

Review of the Public Health Function in Northern Ireland

Health Protection Implementation Sub-Group

Interim Report – January 2006

Introduction

Following the publication of the “Review of the Public Health Function in Northern Ireland” in December 2004 the Chief Medical Officer established an Implementation Group to oversee the implementation of the Review’s recommendations. The Implementation Group set up a series of 4 sub-groups, covering the main areas of the Review, to consider how the recommendations might best be achieved.

This Report has been prepared by the Health Protection Sub-Group. The membership and terms of reference of the sub-group are attached (appendices 1 & 2).

Clearly the final publication of the “Review of Public Administration” (RPA) has considerable implications for the Public Health Review and this Report represents the views of the Health Protection Sub-Group as members currently understand the RPA as at December 2005.

Method of working

The sub-group met on 4 occasions from July to December 2005. In addition visits were arranged to Health Protection Scotland and an English Health Protection Agency Region to examine how they and their relationships worked. A general workshop was held, looking across the public health themes, and a specific health protection workshop looked at defining the range of health protection services in NI. A meeting was held between the Chairs of the 4 sub-groups to look at cross cutting themes.

Key Themes

A number of themes have been consistently raised during the group’s deliberations. Their relative importance and emphasis have shifted as the group explored possible models for implementing the Review in NI but they remain key themes:

- ❖ Northern Ireland should seek to develop as self sufficient a health protection service as possible internally but will not be in a position to provide or sustain all aspects of specialist health protection within the region. External partnerships and arrangements will be a critical part of the service and will ensure that NI is kept abreast of health protection developments in GB.
- ❖ Academic health protection is not strong in Northern Ireland and new partnerships are also needed in this area.

- ❖ There is a relative lack of resources and experience available in public health environmental sciences and health emergency planning.
- ❖ Health protection must work alongside general public health to be successful.
- ❖ Health protection must have a local, as well as a regional, presence.
- ❖ Roles and responsibilities must be clearly defined.
- ❖ The use of networks (real or virtual) to improve working relationships has added value.
- ❖ Whatever the configuration of services, strong, transparent, governance and accountability arrangements are critical to success and to ensuring all partners and stakeholders feel the system works fairly.

The RPA context

At the time of writing, the precise workings of the new public administration arrangements were not clear. The Group's understanding is that there will be a strategic health and social services authority with responsibility across Northern Ireland and 7 local health agencies to deliver locally sensitive health commissioning.

Clearly the development of a strategic authority for the region has considerable implications for the distribution of health protection resources as well as for general public health and the implementation of health protection arrangements will have to take into consideration the future location of the public health function.

Interim assumptions and conclusions

Having considered in detail the themes raised above, the outcome of the workshops and the lessons from the sites visited, the group put forward the following general principles for reorganisation of health protection services:

- ❖ The proposed model must deliver:
 - A regional presence with guaranteed supra-regional backup, partnerships and surge capacity,
 - Regional health protection surveillance and outputs compatible with GB
 - A local presence and local knowledge,
 - A connection with public health at all levels in the new arrangements.
- ❖ Strong governance arrangements, that engage stakeholders, are critical to success.
- ❖ There should be clear accountability for who delivers what, with agreed service standards.
- ❖ The configuration for health protection should be compatible with the configuration for general public health although they need not be identical.
- ❖ The configuration should, as far as possible, provide a stable base for future development, facilitate surge capacity and sub-specialisation and be

sufficiently resilient to accommodate any future organisational change within the health and personal social services.

Although the detail of the RPA arrangements was not clear the group made the following assumptions to inform their proposals for health protection:

- ❖ There will be devolution of operational responsibilities from the DHSSPS to the strategic authority,
- ❖ The DHSSPS will continue to oversee policy and to lead for public health in NI,
- ❖ There will be a significant public health focus at the strategic authority level,
- ❖ Disseminating NI's limited public health (or health protection) resources across 7 local agencies is unlikely to be sustainable in the future,
- ❖ However retaining public health input at a local level is important

Based on these assumptions the following proposals are put forward:

The focus for health protection in Northern Ireland should be a single specialised entity at regional level, based on the existing CDSC(NI) regional function,

The focus should be aligned with the strategic authority,

The focus should incorporate all current health protection staff and resources,

Health protection staff, although located with the regional unit should retain a local base aligned with local public health to preserve local contacts and knowledge,

The regional health protection service should have strong links with the Health Protection Agency while having the flexibility to develop partnerships with other agencies in Scotland and Ireland.

The health protection service should have clear understandings and Service Level Agreements with the public health community,

The CMO / DHSSPS should sponsor a health protection advisory committee that would oversee the governance and accountability of health protection with full input from both public health and health protection representatives,

In implementing any new configuration more resource in environmental health and health emergency planning should be brought in (by secondment of appropriate staff) to commence the development of these specialist areas in NI.

The relationship with the strategic authority is critical and could be delivered in one of three ways:

The health protection service could be part of the strategic authority, if that is where public health sits,

The service could be seen as a “provider” service located in a local Trust and commissioned by the strategic authority,

The service could be provided by an external agency such as the HPA or HPS as a commissioned service with the regional tier aligned with the strategic authority, a local presence by “hot-desking” with local public health or LA, and with supra regional specialisation and capacity guaranteed through the relationship with the parent agency. Surge capacity could also be enabled through service level agreements with local public health.

Although it was not possible to carry out an option appraisal in the time available and without more detail on the RPA outcome, the following observations on the three options can be made:

Having health protection as part of the strategic authority may provide the best way of keeping it integrated with public health but may be inconsistent with the organisational philosophy of the strategic authority if its focus is on commissioning and performance management. Although health protection issues need to inform and influence commissioning, health protection is essentially a “provider” function not a commissioning function.

Placing health protection in a Trust as a provider service may provide the best fit with the emerging philosophy but it will emphasise the separation of health protection from public health. Within a NI Trust the health protection function would need to have guaranteed strong service level agreements with external agencies such as the HPA and HPS to provide the specialised support necessary.

Having health protection as a regionally commissioned service may provide the best opportunity to develop a specialised, resilient service that reaches out to work with local and regional public health and reaches back to deliver UK national level resources to NI. However it needs to be confirmed that this model will fit with the emerging philosophy of the RPA arrangements and the strategic authority. Within this model arrangements to allow Health Protection to influence commissioning, where appropriate, would need to be developed (as is already the case with the HPA in England) and agreements with local and strategic public health teams would be necessary.

Brian McCloskey
Chair, Health Protection Sub-Group
December 2005

TERMS OF REFERENCE FOR HEALTH PROTECTION SUB-GROUP

To consider the recommendations contained in the Summary of the Review of Public Health Function in Northern Ireland relating to Health Protection and provide to the Implementation Group:

- a Project Plan by end of September 2005;
- an interim Progress Report by end of December 2005; and
- Final Action Plan/Report by end of March 2006.

The review recommendations are high level and in drawing up the Action Plan and Reports the sub group will:

- consider the Review recommendations and determine how best they might be achieved, identifying a range of short, medium and longer term actions; identify the timetable, resource requirements, barriers to implementation and actions needed to ensure effective achievement of the Review recommendations for Health Protection.

Health Protection Sub-Group - Membership

<p>Chair: Prof Brian McCloskey Deputy Director Local & Regional Services Health Protection Agency 6th Floor, New Court 48 Carey Street London WC2 2JE</p>	<p>Ann Gardiner Infection Control Nurse United Hospitals 45 Bush Road Antrim BT41 2RL</p>
<p>Mr Willie Francey Director of Health & Environmental Services Belfast City Council City Hall Donegall Square Belfast BT1 5GS</p>	<p>Dr Paul Darragh Department of Public Health Eastern Health & Social Services Board 12-22 Linenhall Street Belfast BT2 8BS</p>
<p>Dr Brian Smyth Communicable Disease Surveillance Centre Belfast City Hospital Lisburn Road Belfast BT9 7AB</p>	<p>Dr Anne-Marie Telford Director of Public Health Southern Health & Social Services Board Tower Hill Armagh BT61 9DR</p>
<p>Dr Richard Smithson Consultant in Communicable Disease Control Western Health & Social Services Board 15 Gransha Park Londonderry BT47 6TF</p>	<p>Dr Edward T M Smyth Director NI Healthcare Infection Surveillance Centre Kelvin Buildings Royal Victoria Hospital Grosvenor Road Belfast BT12 6BA</p>
<p>Professor Peter Jarritt Chief Executive Medical Physics Agency Royal Victoria Hospital Grosvenor Road Belfast BT12 6BA</p>	