

Wiltshire Council

Cabinet

6 November 2012

Subject: Public Health Transition Update

Cabinet member: Councillor Keith Humphries - Public Health and Public Protection

Key Decision: No

Executive Summary

This report provides an update on the Public Health transition project for the Wiltshire Public Health team. It covers an update from the work-streams including HR, finance, communications and IT.

The transfer is part of wider NHS reforms and timescales are subject to national milestones. A range of factsheets have been published by the Department of Health

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131897.pdf

Decisions are being taken in line with national guidance on the Public Health transfer and by using the Public Health Transition Project Board chaired by Councillor Keith Humphries, Cabinet Member for Public Health and Public Protection. The PCT and Council are represented on this project board and this feeds into the joint PCT cluster programme board. This report provides an update on the progress of the Public Health Transition, the content of which Cabinet members are asked to note.

Proposal(s)

The Cabinet is requested to note and approve this progress report

Reason for Proposal

Department of Health National Guidance.

Maggie Rae

**Corporate Director of Public Health and Public Protection
NHS Wiltshire and Wiltshire Council**

Subject: Public Health Transition Update

Cabinet member: Councillor Keith Humphries - Public Health and Public Protection

Key Decision: No

1. Purpose of Report

This report provides an update on the Public Health transition project for the Wiltshire Public Health team. It covers an update from relevant project work-stream, including HR, finance, communications and IT.

2. Background

2.1 This transition is part of the Health and Social Care Act , given Royal Assent on 27 March 2012, which provides the statutory basis for the transfer of a number of Public Health functions currently carried out by the NHS to local government on 1 April 2013. This builds on the 'One Council', 'One Wiltshire' approach to public health across the public, voluntary and business sectors, with health as part of a county-wide Joint Strategic Assessment which ranges over numerous quality-of-life issues. People and communities, rather than structures or individual services will be at the heart of the model for public health. The new model will draw on what local government is good at, i.e. engaging with communities. It will try to capture people's imagination about the life they want to lead and will provide not just health services, but healthy lifestyles.

2.2 The new role for Public Health and Wiltshire Council means that public health and protection services will be joined up for the residents of Wiltshire and enabling the delivery of these services more efficiently and effectively. This integrated model will bring together existing plans to improve the health of the local population.

2.3 The transition aims to avoid interruption to the provision of robust public health services which will continue to operate 24 hours a day, seven days a week. The public health team is dedicated to serving the local population and is prepared and available to deal with public health emergencies and incidents.

2.4 The Corporate Director of Public Health and Public Protection provides strategic leadership (together with the support of the senior staff) to deliver additional Council responsibilities in addition to the traditional Director of Public Health duties. These include community safety, environmental health, knowledge management, emergency planning and resilience, licensing, trading standards – over 150 frontline services. These services are all focused on improving the

quality of life and effective delivery systems that can improve and protect population health, particularly for the most vulnerable.

3. Main Considerations for the Council

3.1 Transition Plan

The Wiltshire Public Health transition plan was developed jointly between the PCT and the Council and submitted to the South of England SHA cluster in March 2012. As part of the SHA assurance process, the leader of the Council, along with the Cabinet Member for Public Health and Public Protection and the Corporate Director for Public Health and Public Protection, met with representatives from NHS South of England on 19th April 2012 and in the written feedback, the plan was commended for its comprehensiveness and has been held up as an example of good practice within the region.

Wiltshire's model of integrated Public Health and Public Protection, led by the Corporate Director of Public Health and Public Protection has been published as a case study on the Local Government Association resource "From transition to transformation in public health" http://www.local.gov.uk/web/guest/media-centre/-/journal_content/56/10171/3374673/NEWS-TEMPLATE

Following on from the positive feedback around the Wiltshire model for Emergency Planning, Response and Recovery, the leader of the council wrote to the Department of Health to invite a representative to come and see the arrangements in the county. As a result of this invitation, the Public Health Minister, Anna Soubry is due to visit Wiltshire to observe the model in operation. In addition, Duncan Selbie, Chief Executive Public Health England is scheduled to visit Wiltshire on the 1st February 2013.

The plan builds on the development and implementation of a joint working arrangement (JWA) setting out key elements of the locally agreed joint working initiatives which was approved by the Public Health Transition Project Board on 19 January 2012.

3.2 Project Structure

The project board continues to meet on a monthly basis and leadership of the sub-groups has now been passed from the PCT to the Council to reflect the changing dynamic and the desire for the Council to drive more of the activity as the receiving organisation. The structure of the project board is shown in Appendix A.

There are Public Health senior management team and specialist representatives for all of the sub-groups of the Project Board (see Appendix B). The risk register is reviewed prior to each project board, but any relevant risks are added as they are identified.

3.3 HR

It has recently been agreed by the PCT and Council that the Transfer of Undertakings (Protection of Employment) Regulations 2006 ('TUPE') will apply to the transfer of all staff fully assigned to the public health functions transferring to Wiltshire Council on 1 April 2013 under the Health and Social Care Act 2012.

A letter from the Department of Health and Local Government Association dated 17 May 2012 confirms the Local Government Association's view that staff who have access to the NHS Pension Scheme on 31 March 2013 should retain access to the NHS Pension Scheme on transfer.

There was a formal consultation for Public Health staff on both the transfer of employment to the Council and the physical relocation to County Hall in Trowbridge, this commenced on 1 August 2012. Consultation regarding the TUPE transfer will commence in November 2012.

3.4 Physical Relocation

The Transition Project Board has agreed that the Public Health team will relocate to County Hall in advance of the formal transfer in April 2013. The planned date for relocation is the first week of December 2012 and work is underway to prepare for the move. This early relocation of the Public Health team, complements the best practice guidance, Gateway reference 17711, Transitional Working Arrangements (12 June 2012).

Public Health will be incorporated into the Workplace transformation programme that is underway at the Council, preparing staff for the new ways of working in the flexible office environment.

Public Health staff will be located on the first floor of County Hall. Staff members from Public Health have been to view recently refurbished office space at County Hall and fed back to the broader team.

Care must be taken to ensure that any transitional arrangements made by the Council before that date are within the statutory powers of the Council. The current proposal to co-locate Public Health staff within the Council offices prior to statutory transfer is within the Council's general power of competence under the Localism Act 2011.

3.5 Finance

See financial implications section below.

3.6 Core Offer to CCGs

From April 2013 Clinical Commissioning Groups (CCGs) will have a duty to seek public health advice, and local authorities will have a duty to provide this advice to CCGs. This will be in the form of a "core offer" of specialist public health advice.

Although the provision of public health advice will be mandatory, the detail of the arrangement needs to be planned locally. The Department of Health (DH) published guidance encouraging CCGs and public health teams to explore and develop plans for how the CCG will make best use of public health expertise from local authorities in the new system. CCGs also need to demonstrate the ability to obtain advice from a broad range of professionals, including public health expertise, in order to become authorised.

The Department of Health has set out the following 3 key areas of specialist public health advice that should be provided to CCGs:

1. Strategic planning:
 - a. Assessing needs
 - b. Reviewing service provision
 - c. Deciding priorities
2. Procuring services
 - a. Designing shape and structure of supply
 - b. Planning capacity and managing demand
3. Monitoring and evaluation
 - a. Supporting patient choice, managing performance and seeking public and patient views

A memorandum of understanding covering these issues has been developed in conjunction with the Wiltshire CCG, Council and Public Health.

3.7 Assurance testing

As part of the assurance process for Transition, there is a requirement to demonstrate that continuity of service and resilient arrangements are in place for the following areas during transition:

- Emergency preparedness
- Information management

Wiltshire has a strong track record in all of these areas and is confident that the transition process will not affect the delivery of these services.

In addition, as part of the assurance process, it has recently been agreed that in the coming months, South West Audit Partnership will be completing an internal audit of the Public Health transition programme.

3.8 Communications and Engagement

The communications and engagement activity has been reviewed. Two Councillor seminars on Public Health were held in September and an Extended Leadership Team (ELT) session is planned for November. These sessions are being designed to help Councillors and Officers understand the Public Health function and statutory responsibilities and will include a presentation and question and answer session.

There will be broader engagement activities with articles in the Residents' magazine (October 2012 and January 2013) and a short film for area boards. Before the official 1st April transition date, there will be a Wiltshire-wide transition launch event across various channels.

All public health staff moving across to Wiltshire Council will receive a tailored induction later this year.

The existing Wiltshire Council induction for all new staff has been updated to include a section on Public Health and its integration within the Council. Briefing sessions for staff and managers will include information on the transition and role and functions of Public Health.

3.9 Information Technology

The IT component is crucial to the business continuity of the Public Health transition. The arrangements are complex, in part due to the patient level information used by Public Health but also with the need for continued interfaces with the wider health economy (acute hospitals and GP practices).

A mapping exercise has been completed to identify systems used by Public Health staff and this has been shared with the Council.

IT related risks are noted on the Public Health transition risk register and are reviewed on a monthly basis. The IT project plan is currently being updated to reflect the relocation of Public Health staff to Council offices in December 2012.

4. Environmental and climate change considerations

There are no known environmental and climate change considerations.

5. Equalities Impact of the Proposal

In August 2012, a second Equalities Impact Assessment (EIA) was completed to cover Phase 2 of the transfer - the physical relocation of the Public Health team (in December 2012) and transfer of employment (in April 2013).

6. Risk Assessment

The Public Health transition risk register is reviewed on a monthly basis by the project board and submitted to the PCT cluster transition programme.

The Public Health transition was included in the Council's Annual Governance Statement for 2011-12

The Public Health transition project board meets on a monthly basis to review progress. There is input to the PCT cluster reform tracker against Public Health milestones.

7. Financial Implications

7.1 For the financial year 2013/14, a direct ring fenced budget will be allocated to the Council to correspond with the statutory transfer of Public Health functions. For the current financial year 2012/13, expenditure and budgets remain within the NHS. A number of financial returns are being completed to help inform future budgets.

7.2 Current estimates for national Public Health spend in 2012-13 total £5.2bn, including £2.2bn on services that will be the responsibility of local authorities. The grant will be made under Section 31 of the Local Government Act 2003 and will carry conditions about how it may be used. The intention is for the grant to be spent on activities whose main or primary purpose is to impact positively on the health and wellbeing of local populations, with the aim of reducing health inequalities in local communities.

7.3 The grant conditions will set out the reporting requirements that local authorities will need to adhere to, over and above the standard reporting requirements. The public health grant will be subject to the standard local authority reporting arrangements, meaning Revenue Account Budget Estimates (RA return) will be completed for the forthcoming financial year and data on year

end outturn will be included in the Revenue Outturn return (RO return). In-year spend on public health will be included in the Quarterly Revenue Outturn (QRO) form from 2013/14. The public health annual spend will be broken down into approximately fifteen to twenty areas.

7.4 The amount allocated to local authorities for 2013-14 will not fall below the estimates published in February 2012 (other than in exceptional circumstances); for Wiltshire this is £11.868m. The intention is to publish actual Public Health ring fenced allocations for LAs in December 2012.

7.5 Health premiums are a proposed incentive scheme to improve population health outcomes and reduce health inequalities. Responses to the first consultation raised concerns there could be perverse incentives. This feedback, with the significant data lag for many outcomes means the first payments of health premiums will be delayed until 2015-16, the third year of LA responsibility for public health.

8. Legal Implications

The statutory framework and basis for the transfer of public health functions and public health staff to the Council are covered above.

A representative from the Council's Legal team attends the Public Health transition project board and has been involved in advising on all relevant aspects of the project, including staff transfer decisions.

9. Options Considered

Decisions are being taken in line with national guidance on the Public Health transfer and by using the Public Health Transition Project Board chaired by Councillor Keith Humphries, Cabinet Member for Public Health and Public Protection. The PCT and Council are represented on this project board and this feeds into the joint PCT cluster transition programme board.

10. Conclusions

The Public Health transition project is well advanced in Wiltshire and considered on track.

Maggie Rae

Corporate Director of Public Health and Public Protection

Report Author:

Aimee Stimpson

Associate Director of Public Health – Evidence and Intelligence

September 2012

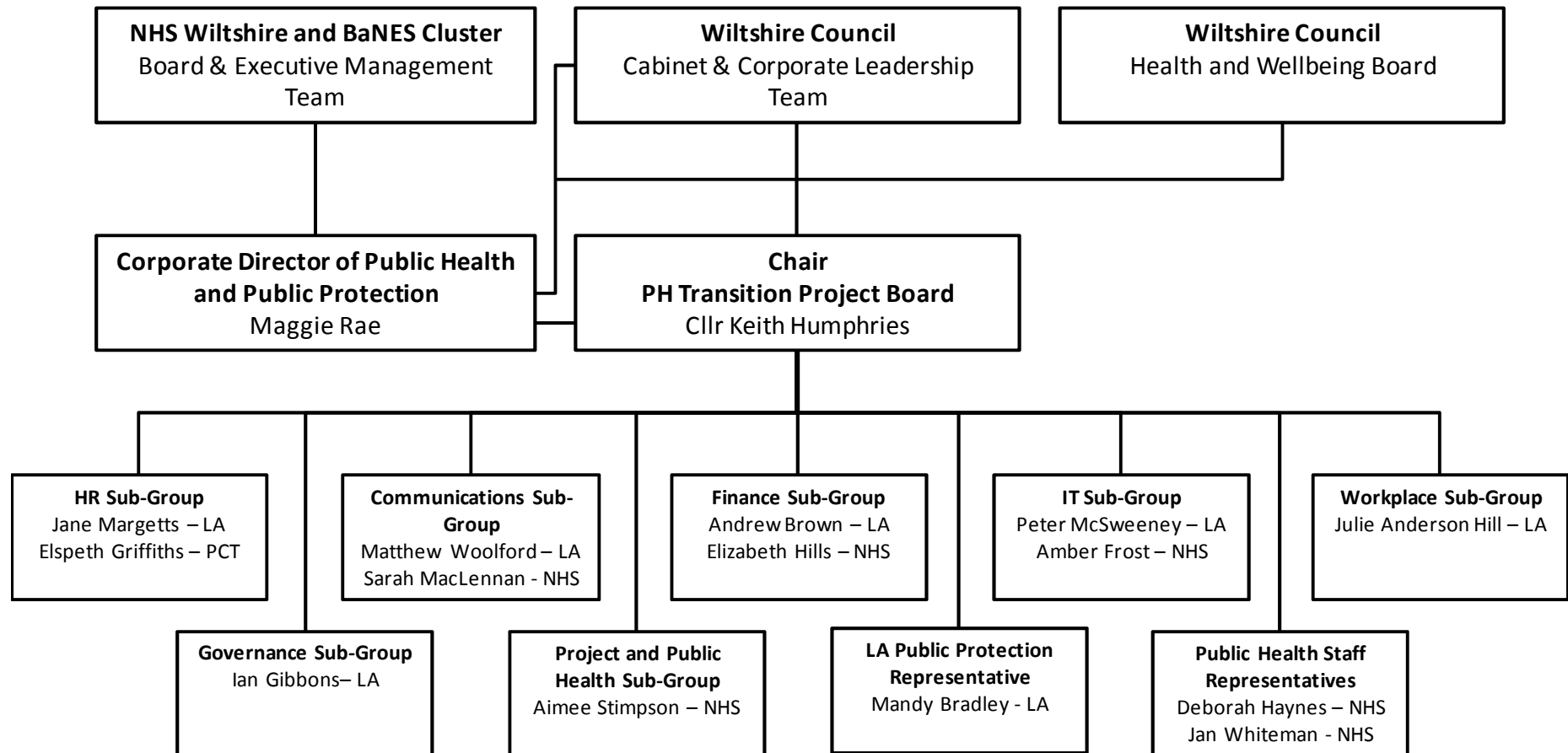
Appendices

Appendix A – Transition Project Board Structure and Responsibilities

Appendix B – Transition sub-group responsibilities

Appendix A – Transition Project Board Structure and Responsibilities

Wiltshire Public Health Transition Project Board



Appendix B – Transition sub-group responsibilities

Public Health - Transition Project Leads

Project Sub-Group	SMT Lead	Specialist Representative	Sub-Group Lead	PCT Lead
Project Management Office	Aimee Stimpson	n/a	n/a	n/a
IT	Deborah Haynes	Tom Frost (Vicky Storey)	Peter McSweeney	Amber Frost
HR	John Goodall	Issie Tucker	Jane Margetts	Elspeth Griffiths
Workplace	Darrell Gale	Margaret Winskill	Julie-Anderson-Hill	n/a
Governance and Legal	Frances Chinemana	Tbc	Ian Gibbons	Tbc
Finance	Amy Bird	Sally Johnson	Andrew Brown	Tbc
Communications & Engagement	Darrell Gale	Giles de Burgh/Mike Jones	Matthew Woolford	Sarah MacLennan
Inclusion	Frances Chinemana	Katie Currie	Dot Kronda/Sue Geary	n/a
PH Programmes	Nicola Cretney	Tracy Daszkiewicz/Kay Selman	n/a	n/a

