

**COMMISSIONING A PATIENT-LED NHS:
BUILDING EFFECTIVE WORKING WITH PARTNERS**

**WORKSHOP REPORT 1:
BUILDING EFFECTIVE PARTNERSHIPS FOR PUBLIC HEALTH**

This document outlines the main themes and action points from a joint workshop on 21 December 2005 attended by representatives from local authorities, the voluntary sector and the NHS in Hampshire.

The workshop was one of a series as part of the consultation and engagement process for “Commissioning a Patient-Led NHS”.

1 INTRODUCTION

Background

- 1.1 “Commissioning a Patient-Led NHS”¹ was published on 28 July 2005. This document focused on “how the Department of Health will develop commissioning throughout the whole NHS system, with some changes in function for primary care trusts and strategic health authorities”. It asked Strategic Health Authorities to consider roles and responsibilities of NHS organisations in their areas and develop proposals “to deliver a fit for purpose health system with an effective and objective commissioning function able to deliver high quality care and value for money alongside the improvement of health promotion and protection.”
- 1.2 Specifically, the document asked Strategic Health Authorities to submit local proposals for the future configuration of local Primary Care Trusts and Strategic Health Authorities in the local area to the Department of Health by 15 October 2005. It required that proposals reflected informal discussions with local people and patient groups, NHS organisations, local government, MPs and other stakeholders on the best way forward for the local NHS.
- 1.3 As part of the process of developing the local submission the Chair of the Hampshire and Isle of Wight Strategic Health Authority met with the Hampshire and Isle of Wight Local Government Association to discuss the national expectations and consider the local response. This was followed by a series of workshops and meetings involving the Chair and Chief Executive of the Hampshire and Isle of Wight Strategic Health Authority and representatives from county, unitary and district councils. These meetings informed the final submission by the Strategic Health Authority to the Department of Health².
- 1.4 It was agreed at that time that a series of local workshops would take place. These would:
 - focus on effective partnership working between the proposed NHS organisations, local authorities and other partners;
 - be linked to the formal stakeholder consultation on proposals for organisational change in Hampshire and the Isle of Wight;
 - help the NHS to ensure that the new organisations – through their own activities and their work in partnership with others – deliver high quality services that offer value for money for local people.
- 1.5 The Hampshire and Isle of Wight submission in response to “Commissioning a Patient-Led NHS” was accepted by the Department of Health. Statutory stakeholder consultation is taking place from 14 December 2005 to 22 March 2006 on the following proposed configuration of Primary Care Trusts:
 - a Primary Care Trust for Portsmouth City;
 - a Primary Care Trust for Southampton City;

¹ “Commissioning a Patient-Led NHS” is available from the Department of Health website at www.dh.gov.uk

² The local submission in response to “Commissioning a Patient-Led NHS” is available from the Hampshire and Isle of Wight Strategic Health Authority website at www.hiow.nhs.uk/cplnhs

- two options for the county of Hampshire:
 - Option A: a single Primary Care Trust coterminous with Hampshire County Council that will comprise the seven existing Primary Care Trusts;
 - Option B: three Primary Care Trusts within Hampshire County Council replacing the seven existing Primary Care Trusts.
 - in view of the special circumstances of the Isle of Wight it is proposed to create a single organisation for the commissioning and management of all National Health Services on the Isle of Wight. The proposed new body will oversee the commissioning and management of acute hospital services, mental health services, community services, primary care services and ambulance services.
- 1.6 Consultation is also underway on proposed changes to Strategic Health Authorities and NHS Ambulance Trusts.
- 1.7 Further information about all proposals, including copies of the full consultation documents, is available from the consultation website at www.hiow.nhs.uk/cplnhs

Building Effective Working With Partners

- 1.8 A programme of stakeholder workshops on effective partnership working is now taking place. These workshops are focusing on the following issues:
- public health;
 - health service commissioning;
 - partnership between the NHS and adult & children's services / social care;
 - provision and plurality;
 - consolidating these themes into recommendations for the future NHS.
- 1.9 The first of these workshops, on public health, took place on 21 December 2005. It was attended by representatives from local authorities, the voluntary sector and the NHS in Hampshire. Information about the format and attendance at the workshop can be found in Section 4.
- 1.10 This report highlights the key themes and recommendations from this workshop. It is important to note that it intends to provide an overview of the discussions. Nothing in this report necessarily represents the policy or practice of the Hampshire and Isle of Wight Strategic Health Authority or of any organisations or individuals participating in the workshop on 21 December 2005.
- 1.11 Further reports will be produced to outline the themes and recommendations from the remaining workshops in this programme. The series of reports will contribute to the final report to the Secretary of State for Health on local consultation as well as to the ongoing design of the new organisations.
- 1.12 This is an evolutionary process, and this report poses questions as well as recommending answers. Your suggestions and comments are welcome and can be sent to the Hampshire and Isle of Wight, Strategic Health Authority:

Tony Horne, Director of Corporate Affairs, Hampshire and Isle of Wight Strategic Health Authority, Oakley Road, Southampton SO16 4GX (consultation@hiowha.nhs.uk)

2 PRESENTATION THEMES

Welcome and Introduction

2.1 Sir Ian Carruthers OBE (Chief Executive, Hampshire and Isle of Wight Strategic Health Authority) opened the workshop by setting the scene, emphasising that:

- the current consultation is about management change and not service change;
- new Primary Care Trusts will need to have a robust focus on protecting and improving health (public health), ensuring that effective and efficient services are in place (commissioning) and providing services where appropriate in the context of the forthcoming White Paper discussing health and care services in the community;
- the new organisations will need to balance strong corporate controls at board level with local delegation, flexibility and partnerships;
- throughout the change process we will need to maintain a concerted focus on business continuity to ensure that organisations continue to provide the services that people need whilst also addressing financial and delivery challenges. A lead “Transition Director” will shortly be identified across the proposed new strategic health community (Hampshire & Isle of Wight and Thames Valley) to lead business continuity and transition.

NHS Perspectives on Public Health

2.2 Dr Jenifer Smith (Deputy Director of Public Health, Hampshire and Isle of Wight Strategic Health Authority) discussed some of the main public health opportunities and challenges from an NHS perspective:

- “Choosing Health” and “Commissioning a Patient-Led NHS” reiterate the important public health challenges of improving health and well-being and reducing inequalities by tackling the determinants of health and well-being;
- “Commissioning a Patient-Led NHS” has set out an expectation that Primary Care Trusts covering more than one district will have an executive Director of Public Health “with a joint appointment between the PCT and Local Government”. Below the level of the PCT there will be “a designated Director for Public Health for each Local Authority, who would be an associate Director of Public Health in the PCT”³;
- These associate Directors of Public Health would be able to cover more than one district and will need strong relationships with local authorities, local strategic partnerships and Practice Based Commissioning neighbourhoods in their area;
- whilst “Commissioning a Patient-Led NHS” will need to deliver £250m management savings nationally the NHS public health workforce is protected from these management cost savings;

³ A letter setting out government expectations of the public health function in the context of “Commissioning a Patient-Led NHS” was published on 13 October 2005 and issued with “Update 4” in the “Commissioning a Patient-Led NHS” pages within the Department of Health website at www.dh.gov.uk.

- larger Primary Care Trusts offer an opportunity to reinvigorate public health team-working that has been fragmented across a large number of smaller Primary Care Trusts – there have been considerable challenges in maintaining a critical mass of public health expertise that enables staff to retain their specialist skills;
- “Commissioning a Patient-Led NHS” also expects that new Primary Care Trusts will have stronger commissioning processes built on effective public health partnerships. This will mean that the public health workforce will need to be more high profile and driven by delivery and performance than has previously been the case;
- A further important factor in designing the NHS public health workforce will be Strategic Health Authority configuration. Most proposed Strategic Health Authorities will have a 1:1 relationship with the regional Government Office; in the south east the preferred option is for two Strategic Health Authorities which means that we will need to think differently about how the public health function is delivered between regional offices and strategic health authorities.

Local Authorities and the NHS working together to improve health and well-being

2.3 Chris Tapp (Chief Executive, Eastleigh Borough Council) outlined some of the main issues for working in partnership:

- public health has always been and will always be about multi-sector partnerships;
- the NHS and local authorities will need to work together through and following change to ensure that health gain is delivered to local people, in partnership, making best use of finite resources, with progressive improvement;
- this has been particularly highlighted by the Wanless Report⁴ which sets out the need for “upstream” interventions to improve health and well-being to reduce the “downstream” demand for ill-health services;
- there is a range of excellent examples of public health partnerships in place already, including:
 - joint delivery mechanisms, e.g. Healthy Living Networks;
 - joint planning mechanisms, e.g. Local Joint Health Delivery Plans;
 - joint appointments, e.g. Public Health Development Managers;
 - district Local Strategic Partnership arrangements, e.g. joining up the health and community safety challenges around drugs and alcohol, and joint performance management.

The local change programme will need to sustain and build on existing good practice.

⁴ Derek Wanless has published a series of reports on behalf of the Chancellor of the Exchequer and the Secretary of State for Health on securing future health. These include “Securing Good Health for the Whole Population: Final Report” (February 2004) and “Securing Our Future Health: Taking a Long-Term View” (April 2002) and are available from www.hm-treasury.gov.uk/wanless. The reports warn that unless we have a “fully-engaged scenario” where all sectors play their part in prevention we will not succeed in stemming healthcare spend.

Discussion: Designing a Public Health function for the new Primary Care Trusts

2.4 Issues and views raised in the general discussion included:

- the local Associate Directors of Public Health will need the **seniority** and **clout** to **commit resources** at local level – and this will be particularly important in the context of the national consultation on expanding the role of **Local Strategic Partnerships**⁵. However, there will also be challenges in providing this local leadership whilst also fitting into the broader strategic approach of a larger Primary Care Trust. Whilst this may be challenging, it is potentially easier to find an appropriate balance within one or three statutory Primary Care Trusts than by seeking coherence across seven statutory Primary Care Trusts within a single county;
- the “**two-tier**” **relationships** in Hampshire will remain but a single Hampshire county Primary Care Trust or three Primary Care Trusts aligned with clusters of district councils may provide opportunities to **reduce the complexity of relationships** with effective partnership working at both county and more local district level and coherence between these levels;
- in this context all partners will need to learn together about addressing material **variations in the way in which Local Strategic Partnerships work** and what they deliver – and then weaving this together in the Local Area Agreement;
- it will be important to look for **synergy between the planning and delivery structures in health and in local authority adult and children’s services** as well as the emerging well-being portfolio. This includes being clear of our shared goals and outcomes for local people. This in turn will lead us to identify ways in which our planning and delivery structures need to match each other in order to deliver these outcomes. For example, this could include developing localities for practice based commissioning that match district council boundaries and county adult & children’s services management structures as best as possible.
- partnerships between the NHS and local authorities are broader than the **public health function**. Delivering the broader health and well-being agenda will require partnership relationships that reflect other key areas such as:
 - **Service delivery** – for example, working in partnership to deliver integrated services for vulnerable older people;
 - **Economic development** - for example, as a major employer the NHS is a significant contributor to the local economy;
 - **Joint working relationships** - for example, district councils will not have the same access to a Chair and Chief Executive in a single Hampshire-wide Primary Care Trust as they have done with seven local Primary Care Trusts. It will be important to consider how to maintain leadership and political relationships.
- since the change process must deliver management savings it is important to be realistic that the NHS budget **cannot resource eleven senior Directors to liaise with the eleven district councils** – but it will be critical for district councils

⁵ A national consultation on “the future role of LSPs, their governance and accountability, and their capacity to deliver Sustainable Community Strategies and Local Area Agreements” was launched by the Office of the Deputy Prime Minister on 08 December 2005. Full information is available from www.odpm.gov.uk/lg/consult.

that there is a relationships with at least one named senior individual even if they are covering several districts in their portfolio;

- there are two significant management change programmes taking place side by side. Firstly, it is proposed that the corporate management of Primary Care Trusts becomes more centralised. Alongside this the locus of commissioning control becomes more localised through practice based commissioning. We must ensure that the transition process fully embeds **public health at practice based commissioning level** as well as at district council level – practice based commissioners need to be fully engaged as they will increasingly have control of the NHS budget;
- a single public health team with strong local relationships but in a larger organisation can provide **clout and critical mass**, including enabling members of the public health workforce to develop and maintain specialist skills. But, we will need to plan for this to happen rather than expect it to happen;
- the vision for public health and well-being will need to reflect the **full multi-disciplinary workforce** (NHS, local authority, voluntary sector, emergency services, schools etc.) and exploit the **entire public health and well-being toolkit** (e.g. community participation and development, health promotion and education, policy-level interventions, addressing social determinants, health protection and environmental health);
- there is a wealth of **evidence on making partnerships work** and we should draw on this as we build these new relationships – for example, the recent Audit Commission report “Governing Partnerships: Bridging the Accountability Gap”⁶ and the work on “results-based decision-making” by Mark Friedman⁷ that is being used by Local Strategic Partnerships. Similarly, **public health practice at a local level must be evidence-based** rather than rely on instinct and good intentions – this strengthens the case for effective partnership appointments linked to a greater critical mass in the NHS public health workforce.

⁶ “Governing Partnerships: Bridging the Accountability Gap” was published on 26 October 2005 and “urges local public bodies to take a much harder look at whether the partnerships they are involved in are delivering”. It is available from the Audit Commission website at www.audit-commission.gov.uk.

⁷ Further information on results-based decision-making is available from the website of the Fiscal Policy Studies Institute at www.raguide.org or www.resultsaccountability.com. Inclusion of this reference does not necessarily constitute an endorsement of this organisation or its products.

3 CONCLUSIONS AND RECOMMENDATIONS

	CONCLUSION / RECOMMENDATION	NEXT STEPS	WHO	WHEN
1	The new partnership arrangements should seek to preserve what we have that is valuable and maximise what we currently invest for mutual benefit on behalf of local communities. This will provide the best foundations for identifying where we should consider extending investment in future.	Build this principle into the work outlined below, including by identifying those partnership principles and relationship that currently deliver improved health and well-being and promote these as good practice examples for future success.	All	Ongoing
2	It would be valuable to work through some public health programmes and challenges to model the structures and processes that could deliver health and well-being outcomes in the new organisational configurations. This work should seek to reflect the performance management frameworks that would need to be in place to hold partnership working to account. It should also consider opportunities for promoting contestability/ competitiveness in the planning and delivery of public health.	A modelling team will meet to work through some scenarios, building on the public health mapping work undertaken through the Hampshire Health Overview and Scrutiny Committee. This will take place in time for the Hampshire County Council well-being event on 31 January 2006. All suggestions of tangible issues and challenges can be sent direct to the modelling team.	Gill Duncan Christine Jackson Denise Holden Jenifer Smith Mary Amos Chris Tapp All	31 Jan 2006 06 Jan 2006
3	The new Primary Care Trust(s) will need an appropriate senior level of engagement in Local Strategic Partnerships that brings clout and the ability to commit resources to partnership priorities.	Transitional leads for district LSPs will need to be identified during the organisational change process to maintain continuity and commitment. Early discussions will be needed with the new Primary Care Trust Chief Executive(s) to secure agreement on district partnerships roles.	LA CEOs and NHS Transition Director (when identified) LA CEOs with PCT CEO(s) (when identified)	31 Mar 2006 30 Jun 2006

4	<p>The public health workforce will not need to contribute to management savings. Therefore, there will be at least the level of investment in the NHS public health workforce that we have now.</p> <p>Consider opportunities for maximum workforce synergy linking districts, Primary Care Trusts and practice based commissioning – e.g. a single, multi-agency virtual public health unit or “trust” operating at local district level would be an issue for partners to consider further.</p>	<p>Identify the best balance between investment in senior-level posts at district level (11? 5-6? 3-4?) and the need to invest in the broader public health workforce.</p> <p>Build this into the Public Health Network workforce plan – ensuring that this plan is revised to focus on business continuity and maximising benefit from the new organisational arrangements (including embedding Public Health in Practice Based Commissioning arrangements).</p>	Public Health Network	31 Mar 2006
5	<p>Some of the issues raised today relate to the broader relationships between the NHS and local authorities to be covered in future workshops.</p> <p>Commissioning and provision workshops should include representatives from PCT Professional Executive Committees and NHS Trust providers.</p> <p>Discussions on future partnership relationships must also take into account the changing nature of adult and children’s services in Hampshire County Council in the context of the broader social care agenda.</p>	<p>Pick these issues up at future workshops in:</p> <ul style="list-style-type: none"> - health service commissioning (February) - partnership between the NHS and adult & children’s services / social care (March) - NHS provision and plurality (March / April) - a final workshop to consolidate themes from the programme. 	<p>Nick Goulder Denise Holden Tony Horne Adrian Osborne with Chris Tapp Sir Ian Carruthers</p>	<p>Planning meeting by 06 Jan 2006 Workshops by 22 Mar 2006</p>
6	<p>Discussions on future public health arrangements will also need to reflect the emerging relationships between the Government Office of the South East and either one or two Strategic Health Authorities.</p>	<p>Ensure that local issues are reflected in regional-level debate on public health structures and vice-versa.</p>	<p>Sir Ian Carruthers Dr Jenifer Smith</p>	Ongoing
7	<p>Practice Based Commissioning localities should match district authority boundaries as much as possible to maximise potential for joint planning. This may not necessarily be through a 1:1 relationship (e.g. three PBC localities within a district).</p>	<p>Local work on the development of Practice Based Commissioning to stress the value of coterminosity and seek to maintain and enhance this where appropriate.</p> <p>Prepare and share “map” of emerging Practice Based Commissioning localities mapped against districts</p>	<p>Sir Ian Carruthers Adrian Osborne</p> <p>Adrian Osborne</p>	<p>Ongoing</p> <p>31 Jan 2006</p>

4 WORKSHOP PURPOSE AND FORMAT

4.1 This workshop took place from 1030 to 1400 on 21 December 2005 at the Chilworth Hilton Hotel, Southampton. It was attended by 21 senior representatives from the NHS, local authorities and the voluntary sector in Hampshire and the Isle of Wight (see Table 1).

TABLE 1: WORKSHOP ATTENDANCE

ORGANISATION	NAME
Blackwater Valley and Hart Primary Care Trust and North Hampshire Primary Care Trust	Richard Samuel
Eastleigh and Test Valley South Primary Care Trust and New Forest Primary Care Trust	Dr Christine Jackson John Richards
Eastleigh Borough Council	Mary Amos Chris Tapp
Eastleigh Voluntary Services	Ken Dufton
Hampshire County Council	Terry Butler CBE Gill Duncan Chandra McGowan
Hampshire County Council (Health Overview and Scrutiny Committee)	Denise Holden
Hampshire and Isle of Wight Local Government Association	Nick Goulder
Hampshire and Isle of Wight Strategic Health Authority	Sir Ian Carruthers OBE Brian Courtney Tony Horne Adrian Osborne Dr Jenifer Smith
New Forest District Council	Annie Righton David Yates
Rushmoor Borough Council	Colin Alborough Andrew Lloyd
Test Valley Borough Council	Bernard Sully
Winchester City Council	Jen Anderson

4.2 The purpose of the workshop was:

- to explore ways in which the NHS can maintain a locality focus following the direction of travel set out in “Commissioning a Patient-Led NHS”;
- in particular, to agree a way forward to:
 - define communities and neighbourhoods for Practice Based Commissioning using existing resources and expertise – including Local Authorities, Local Area Agreements, Local Strategic Partnerships (district, county, unitary) and the public health workforce;

- build effective partnership working at District Council / District Local Strategic Partnership / neighbourhood level to deliver health improvement;
- review the future of joint NHS-LA funding arrangements, including those for local projects and for the appointment of staff;
- define commissioning and related arrangements to deliver health gain at district and neighbourhood level;
- ensure that the public health function in new Primary Care Trusts will “have the clout to commit” at local level including in local partnership working;
- identify early wins from the emerging arrangements in response to “Commissioning a Patient-Led NHS”;
- identify possible pilot/shadow arrangements ahead of full implementation (e.g. statutory establishment of the new organisations).

4.3 The agenda for the workshop is set out in Table 2.

TABLE 2: WORKSHOP AGENDA

TIMING	ACTIVITY
1030	Arrival, Informal Discussion and Networking
1100	Welcome and Introduction Sir Ian Carruthers OBE, Chief Executive, Hampshire and Isle of Wight Strategic Health Authority
	“NHS Perspectives on Public Health” Dr Jenifer Smith, Deputy Director of Public Health, Hampshire and Isle of Wight Strategic Health Authority
	“Why effective partnership working between local authorities and the NHS is essential to securing effective public health and well-being: a District Council perspective” Chris Tapp, Chief Executive, Eastleigh Borough Council
1115	Discussion: Designing a Public Health function for the new Primary Care Trusts - what would it look like, and how can we ensure that it is able to engage in effective partnership working at District level?
1315	Conclusions and Next Steps
1330	Lunch, informal discussion and networking
1400	Close

4.4 If you would like further information about this workshop or others in this programme please contact:

Tony Horne
 Director of Corporate Affairs
 Hampshire and Isle of Wight Strategic Health Authority
 Oakley Road, Southampton SO16 4GX
 email: consultation@hiowha.nhs.uk

Hampshire and Isle of Wight Strategic Health Authority
Oakley Road
Southampton
SO16 4GX

www.hiow.nhs.uk

16 January 2006