

To: Government Office Regional Directors
Strategic Health Authority Chief Executives

Copies: Strategic Health Authority Chairs
DH Directors General
DCLG Directors General Neil Kinghan and Joe Montgomery
Regional Directors of Public Health
National Director for Social Care
CSIP Directors

3 August 2006

Dear Colleague

STRENGTHENING REGIONAL PARTNERSHIPS FOR HEALTH AND WELL-BEING

This letter describes the new national framework for the Department of Health's (DH) regional presence. It asks you to work together to agree how you will support delivery of the key national public health priorities, and develop a memorandum of understanding and annual agreement for the remainder of 2006/07; describes the next steps in the DH's review of its regional presence, and seeks your help in developing a framework for the work of the DH's enhanced regional presence in 2007/8.

The establishment of new Strategic Health Authority (SHA) boundaries has provided the opportunity to combine public health teams located with Government Offices (GO) for the Regions, with those in SHAs. In May, the DH published the key strategic roles, functions and accountabilities of SHAs and Primary Care Trusts. We now wish to clarify the supporting roles and functions of DH's regional presence alongside each GO and the terms for their partnership with their SHA(s), and in the case of London, the GLA.

The letter from the Chief Medical Officer of 29 March 2006 set out plans for a national framework agreement, and for memorandums of understanding and annual agreements to be developed jointly by the GOs and SHAs to set out how national priorities for health and well-being will be delivered within this context.

This letter outlines how we hope you will now develop the working relationship between your GO and SHA(s), building on existing partnerships and work within your region. Given that many appointments have only been made recently, this will inevitably be an early step in a process of development towards the DH's expanded regional presence in 2007/08.

National framework for DH's presence in the regions

The national framework for DH's presence in the regions (attached at *Annex A*) has been agreed between DH and Department for Communities and Local Government

(DCLG), in consultation with GO and SHA representatives. It sets out our shared expectations of the functions and roles for the current DH regional presence located with each GO.

We hope you will apply the national framework to fit your region's context by agreeing specific aims for improved health and well-being across your region, and the working arrangements to achieve this, through a memorandum of understanding, and annual agreement for 2006/07. *Annex B* sets out a basis for this. You will no doubt wish to engage with PCTs, local authorities and other local organisations in this work. We would ask SHA Chief Executives and GO Regional Directors to write to them explaining the approach set out in this letter and your proposals for involving them.

In the first instance, to cover the remainder of the current year, you will want to focus on your region's priorities for public health. With that in mind, a list of national public health priorities and key DH and cross-Government strategies is set out at *Annex C*, with further information on priorities for 2006/07 and PSAs at <http://www.dh.gov.uk/healthreform>

Business planning and performance management

In his letter of 29 March, the Chief Medical Officer confirmed that Regional Directors of Public Health will work as part of the GO business planning process, under the direction of each SHA Chief Executive and the Regional Director of each GO. In this context, we expect that the GO's Online Performance Management System (OPMS) will be used as a mechanism for business planning and monitoring for health and well-being goals, and intend to use this as the basis for monitoring performance and for accountability purposes. The Regional Coordination Unit, with DH and the NHS, will be developing OPMS over coming months to enhance its use for this purpose.

Next steps in the Department of Health's High Level review

Antony Sheehan wrote to you on 16 June 2006 outlining the emerging proposals on DH's regional presence arising from its High Level review.

Over the next few months, we will be moving into the second phase of the review. This will include the following elements:

- a review of all regional improvement resources to agree roles and functions from 2007/08
- evaluation of the Commission for Social Care Inspection and Care Services Improvement Partnership *Adult Social Care Protocol*
- recommendations for future deployment of our regional social care presence in 2007/08
- proposals for leadership of the department's regional presence in 2007/08

- consideration of a single regional portal for communication and development of regional communications networks between DH, GOs and SHAs
- a review of the potential for stronger partnership working between the DH's regional presence and Regional Development Agencies

Proposals emerging from this review will be aligned with and support implementation of the recommendations of the *Review of Government Offices* published in March 2006. We recognise that GOs and SHAs are implementing significant structural changes, and will take account of this.

Framework for Devolution and Accountability

The DH aims to complete this work by late autumn, to support the development of its *Framework for Devolution and Accountability* for 2007/08. This will set out what the enhanced DH regional presence is expected to deliver next year and in subsequent years. We are keen to ensure that it is directly informed by your experience of partnership working in 2006/07.

The DH will contact you in late autumn to discuss your experiences of developing partnership arrangements this year, and next steps. It will use this experience to inform the development of the Framework and follow this up with 'stewardship' meetings in the New Year for each region, to discuss your plans for further development of the regional presence in 2007/08. We will be especially interested in your partnership work to date, and in the development of regional resources to lead on adult social care. We will be in contact regarding these meetings.

The DH will also discuss with you over the next few months the lead role that each RDPH and SHA might take in coordinating, across all regions, the delivery of a cross-cutting priority area at regional and local levels, taking account of the existing lead roles of GO Regional Directors.

We look forward to receiving a memorandum of understanding, and annual agreement for the remainder of 2006/07, **by the end of October 2006**. Please send these to Antony Sheehan and Fiona Adshead at the DH, copied to Anne-Marie Field at RCU. We recognise that you will be working against a background of an evolving DH regional role, but hope that your development of partnership arrangements, and our discussions with you in this context, will contribute to more comprehensive and refined agreements between the GO and SHA from 2007/08.

Finally, we would like to thank you for the support and commitment you are giving to ensure that the DH develops its regional presence in an effective manner and serves to improve the delivery of public services and Government policies.

Yours sincerely

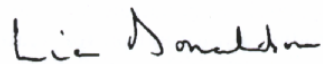


Hugh Taylor

Acting Permanent Secretary, Department of Health

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Peter Housden
Permanent Secretary, Department for Communities and Local Government

A handwritten signature in black ink, reading "Liam Donaldson". The signature is written in a cursive, flowing style.

Sir Liam Donaldson
Chief Medical Officer

A handwritten signature in black ink, reading "Ian Carruthers". The signature is written in a cursive, flowing style.

Sir Ian Carruthers
Acting NHS Chief Executive

NATIONAL FRAMEWORK

LEAD FUNCTIONS AND ROLES FOR THE DEPARTMENT OF HEALTH'S PRESENCE IN EACH GOVERNMENT OFFICE FOR THE REGION

**3 August 2006
Gateway number: 6951**

**Agreed by Department of Health and Department for Communities and Local
Government**

**NATIONAL FRAMEWORK:
LEAD FUNCTIONS AND ROLES FOR
THE DEPARTMENT OF HEALTH'S PRESENCE IN EACH GOVERNMENT OFFICE
FOR THE REGION**

Functions	Roles
<p>1. Provides strategic leadership on health and wellbeing for the region</p>	<p>(i) Leads regional health and well-being strategy alongside its SHA(s) and GO to ensure regional strategies and partnerships are demonstrably focused on outcomes set out in PSAs and key Government strategy documents, including <i>Our Health, Our Care, Our Say, Choosing Health, Every Child Matters</i>, and associated priorities for health improvement and protection, care services, resilience and assurance and sustainability, including emergency planning.</p> <p>(ii) Secures and supports regional and local delivery of Government's national priorities and targets for health, well-being and social care, optimising the use of levers within the GO to improve health and wellbeing, and developing regional capacity to strengthen integrated whole systems commissioning.</p> <p>(iii) Informs policy and strategy across health and social care to reflect regional and local interests, positively guiding and challenging policy development proposals advanced by Government.</p> <p>(vi) Manages corporate affairs working with national DH colleagues, SHAs and local authorities on communications, social inclusion, social marketing, reputation management and parliamentary business.</p>
<p>2. Enables improved outcomes in health and well-being through regional and local partnerships</p>	<p>(i) Supports and advises regional and local partners on health and well-being goals, and supports strengthening of capacity and partnerships for delivery of improved outcomes in health and well-being.</p> <p>(ii) Engages with partners to ensure effective and coordinated working between DH and key regional actors - through strengthened planning and decision-making processes - and ensures that partnership and area agreements achieve improved health and well-being outcomes through congruent LAA and LDP development. Where possible, ensures simplification and rationalisation of delivery chains.</p> <p>(iii) Informs regional partners' strategy by translating the DH's policy and priorities to inform regional priorities for improved outcomes in health and well-being; protecting health, and reducing health inequalities.</p>
<p>3. Enables monitoring and research to guide delivery of health and well-being goals</p>	<p>(i) Researches and evaluates, ensuring information, performance monitoring and research evidence informs policy and practice, enables the capture of innovation and spread of good practice.</p> <p>(ii) Monitoring and surveillance: ensuring the effective monitoring and surveillance, and management of health and care information, through regional public health observatories and development of effective partnerships with relevant information and surveillance systems, and effective use of information.</p>

**MEMORANDUM OF UNDERSTANDING AND ANNUAL AGREEMENT FOR
2006/07**

Your agreement will need to set out your working arrangements for your region to deliver national health and well-being priorities, and:

- consider how the roles and functions for the DH's regional presence across health and social care, set out in the national framework in Annex A, will be delivered
- agree the working arrangements for Regional Directors of Public Health in leading SHA and GO public health teams, with a workplan to outline how shared aims and deliverables will be achieved in the remainder of 2006/2007, with resourcing arrangements
- agree roles, responsibilities and accountabilities between the GO and SHA to:
 - deliver national priorities (these will include national priorities outlined in recent White Papers, such as *Choosing Health* and *Our Health, Our Care, Our Say*, the Department of Health's current PSAs (including those shared with other government departments) and joint priorities to deliver *NHS in England: the operating framework for 2006/2007*, and other relevant cross-government strategies
 - work in partnership in negotiating enhanced third round LAAs that enable converged LDP/LAA content and engage the dedicated support arrangements that the Care Services Improvement Partnership and the Commission for Social Care Inspection can provide for GOs and SHAs on adult social care
 - develop mechanisms for communication, liaison and cooperation, including working arrangements between GOs and SHAs on media, paid and internal communications and developing communications networks with regional partners
 - arrangements to ensure that health teams contribute to other relevant PSAs and processes in the GO, and that regional activity across the GO is aligned to achieve health and well-being outcomes, including those being led by SHAs

NATIONAL PUBLIC HEALTH PRIORITIES AND RELEVANT DEPARTMENT OF HEALTH AND CROSS-GOVERNMENT STRATEGIES

PSA targets on health improvement

- Reductions in mortality and health inequalities
- Obesity
- Tobacco
- Drugs
- Mental health
- Teenage pregnancy
- Sexual health
- Older people

Relevant NHS priorities

- Health inequalities – with a particular reference to smoking
- Sexual and GUM access

Health protection priorities

- Ensure that health emergency planning measures are in place
- Participating at local, regional or national level in pandemic flu planning
- Immunisation: maintaining and improving take up of childhood programmes and tackling differential take up between social groups
- Work with local authorities and businesses and other stakeholders to reduce risks to health from environmental hazards and public concern
- Increasing donor registration and organ donation rates
- Reduce demand for blood and blood products
- Meeting targets for reducing cases of MRSA

Further information on priorities for 2006/07 and PSAs can be found on <http://www.dh.gov.uk/healthreform>

Key Department of Health and cross-cutting government strategies

- *Choosing Health, Food and Health Action Plan, Physical Activity Action Plan* (DH)
- *Our Health, Our Care, Our Say* (DH)
- Healthy schools initiative (DH/DfES)
- *Every Child Matters* (DfES)
- Child care strategy / Sure Start (DfES)
- *A New Commitment to Neighbourhood Renewal* (DCLG)
- Strategy for delivering government's Sport and Physical Activity objectives (DCMS)
- *Opportunity Age - Opportunity and Security Throughout Life* (DWP)
- *Respect Action Plan* (Cabinet Office)
- *Improving Opportunity, Strengthening Society: the Government's Strategy to Increase Race Equality and Community Cohesion* (Home Office)
- *Alcohol Harm Reduction Strategy for England* (Cabinet Office)

- Crime reduction (Home Office)
- Social exclusion work (PMSU)
- *UK Influenza Contingency Plan* (DH)
- *Better Blood Transfusion (2)* (DH)

HEALTH AND WELL-BEING PRIORITIES FOR 2006/07

These support PSA delivery and Department of Health and cross-government strategies identified above and complement the Service Level Agreement between the Department of Health and Strategic Health Authorities

1. Tackling health inequalities

Secure effective local action within Spearhead areas to target groups at most risk to:

- implement community-based approaches to smoking cessation targeting routine and manual groups
- ensure scrutiny of cholesterol and blood pressure control
- deliver *NHS Health Trainer* and *Life Checks* programmes
- ensure all schools with >20% free school meals achieve the health schools standard in 2006

2. Improving sexual health

Ensure delivery of 48 hour genitourinary and abortion service access times (including commitments targeted to some specific PCT's)

Secure effective local action within teenage pregnancy 'hotspot' areas to:

- implement community-based teenage pregnancy prevention programmes
- involve Primary Care, Local Authorities, schools, the FE sector and job centres
- ensure at least 50% of schools have achieved the healthy schools standard

3. Tackle obesity

Secure local arrangements for the collection of school-based data on levels of obesity amongst school children involving all PCTs, LAs and primary schools¹

Initiate targeted regional initiatives to support co-ordinated NHS, local authority, school and wider community action at local level to achieve PSA target for childhood obesity in the context of a broader strategy to tackle obesity in the population as a whole and to promote healthy eating and physical activity and sport

¹ paying particular attention to the issues raised by NAO in *Tackling Child Obesity – First Steps* (2006), namely the need for a concerted effort to focus central and local delivery, administration and funding on the delivery of the obesity target

4. Reduce the harm caused by alcohol and encourage sensible drinking

Develop professional education and training programmes to provide skills and brief interventions for alcohol misuse

Establish joint pilot programme with Home Office in specified sites on brief interventions and alcohol misuse

5. Tackle drug misuse

Ensure alternative provision of drug treatment to 337 patients following probable closure of Stapleford private clinic in London (London and SE only)

Agree and plan implementation of arrangements to mainstream NTA functions within GO and SHA operations so as to ensure the continued delivery of national and local targets for drug treatment delivery within the NHS and criminal justice system

6. Reduce the numbers of people who smoke

Secure co-ordinated LA and NHS action to ensure people get best chance to quit in advance of and following the ban, including community-based approaches to smoking cessation targeting routine and manual groups, enforcement of legislation restricting under age sale and reducing availability of illicit and smuggled tobacco

Implement regional implementation and communication plans to support the overarching national strategy for the effective local implementation of the smoking ban for summer 2007

Sustain and develop regional tobacco coordination and support functions to assure the delivery of assure regional and local delivery objectives

EMERGENCY PLANNING PRIORITIES FOR 2006/07

Health contributions to regional and local planning arrangements for planning, response and recovery from major and catastrophic events, whether accidental or intentional

All healthcare organisations should have up-to-date and tested plans to deal with incidents, emergency situations and major incidents, in accordance with relevant guidance, including the Civil Contingencies Act 2004, *NHS Emergency Planning Guidance 2005* (DH 2005), *Beyond a Major Incident* (DH 2004), *Getting Ahead of the Curve* (DH 2002), and *Pandemic Flu: UK Influenza Pandemic Contingency Plan* (DH 2005)

HEALTH AND WELL-BEING PSAs

Improve the health of the population. By 2010 increase life expectancy at birth in England to 78.6 years for men and to 82.5 years for women.

This overarching objective is underpinned by the following specific targets:

Substantially reduce mortality rates by 2010:

- *from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole*
- *from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole*
- *from suicide and undetermined injury by at least 20%*

Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth:

- *starting with children under one year, by 2010 reduce by at least 10% the gap in mortality between 'routine and manual' groups and the population as a whole*
- *starting with local authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole*

Tackle the underlying determinants of ill health and health inequalities by:

- *reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine manual groups to 26% or less*
- *halting the year on year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole*
- *reducing the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health*

Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by:

- *increasing the proportion of older people being supported to live in their own homes by 1% annually in 2007 and 2008*
- *increasing by 2008, the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care*

Other relevant PSAs include:

- *Increase the participation of problem drug users in treatment programmes by 100% by 2008 and increase year-on-year the proportion of users successfully sustaining or completing treatment programmes*
- *Substantially reduce mortality rates by 2010 from suicide and undetermined injury by at least 20%*