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Iechyd Cyhoeddus
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Iechyd Cyhoeddus Cymru

Rhif 2 Capital Quarter, Stryd Tyndall,
Caerdydd CF10 4BZ

Public Health Wales

Number 2 Capital Quarter, Tyndall Street,
Cardiff CF10 4BZ

☎ Llinell Uniongyrchol/ Direct Line: 02920 104300
Ebost/ Email: tracey.cooper3@wales.nhs.uk

Our Ref: TC.CS.240821.AG

PRIVATE AND CONFIDENTIAL

Dr Andrew Goodall
Director General for Health and Social Services/
Chief Executive of NHS Wales

24 August 2021

Dear Andrew,

**Transfer of Local Public Health Teams From
Public Health Wales to Local Health Boards**

In our Annual Plan submission for 2021/22, we outlined our ambitions to drive forward our role in providing system leadership, advice and solutions to help mitigate and address the pre-existing population health challenges that Wales faced before the coronavirus (COVID-19) pandemic. We also outlined our focus on the means through which we can support and mitigate the broader population harms, inequalities and inequities that have occurred through the pandemic.

In this respect, the Board has considered how we are organised and what improvements we could make to galvanise our assets and skills to best tackle these population harms.

As a result of these considerations, during 2021/2022 we are bringing together our *Health and Well-being Directorate* and our *World Health Organization Collaborating Centre on Investment for Health and Well-being* into a single combined directorate under the leadership of Professor Mark Bellis. This will position us in a way that can best support the Welsh Government, our partners and the public in creating a healthy and sustainable Wales. We want to apply these changes through the year as we continue to travel through the pandemic, engage and support our staff and work effectively with our partners.

We have discussed with the health board Executive Directors of Public Health around the system requirements, and how our collective assets should be organised. These discussions have been fruitful and reflective of joint learning from the pandemic.

In considering the role of Local Public Health Teams (LPHTs), the Board acknowledged that, prior to the pandemic, there was a key need for a specialist public health resource embedded locally – this has been of paramount importance during the pandemic. Reflecting on this collective learning, and the system-wide challenges we face around the long-term impact on population health, our Board considers that now is the appropriate time to align the LPHT resources fully in order to support health boards and the wider system. This means transferring the staff within the LPHTs into the direct employment of their respective health board from where the Directors of Public Health have been directing and managing them since the establishment of Public Health Wales in 2009.

In coming to this view, the Board has taken account of our need to:

- 1. Develop and establish our optimum design** - to enable us to be fit for purpose in tackling the challenges ahead and to enable us to deliver what our stakeholders require from us in the medium and longer term. Our Board has agreed to focus on:
 - ❖ *'Doing only what we should (and could) do'* – this means considering what activities and attributes we should focus our talents and skills on, for the maximum contribution to transforming health in Wales, based on specialist skill sets now and in the future
 - ❖ determining how best we should organise ourselves to deliver what is required of us.
- 2. Continue our evolution as a National Public Health Institute** - the Board has agreed that our focused activities and attributes for our next phase of evolution should be focused on:
 - ❖ Providing system leadership across the breadth of public health.
 - ❖ Generating, synthesising and presenting population data and surveillance, evidence-based public health advice and interventions to inform policy and action.
 - ❖ Developing the once for Wales population health frameworks, standards, guidance and resources.
 - ❖ Building local and regional cross sector capacity and capability for and with our partners through accessible data, education, training, development, resources and tools.
 - ❖ Convening national and international collaborations, partnerships and programmes to galvanise targeted action.
 - ❖ Embedding a vibrant culture of evaluation and research across all activities.

- ❖ Providing and leading transformational Health Protection, Microbiology and Screening services.

3. Further improve system governance and accountability for the management of local public health resources. In its 2017 review¹, the then Wales Audit Office (WAO) found that *"...collaborative arrangements for managing local public health resources do not work as effectively as they should do."* The WAO's recommendations included clarifying and strengthening the governance arrangements set out in the 2009 NHS reforms in Wales. While significant progress has been made - including a recalibration of the LPHT financial resources – it is acknowledged that challenges remain in this mixed governance model.

4. Support the optimisation of the resources across an integrated public health system - the Board acknowledges that LPHTs represent a local specialist public health resource that has evolved and increased with varying additional investment from each respective health board. The pandemic has brought into focus the availability of sufficiently qualified locally embedded specialist public health staff and also the pivotal role of local authorities which could contribute further as part of a broader integrated public health system, building on the strengths of partnerships in Public Services Boards and Regional Partnership Boards. We are working closely with health boards, local authorities and Welsh Government colleagues in relation to this opportunity.

In light of these areas of focus, the Board considers that the full responsibility for LPHTs should transfer to health boards at this time because:

- ❖ health boards have Executive Directors of Public Health (with the appropriate experience and knowledge) providing public health expertise and accountability at Board-level, coupled with a statutory responsibility for the population health of the communities they serve
- ❖ Executive Directors of Public Health, employed by health boards, have directed and managed the LPHT resource (mainly employed by Public Health Wales) since 2009, as directed by the former Director General for Health and Social Services
- ❖ each health board has made varying additional investment in its LPHT by means of additional roles – funded in whole or in part by them, and consequently the LPHTs are already a mix of Public Health Wales and health board staff
- ❖ a key activity and skill set of LPHTs is to provide public health advice and expertise to health boards in the area of 'Healthcare Public Health' which is focused on a public health approach to optimising primary and secondary healthcare services

¹ *Collaborative Arrangements for Managing Local Public Health Resources (2017)*

- ❖ the workforce and financial resources are already allocated across the seven health board areas and managed by the Directors of Public Health. Consequently, the transfer of this function can be managed through an adjustment to core finance allocations together with a planned Transfer of Undertakings (Protection of Employment) (TUPE) process. Keeping the approach simple will support our staff through the change and ensure that each health board retains its critical mass of local public health expertise to support local partnership working at a regional level.
- ❖ following the WAO report findings, the Chief Medical Officer clarified the architecture of the public health system in Wales. Since that time, there has been a natural evolution of the system into a more mature state. This has established local leadership and more robust local public health infrastructure under the leadership of the Executive Directors of Public Health working within a wider coordinated system.

In this respect, confidential discussions have taken place with all health board Chief Executives and Executive Directors of Public Health to explore the potential transfer of resources. Our Chairperson has also had confidential conversations with health board Chairs who are also supportive. The discussions have been very positive, constructive and the proposal to transfer the LPHTs into health boards is unanimously supported by them. However, I think it is important to note that have not engaged directly with our LPHT staff at this stage.

Overall, the proposed change would affect 148.25 WTE staff and be managed as a TUPE process. The budget to be transferred from Public Health Wales' balance sheet to health boards is approximately £9.35m.

In summary, the Board has considered carefully whether, in light of the future direction for Public Health Wales, and for the optimal public health system across Wales, the LPHTs should transfer to health boards. It has recognised and agreed that the time is appropriate to transfer the LPHTs into the local delivery system and has identified that a transfer into health boards would be the most appropriate organisation for LPHTs for the reasons outlined above.

The Board is therefore seeking the consideration and consent of the Minister for Health and Social Services to transfer the Local Public Health Teams from Public Health Wales into health boards and to note that this is supported unanimously by Chief Executives and Executive Directors of Public Health in the health boards. If the Minister is in agreement with this proposal, your advice on how to proceed would be very much appreciated. We will then commence the engagement with our staff and work collaboratively with health boards with the aim to conclude the transfer by the end of the financial year.

If you have any questions then please do not hesitate to contact me directly.

Yours sincerely,



Dr Tracey Cooper
CHIEF EXECUTIVE

Copy: Dr Frank Atherton, Chief Medical Officer
Jan Williams, Chairperson, PHW
Huw George, Deputy Chief Executive, PHW

Rydym yn croesawu gohebiaeth yn Gymraeg
We welcome correspondence in Welsh