwards. This must include critical human resource issues e.g. a timetable for restructuring and/or transfer of current staff.
2. The implementation of the transitional plan should be overseen by the high-level task-and-finish group specified above.

Conclusions
1. The Coalition Government's proposals for health incorporate significant opportunities for strengthening the Public Health of Oxfordshire.
2. The opportunities are balanced by very real threats as set out in this paper. These must be minimised by careful preparation involving the main stakeholders: the PCT, LAs, the Public Health Department and GPs.
3. These opportunities will not be realised without detailed preparatory work, considerable effort and the willing co-operation and engagement of public sector bodies across Oxfordshire.
4. A new high level group is proposed to lead this work.
5. This detailed work will dominate Public Health activity over the coming months.

Recommendation
Public sector organisations in Oxfordshire should work closely together over the coming months to secure the continuation of a successful Public Health function for the future.
It is recommended that a high-level group, led by the major public sector stakeholders is set up to achieve this.

Jonathan McWilliam
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