

DEPARTMENT OF HEALTH SOCIAL SERVICES AND PUBLIC SAFETY

Project Initiation Document (PID)

Reform of the HPSS: Public Health Functions Project

1. Purpose

- 1.1 To identify and make recommendations to the Reconfiguration Programme Board on how the public health function will be delivered and sustained within the reformed Department of Health Social Services and Public Safety (“the Department”) and Health and Personal Social Services (HPSS) and other new organisations. The project will take account of the Review of the Public Health Function and its recommendations on strengthening the public health function across the three domains of public health (see 2.7).

2. Strategic Context

Review of Public Administration

- 2.1 The consultation period on the Review of Public Administration (RPA) ended on 30 September 2005. The RPA proposals were designed to ‘transform the way in which public services are developed, organised and delivered, with a view to enhancing both political and financial accountability, as well as improving efficiency and cost effectiveness.’
- 2.2 Proposals for reform of HPSS announced by the Minister, following the RPA, will result in:
 - The establishment of a Strategic Health and Social Services Authority (SHSSA), to replace the 4 Health and Social Services

(HSS) Boards, and take on some functions currently with the Department. The Health Promotion Agency will also be incorporated in the SHSSA. The creation of 7 Local Commissioning Groups (LCGs), which will be local offices of the SHSSA, and be co-terminous with the proposed new Councils in order to facilitate joint planning.

- A reduction in the number of Health and Social Services Trusts from 18 to 5 and a reduction in the number of Agencies.
- The creation of a new Patient and Client Council.

2.3 In order to ensure that this programme of reform and modernisation is delivered a Reconfiguration Programme Board has been established and has identified a number of main work areas (projects) under the overarching headings of:

- Human Resources
- Social Services
- Management Structures
- Finance
- Performance Management
- Shared Services
- Planning and Commissioning
- Communications
- Public Health Functions
- ICT

2.4 It is expected that the reform of the HPSS should yield significant cost and efficiency savings. The size of the Department will be reduced as a result of the above developments.

Investing for Health Strategy

- 2.5 The Investing for Health Strategy, which was published in 2002, set out Northern Ireland's long-term public health goals, objectives and targets. The overall aims of the strategy are to improve health and well-being and reduce health inequalities. The strategy recognises the need to address the wider determinants of health and to be responsive to population health needs.
- 2.6 To achieve these objectives and targets a range of strategic frameworks, strategies and plans for cross-departmental and intersectoral co-operation and delivery has been developed. These are supported and delivered, inter alia, by the Ministerial Group on Public Health, Investing for Health Partnerships, Drug and Alcohol Coordinating Teams and Health Action Zones.

Review of the Public Health Function in Northern Ireland

- 2.7 The Review of the Public Health Function, which was published in December 2004, provides a detailed analysis of the public health function in Northern Ireland. The Review identified that the public health function operates best when the three domains of service development, health improvement and health protection are undertaken in an integrated manner. It also identified a set of shared values, and principles to guide the development of the public health function in Northern Ireland. These are attached at appendix 1.
- 2.8 The Review of the Public Health Function recognised the multi-disciplinary and intersectoral nature of public health and made eight

recommendations designed to strengthen the public health function at inter-departmental, departmental, regional, local, community and neighbourhood level. During 2005, four implementation sub-groups were established to progress the recommendations of the Review. These sub-groups have now all produced reports, which will inform the work of the Public Health Functions Project Team.

3. Outline time frame for HPSS Reform

3.1 The timeframe established for the reforming the HPSS includes:

- SHSSA being fully operational by **April 2008**, with a 4-Board Steering Group in place by Spring 2006. LCGs being fully operational by **April 2008**, with shadow arrangements in place by Autumn 2006.
- The 5 new Health and Social Services Trusts being fully operational by **April 2007**, with shadow arrangements in place by April 2006.
- The Patient and Client Council replacing the existing 4 HSS Councils by **April 2008**;

4. Project Objectives

4.1 The Public Health Functions Project will, in the context of the reform of the HPSS, and taking account of the Review of Public Health Function in Northern Ireland and the Investing for Health Strategy aim to:

- identify how to commission, deliver and sustain the public health function efficiently and effectively;
- describe and support the implementation of arrangements which will provide strong leadership and clear lines of accountability for public health responsibilities.

5. Scope and Interfaces

5.1 The Public Health Functions Project will address all the issues necessary to ensure the delivery of the public health function. It will not specifically address those issues that are to be considered by other Project Teams such as Management Structures, Human Resources, Performance Management and Planning and Commissioning. Although it may wish to advise these groups on specific public health aspects of their remits.

5.2 It will also establish appropriate interfaces with the groups charged with progressing legislative changes and with Departmental restructuring. The Public Health Functions Project will consider Departmental arrangements in so far as they relate to public health responsibilities.

5.3 In addition, given the cross-departmental nature of public health, the Project Team will establish, as appropriate, links with reform projects in other government departments and, in particular, with the projects to reform local government in Northern Ireland.

6. Key Deliverables

6.1 The Public Health Functions Project will produce recommendations for the Reconfiguration Programme Board setting out how public health leadership should be exercised and services should be commissioned and delivered within the new structures and arrangements, including during the period of transition. This will include maintaining the emergency response capability throughout.

6.2 The recommendations will address:

- levels at which the public health function should be commissioned and delivered, including the workforce development and training implications;
- mechanisms for ensuring strong leadership, clear accountability and quality of the commissioning and delivery of public health outcomes;
- the incorporation of the Health Promotion Agency in the new SHSSA;
- delivery mechanisms for Investing for Health, including clear lines of accountability and enhanced integration with partner organisations;
- relationships with local government in relation to community planning, the power of well-being and environmental health;
- any legislative implications of the above.

7. Milestones

7.1 Critical timelines, within the overall reform of HPSS project, which have informed the milestones for the Public Health Functions Project, include:

- completing a detailed description of the overall role and responsibilities of the organisations directly affected by the reform of the HPSS by March 2006; (Management Structures Project)
- deciding on the functions to move from the Department to the SHSSA by June 2006 (Management Structures Project);
- setting out the commissioning approach in the new organisation structure by June 2006 (Planning and Commissioning Project)
- preparing and consulting on primary legislation by September 2006 (Legislation)

7.2 Based on the above timelines, the overall project timescales detailed at section 3 of this document, and an assessment of the deliverables that the Project is required to provide, the following initial project milestones have been identified.

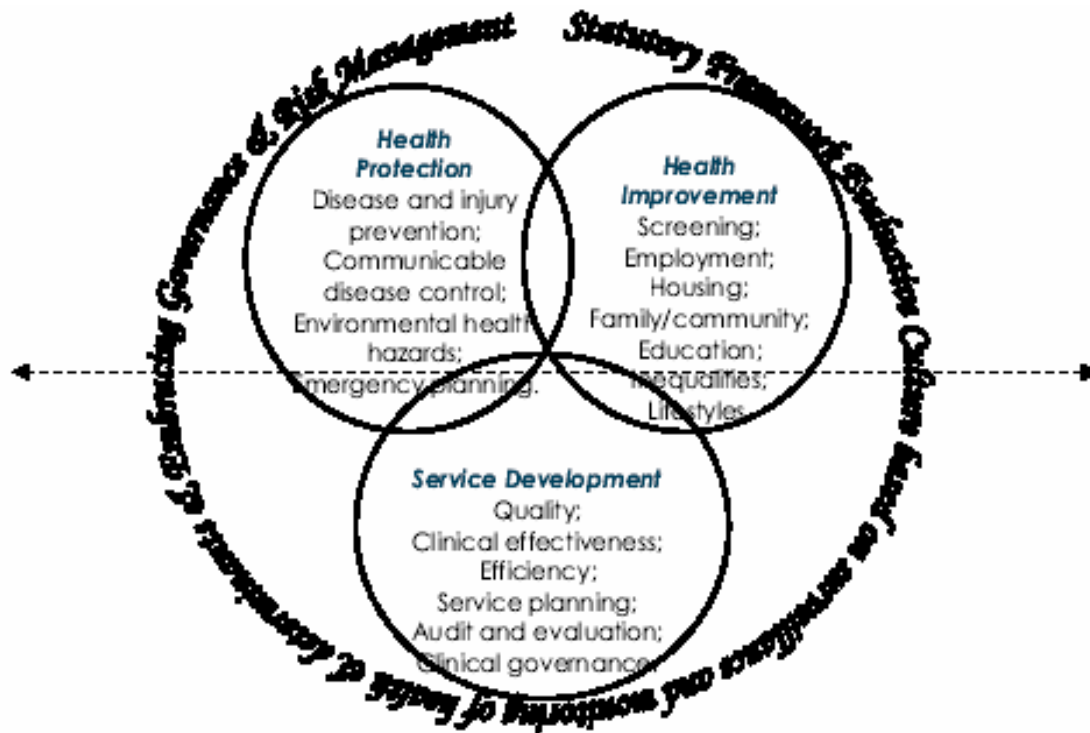
- | | |
|---|-------------------|
| ▪ Establish Public Health Functions Project Team (see appendix 2) | 27 January 2006 |
| ▪ 1 st Meeting of Project Team | 3 February 2006 |
| ▪ Production of agreed PID | 10 February 2006 |
| ▪ Draft Project Plan | End February 2006 |
| ▪ Development of preferred options for stakeholder consideration | End February 2006 |
| ▪ Presentation of proposed arrangements to Board | End March 2006 |
| ▪ Identification of legislative requirements | End April 2006 |

8. Risk Management

- 8.1 A preliminary outline of the risks to the delivery of the Public Health Functions Project is attached at appendix 3.

Review of Public Health Functions

The Three Domains of Public Health



Shared Values

- Public health is a shared responsibility.
- Public Health involves the contribution of the many: medical and non-medical; statutory, voluntary and community; in providing services to improve the health of the population.
- Health and Personal Social Services' organisations should provide leadership and work in partnership with other organisations to ensure the design and delivery of programmes and services which; promote, protect and improve the health of the population and reduce health inequalities.
- Public Health delivery should be grounded in accountability, transparency and participation.

Principles

- i. Public Health is a multidisciplinary activity and needs to influence and involve all sectors of society to achieve its goals.*
- ii. The Public Health function must be clearly responsible for defined populations.*
- iii. The prime responsibility for the Public Health function is to the population served; to act to protect, promote and improve its health.*
- iv. The Public Health function must strive to ensure equality of health outcomes for all the people in the area for which it is responsible.*
- v. The roles and responsibilities of all organisations involved must be clearly defined and understood and supported by appropriate statutory instruments and documented policies.*
- vi. The Public Health function must be located where it can influence all available approaches to protect and improve health.*
- vii. The three interlinked strategic approaches to public health, health protection, service improvement and health improvement are all essential components of an effective Public Health function.*
- viii. The leader of the Public Health function for a defined population should be able to effectively use all three strategic approaches to ensure maximum health protection and improvement and should be supported by a team of sufficient critical mass.*
- ix. All Public Health activity must be underpinned by evidence and sound health information about the population.*
- x. Public Health Departments need to have practitioners/ specialists who are skilled and up to date in the ten key competencies and who participate in effective appraisal systems.(It is accepted that in a multidisciplinary workforce, not all practitioners will need to be up-to-date in all ten competencies)*

Proposed Membership of the Public Health Functions Project Team

- Dr Elizabeth Mitchell, Principal Medical Officer, DHSSPS (Chairperson)
- Dr Brian Smyth, Communicable Disease Surveillance Centre, Belfast City Hospital
- Dr Ann-Marie Telford, Director of Public Health, Southern Health and Social Services Board
- Mr Michael Donaldson, Consultant in Dental Public Health, Northern Health and Social Services Board
- Dr Brian Gaffney, Chief Executive, Health Promotion Agency for Northern Ireland
- Ms Elaine O' Doherty, Investing for Health Manager, Northern Investing for Health Partnership
- Mrs Angela McLernon, Assistant Director of Nursing, North and West Belfast Health and Social Services Trust
- Dr Richard Smithson, Consultant in Communicable Disease Control, Western Health and Social Services Board
- Mr Willie Francey, Director of Health and Environmental Services, Belfast City Council
- Dr Janet Little, Northern Ireland Affairs Committee of the Faculty of Public Health

Preliminary Risk Register

Risk	Management
<p>Systems necessary to respond to public health emergencies are disrupted/not in place</p>	<p>Compliance with legislative timetable</p> <p>Review of systems and staffing at each stage of transition</p> <p>Systems for effective communication with key stakeholders developed</p> <p>(see also risk in relation to loss of knowledge, experience and capacity)</p>
<p>Loss of knowledge, experience and critical capacity</p>	<p>Early, regular and effective communication with stakeholders on proposals and implications</p> <p>Regular liaison with HR Project</p> <p>Review of systems and staffing at each stage of transition</p>
<p>Lack of support for proposals from key stakeholders (including Project Team)</p>	<p>Representation of key interests on Project Team</p> <p>Clear role for Project Team</p> <p>Briefing for Project Team on role and decision making processes</p> <p>Proposals build on Review of Public Health</p> <p>Agree criteria for assessment of options</p> <p>Effective engagement process developed</p> <p>System for challenge and quality assurance of proposals developed</p>

Risk	Management
<p>Recommendations are not acceptable to the Board as they do not fit with overall structures or as a result of their financial implications</p>	<p>Regular communication with Board and other Project Teams</p> <p>Briefing for Project Team and stakeholders on constraints</p> <p>Identification of opportunities for efficiency when developing proposals</p> <p>Identification of supporting information, based on the Review of Public Health, in relation to the financial implications of proposals</p>
<p>Recommendations are not developed in time to inform Board decisions</p>	<p>Early agreement on Project Plan</p> <p>Early identification of issues within the Review of Public Health that do not fit within the scope of the project</p> <p>Regular communication with Board and Project Teams</p> <p>Proposals build on Review of Public Health</p>
<p>Recommendations are not implemented in line with model agreed by Board</p>	<p>Briefing for legislation team clearly defines critical roles and responsibilities</p> <p>Briefing on management and accountability arrangements clearly defines critical aspects of the model on which local deviation would not be appropriate</p> <p>Effective communication of rationale for the recommendations and of the benefits of their implementation</p>