

Wiltshire Council

Health Select Committee

17th January 2013

Subject: Public Health Transition

**Cabinet member: Councillor Keith Humphries
Portfolio Holder for 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 of Public Health 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 in conjunction with 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 Health Select Committee is requested to note and approve this progress report

Reason for Proposal

Health Select Committee has set up a task force to look at the transition of public health to the local authority. It was also agreed that the Committee should receive regular reports on the integration of public health into the LA.

**Maggie Rae
Corporate Director
Wiltshire Council**

Wiltshire Council

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Purpose of Report

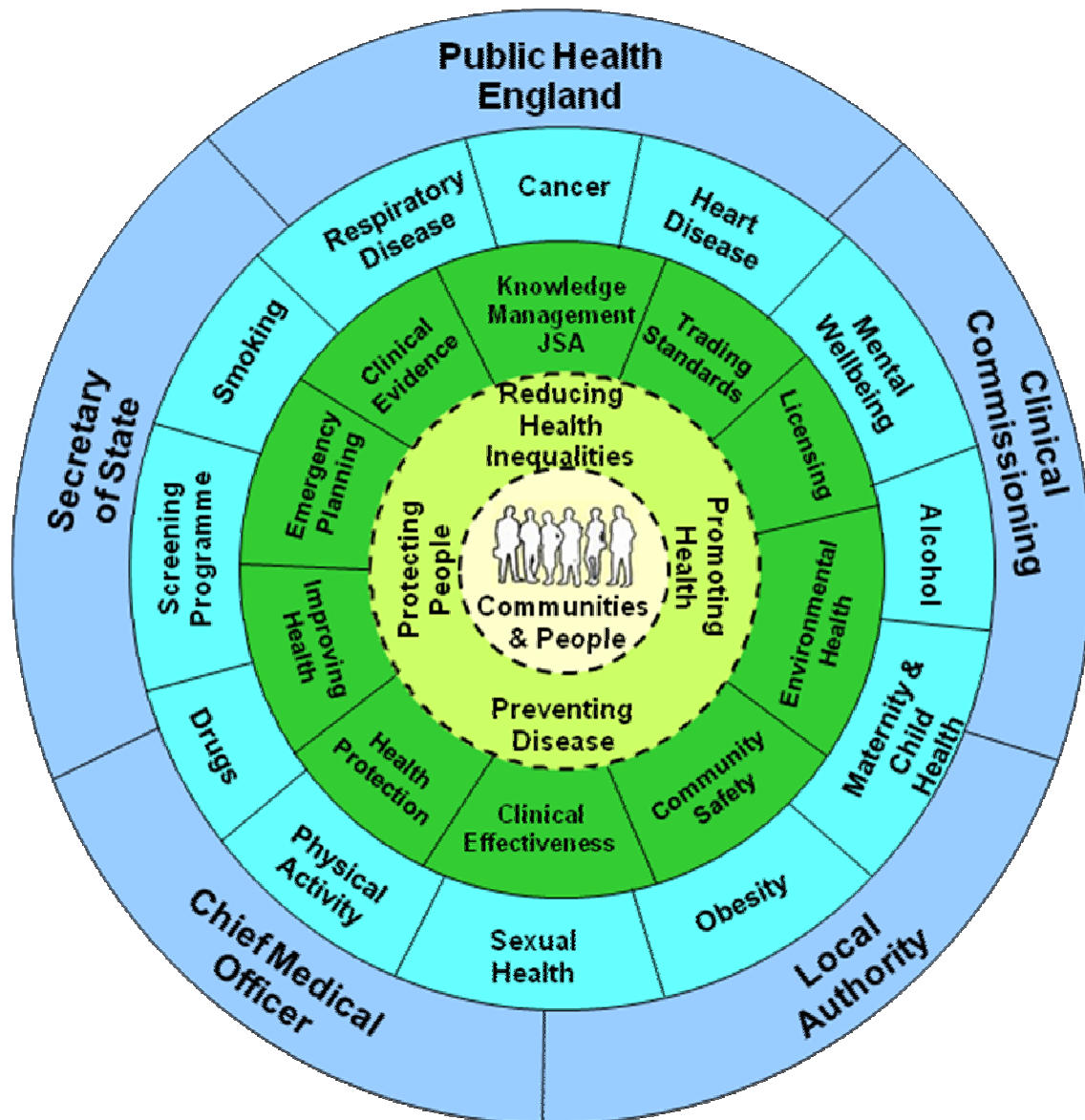
1. The purpose of this report is to provide the Health Select Committee task force with an update on the Public Health transition to the local authority.

Background

2. This transition is part of the Health and Social Care Bill, 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.
3. The transfer of Public Health to local authorities 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 - these are available from <http://healthandcare.dh.gov.uk/public-health-system/>
 - Public Health in Local Government (summary of all factsheets)
 - Local government leading for public health
 - Local government's new public health functions
 - The role of the Director of Public Health
 - Commissioning responsibilities
 - Public health advice to NHS commissioners
 - Professional appraisal and support, and capacity building
4. The transfer of Public Health to Wiltshire Council 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 are at the heart of the model for public health. The new model draws 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.

- 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 through the integration of Public Health with relevant Council services, including Public Protection, as shown in the diagram below.



- The Corporate Director 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.

7. Recently Wiltshire Councillors took the decision to restructure the senior management team, and to merge the responsibility for public health with the corporate director role that has statutory responsibility for adult social services. This resulted in a new corporate director role with statutory responsibility for services delivering adult social care and public health. This innovative moves presents further opportunities for integration and synergies to be realised.
8. The Public Health 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.
9. This report considers the Public Health transfer of responsibilities to Wiltshire Council. The Health and Social Care Bill is far reaching and mean there are other changes for the Council, for example the new Health and Wellbeing Board (of which the Corporate Director with statutory responsibility for public health and adult social care, will be a statutory member) , requirement to produce a joint Health and Wellbeing Strategy, and Healthwatch. These changes are not part of the Public Health transition project, and are being implemented elsewhere in the Council. Therefore this report does not provide an update on these changes. However, the Public Health team are involved in this changes as required.

Main Considerations

Transition Plan

10. The Wiltshire Public Health transition plan was developed jointly between the PCT and the Council and submitted to the South of England Strategic Health Authority (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, met with representatives from NHS South of England in (19th April 2012) and in the written feedback, the plan was commended for its comprehensiveness and was held up as an example of good practice within the region.
11. Wiltshire's model of integrated Public Health and Public Protection, led by the Corporate Director has been published as a case study on the Local Government Association resource "From transition to transformation in public health". This is available from http://www.local.gov.uk/web/guest/media-centre/-/journal_content/56/10171/3374673/NEWS-TEMPLATE
12. To ensure continued resilience in health emergency planning, every local resilience forum area has been asked to establish a local health resilience partnership (LHRP). This new group which is co-chaired by the local

Director of Public Health and NHS Commissioning Board Area team, will contain representation from all local NHS trusts, CCGs and Wiltshire Council. The position is well advanced and the group has already sat in shadow form. Both the LGA and SHA have set robust assurance targets to fulfil this new requirement which we are confident in meeting these.

13. Following on from 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, Duncan Selbie, Chief Executive Public Health England is due to visit Wiltshire on 1 February 2013 to observe the model in operation.
14. The Public Health transition 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 and which covers the interim period until the formal transfer.
15. As part of the transition assurance returns have been completed for both the Strategic Health Authority (SHA) and Local Government Association (LGA), these include HR and financial returns, transition plans, and legacy and handover plans.
16. Cabinet, the PCT Board and the HWB receive regular updates on the Public Health transition, the last being in November 2012.

Project Structure

17. The project board continues to meet on a monthly basis and leadership of each 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.
18. 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, and any relevant risks are added as they are identified.

HR

19. It has 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.
20. 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. A

further letter on the treatment of pensions after 1 April 2013 in relation to the transfer of public health staff to local authorities was received in December 2012, from Public Health England and the Local Government Association. This is available from <http://healthandcare.dh.gov.uk/pensions-letter/>

21. There is a formal consultation for Public Health staff on the transfer of employment to the Council and the physical relocation to County Hall in Trowbridge. This took place in August 2012. A separate statutory consultation regarding the TUPE transfer commenced in December 2012.
22. There are two staff representatives on the Public Health transition project board. Relevant unions have been involved in the transition and staff consultations through the PCT staff forum board.
23. The Department of Health has published a range of guidance for the Public Health transition, this is available from <http://www.dh.gov.uk/health/2012/06/public-health-functions/>

Physical Relocation

24. The Transition Project Board agreed that the Public Health team would relocate to County Hall in advance of the formal transfer in April 2013. The relocation took place in the first week of December 2012. This early relocation of the Public Health team, complements the best practice guidance, Gateway reference 17711, Transitional Working Arrangements (12 June 2012).
25. 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 are located on the first floor of County Hall.
26. Care has been taken to ensure that any transitional arrangements made by the Council before that date are within the statutory powers of the Council. The 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.

Finance – Public Health grant

27. 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 have been being completed to help inform future budgets.
28. 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 LGA 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. The Director of Public Health will retain control and responsibility for the Public Health grant.

29. The financial guidance sets out standard governance, financial management and reporting requirements (Revenue Account Budget Estimates – RA return, Revenue Outturn – RO return, and Quarterly Revenue Outturn - QRO return) on the use of public funds by LAs which will apply equally to the PH grant. Reporting is likely to be against 15-20 categories.
30. 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.
31. The Department for Communities and Local Government (DCLG) released and then withdrew a press release indicating that public health funding to local authorities would increase from £2.2 billion to £2.64 billion. The DH has indicated that is now working on a two year settlement which will not be made known until early January 2013.
32. Health premiums are an incentive scheme and responses to the first consultation raised concerns there could be perverse incentives. This with the significant data lag for many outcomes means the first payments will be delayed until 2015-16, the third year of LA responsibility for public health.
33. The Department of Health provide national guidance on Public Health funding, the latest guidance can be found here, <http://www.dh.gov.uk/health/2012/06/ph-funding-la/>

Core Offer to CCGs

34. 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.
35. 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.
36. The CCG Assurance Visit took place on the 18th December 2012. A team of 6 panel members assessed the CCG authorisation application. As a result of the panel sessions and provision of additional evidence the number of red key lines of enquiries reduced from 57 to 11. This places the CCG in a good position.

37. 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
38. A memorandum of understanding has been developed in conjunction with the Wiltshire CCG, Wiltshire Council and Public Health. This has been presented to the shadow Health and Wellbeing Board.

Assurance testing

39. 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
 - Screening
 - Information management
40. 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. Wiltshire Public Health is operating a business as usual approach to the transition including factors such as commissioning and contracts.

Communications and Engagement

41. The communications and engagement activity has been reviewed. Two Councillor seminars on Public Health were held in September (a further seminar will take place in January 2013) and an ELT session held in November. These sessions were designed to help Councillors and Officers understand the Public Health function and statutory responsibilities and included a presentation and question and answer session. The Public Health team have also presented to a number of departmental and team meetings to raise awareness of the transfer throughout the Council. A further catch up session for councillors who missed the original presentation is planned for the end of January.
42. There have been broader engagement activities with articles in the Residents' magazine (October 2012 and January 2013) and a short film for area boards and stakeholders. A DVD is being developed.

43. All public health staff moving across to Wiltshire Council have received a tailored induction and receive regular transition updates.
44. 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.
45. Public Health will be part of the Councillor Induction and Service Fair following the elections in May 2013.

Information Technology

46. 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).
47. A mapping exercise has been completed to identify systems used by Public Health staff and this has been shared by with the Council.
48. IT related risks are noted on the Public Health transition risk register and are reviewed on a monthly basis. The relocation of the Public Health team in early December was successful and staff are able to retain access to all necessary NHS systems.

Public Health Outcomes Framework (PHOF)

49. From April 2013, the Public Health Outcome Framework concentrates on two high-level outcomes to be achieved across the public health system. These are:
 - increased healthy life expectancy
 - reduced differences in life expectancy and healthy life expectancy between communities
50. The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. Using a measure of both life expectancy and healthy life expectancy will enable the use of the most reliable information available to understand the nature of health inequalities both within areas and between areas. A set of supporting public health indicators will help focus understanding of progress year by year nationally and locally on those things that matter most to public health. The indicators, which cover the full spectrum of public health and what can be currently realistically measured, are grouped into four 'domains':
 - improving the wider determinants of health
 - health improvement

- health protection
 - healthcare public health and preventing premature mortality
51. Baseline data for the PHOF was recently published, and will be updated on a quarterly basis. This can be viewed at <http://transparency.dh.gov.uk/2012/11/20/phof-data-autumn-2012/>

Joint Strategic Assessment programme

52. Although not part of the Public Health transition project, the Health and Social Care Bill includes the responsibility to produce an annual assessment of health and wellbeing needs of the local population. In Wiltshire this is led by the Corporate Director, Maggie Rae in conjunction with other Council officers and partners.
53. The JSA programme in Wiltshire comprises of a strategic assessment of Wiltshire, known as the JSA for Wiltshire. This considers the issues facing Wiltshire for not only health and wellbeing, but also other parts of the Council's business including housing, community safety, environmental, children and young people and the economy.
54. Supporting the JSA for Wiltshire, are more detailed assessments of need, including the JSA for Health and wellbeing. This has recently been subject to a full refresh and is now published on the Wiltshire Intelligence Network website and will be presented to the Cabinet, Health and Wellbeing Board and Clinical Commissioning group later in January 2013.
55. The transition will not affect the production of the JSA programme.

Environmental and climate change considerations

56. There are no known environmental and climate change considerations.

Equalities Impact of the Proposal

57. An EIA has been completed to cover the physical relocation of the Public Health team in December 2012 and transfer of employment in April 2013 (August 2012)

Risk Assessment

58. The Public Health transition risk register is reviewed on a monthly basis by the project board and submitted to the PCT cluster transition programme.
59. The Public Health transition is included in the Council's Risk Register and updated on a quarterly basis, see Appendix C.
60. There are Public Health risks currently on the PCTs risk register which will transfer to the Council on the 1 April 2013, an example being pandemic flu. These risks have been shared with the Council's Corporate Risk team and are being managed within current PCT risk processes.

61. The Public Health transition has been included on the Council's Annual Assurance Statement 2011-12.
62. The Public Health transition is part of the Council's internal audit plan, and a report will be published in late February 2013.
63. Nationally, there is a proposal to strengthen the NHS Constitution so it is more responsive to the needs of patients and the public and can be better used to hold the NHS to account. The consultation is particularly pertinent in light of recent reports about poor care and complaint handling in some NHS services. There are several issues of relevance to local authorities in these proposals. In particular, one of the new measures involves extending the application of the NHS Constitution to local authorities in their new public health functions. The consultation is available at <http://www.lgiu.org.uk/briefing/consultation-on-strengthening-the-nhs-constitution-implications-for-local-authorities/>

Financial Implications

64. In April 2013, the Public Health budget will transfer to Wiltshire Council. The grant will be ring fenced for Public Health. This exact amount will be determined nationally and will be based on financial returns submitted to the SHA.
65. Public Health financial information will be included in the Council's Financial Plan 2013.

Legal Implications

66. A representative from Council Legal Team attends the Public Health transition project board and has been involved in all relevant aspects of the project including staff transfer decisions.
67. Transfer schemes will be signed by the Council in February 2013.

Options Considered

68. Decisions are being taken in line with national guidance on the Public Health transfer and in conjunction with 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.

Conclusions

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

Maggie Rae
Corporate Director
Wiltshire Council

Report Author:

Aimee Stimpson

Associate Director of Public Health – Evidence and Intelligence

January 2013

Appendices

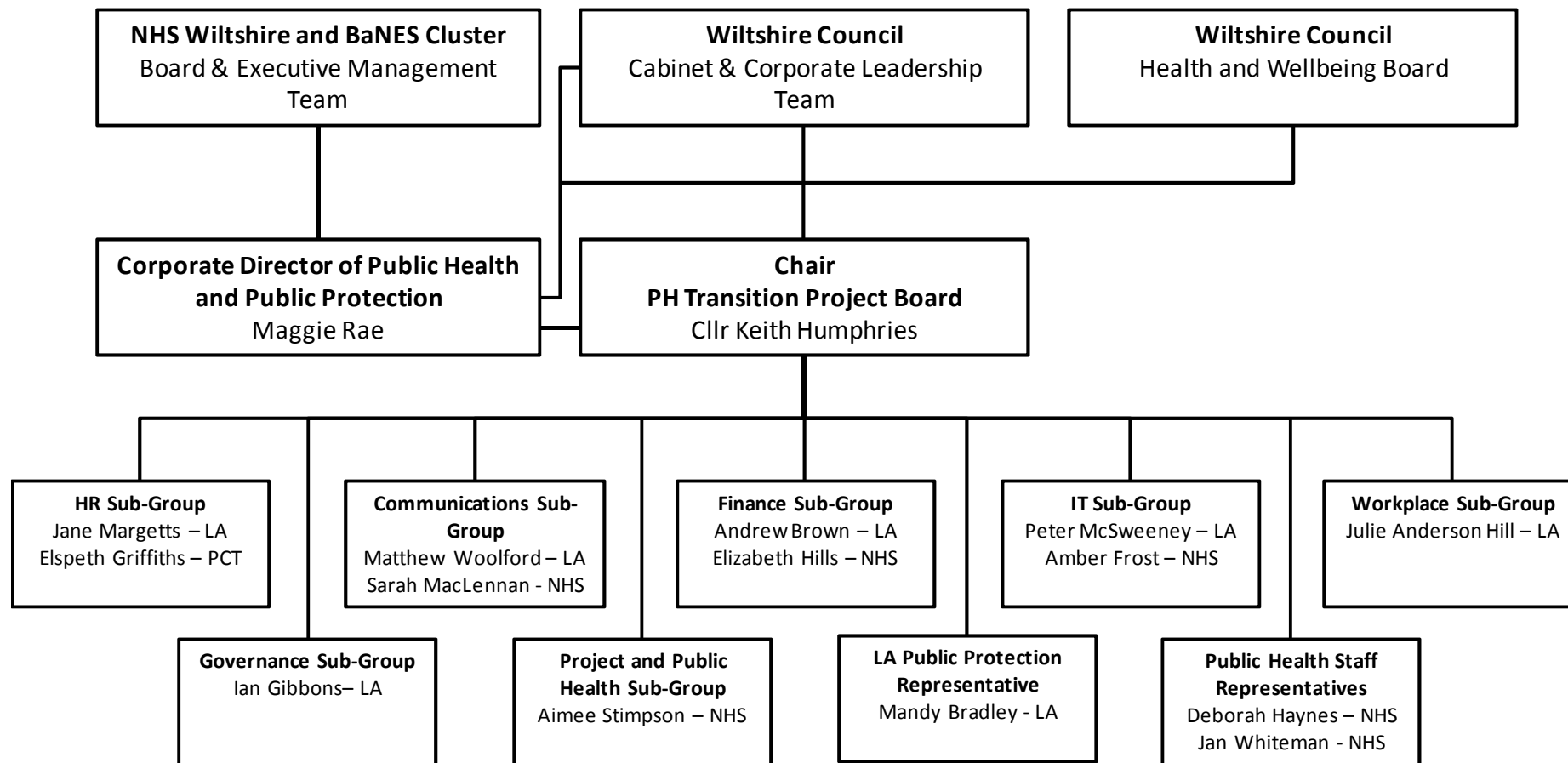
Appendix A – Transition Project Board Structure and Responsibilities

Appendix B – Transition sub-group responsibilities

Appendix C – Public Health risk from Council's Risk register

Appendix A – Transition Project Board Structure and Responsibilities

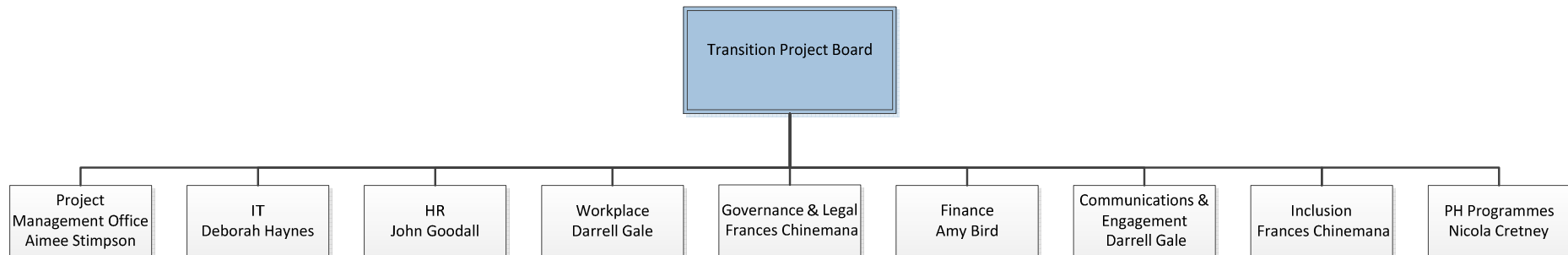
Wiltshire Public Health Transition Project Board



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	Elsbeth 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



Appendix C - WILTSHIRE COUNCIL RISK ACTION PLAN

Risk Ref: 1180	Risk: Transfer of Public Health function to Wiltshire Council		Date of Action Plan Update: October 2012	
Current Risk Rating: I = 2 L = 2 Current Score = 4		Target Risk Rating: I = 1 L = 1 Target Score = 1		Progress on Risk Action Plan: RAG = Green
(High, Med, Low)		(High, Med, Low)		
Low		Low		
Comment on Current Status of Risk (for use in risk management update reports)				
<p>There is a PH transition risk register in place which is reviewed on a monthly basis by the PH transition project board. The risk register is also submitted to the Cluster Transition Programme Board (Wiltshire and BANES) each month and high risks are incorporated into the cluster risk register. Current high risks include finalizing the PH budget which will transfer to the LA and the ICT solution. These are being addressed locally and nationally. Wiltshire Council have confirmed that staff will transfer under TUPE conditions, and the Department of Health have confirmed that staff will retain NHS pensions.</p>				
Action Plan				
Risk Owner	Maggie Rae	Key Officers	Maggie Rae, Aimee Stimpson	
Scope / Background to Risk				
(Insert information about the risk that explains it further including any history, cause of risk and potential impact and likelihood evaluation information)				
Cause: The new role for Public Health in Wiltshire Council, as part of the Health and Social Care Bill, enhance the existing integrated PH model with Public Protection and Knowledge Management and across the Council				
Impact: Reputational risk to the Council Business continuity Service delivery				
Controls in place to manage risk				
<p>Robust PH transition project board, chaired by Cllr Keith Humphries. There are a number of subgroups within this project which are now lead by the Council as the receiver organization. There is a joint PH transition project plan which was agreed by both the PCT and Council in March 2012. There are separate plans for the Public Health transition including a Communications and Engagement Plan, IT plan, HR plan. Monthly review of the PH transition risk register. The Public Health Transition is included within the Council's Annual Governance Statement 11-12</p>				

The Health and Social Care Act is radical and far reaching. Two Councillor briefings have been held in October 2012 and were well attended. These covered an overview of the changes and implications of PH transferring to the Council.

The Council held a seminar of the HASC Act and this included a presentation regarding the Public Health transfer. Health Select Committee held a workshop in early October 2012, where there were group discussions regarding CCGs, acute trusts, Public Health. The output of this will determine the Health Select Committee work plan.

For the public, information on the transfer has been included in the Wiltshire Residents Magazine.

The PH budget will be ring fenced; information regarding the PH budget will be included in the Council's Financial Plan 13-14.

N3 upgrade has been ordered, to ensure the transfer of sensitive information between the LA and NHS will continue.

IT set up for Public Health staff who are transferring has made good progress.

Staff continue to be supported throughout this period of change – through regular staff briefings, team meetings, presentation from the Council transformation team, Council induction session (15th November), FAQs, staff reps and a staff support program (e.g. staff workshops)

Public liability for staff transferring has been confirmed from April 2013

Actions to take to improve the management of this risk OR Contingency Arrangements	Responsibility for action	Date for completion	Progress / Status Report for Improvement Actions
ICT solution – identify solution and test this to ensure appropriate IT systems are in place for PH staff when in the Council and to ensure retention to current NHS systems	Peter McSweeney in conjunction with PCT	November 2012	Options paper has been discussed by PH transition project board and this confirmed the risk is reducing.
Public Health budget	Andy Brown/ Leanne Sykes	December 2012	<p>Further work is being completed by the Department of Health to identify the ring fenced public health budget. The final allocation for 2013-14 is expected to be confirmed by December 2012 but will not fall below the shadow estimated budget figure of £11.866 million.</p> <p>The grant will be made under Section 31 of the LGA 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.</p> <p>Information regarding the Public Health</p>

			budget will be included in the Council's financial plan.
Assurance testing	Maggie Rae	December 2012	National milestones for assurance testing have been revised. The requirement to assure future arrangements for screening have been removed. The milestone for testing emergency preparedness and resilience remains in place and will be tested in early November, and the SHA are visiting the PCT as part of this process. The assurance required for intelligence has been moved from September to December; factsheets regarding this have recently been published by the Department of Health and is being reviewed by the ICT subgroup for implications.
To ensure the implications of the transfer to PH to the Council is fully understood within the Council	Maggie Rae	January 2013	There is a session planned for ELT for the 17 th November and further information will be included in the Residents Magazine in January 2013.
SHA PH transition returns	Maggie Rae/ Aimee Stimpson	December 2012	Completion of various SHA PH transition returns for example HR, finance.