PLYMOUTH CITY COUNCIL

Subject:	Public Health Transition – Position Statement
Committee:	Cabinet
Date:	14 August 2012
Cabinet Member:	Councillor McDonald
CMT Member:	Carole Burgoyne, Director for People
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Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

This position statement aims to inform Cabinet about the status of the transfer arrangements of public health responsibilities to the Local Authority prior to the final report due at Cabinet in December 2012.

Public Health is about improving, promoting and protecting the health of everyone to the highest level possible and is concerned with physical, mental, and social well-being and not merely the absence of disease or infirmity. The transfer of public health responsibilities to the Local Authority signifies the step change required to improve and protect Plymouth's health and wellbeing, and to improve the health of the poorest fastest. This will enable the development of a comprehensive and sustainable public health system that can effectively tackle significant health inequalities across the city, including reducing the gap in life expectancy, tackling child poverty and reducing the premature mortality rates in men. Such improvements contribute to the delivery of the city's vision.

Key points outlined in this paper are as follows:
i. Responsibility for key public health functions will transfer from the National Health Service (NHS) to local authorities on 1 April 2013.
ii. A local joint transition plan is in place with key workstreams including Future Public Health Model, Commissioning and Finance, Human Resources, Communications, Risk Management, Intelligence, Core Offer, Health Improvement Team, and Emergency Planning.
iii. Key milestones include identification of NHS Public Health staff to transfer to Local Authority (December 2012) and the final funding formula (December 2012).

Corporate Plan 2012-2015:

The formal transfer of key public health responsibilities to the Local Authority is expected to contribute significantly to addressing long term outcome measures to reduce health inequalities. These include reducing the gap in life expectancy, tackling child poverty and reducing the premature mortality rates in men. This will be achieved in line with the development and delivery of the upcoming Health and Wellbeing Strategy as part of the overall Plymouth Plan.

The public health transition is also expected to impact on the other priorities by shaping and controlling local services which influence wider determinants of health for example transport, economic development, housing, culture and leisure, education, environment and public protection.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

The final funding formula for public health is now not expected to be released until December 2012. The financial due diligence of the NHS Public Health transfer centres around the formal returns completed by the PCT which sets out the budgets and resources allocated to NHS Public Health locally in Plymouth. These formal returns will feed the resource allocations and the spending review by government departments.

Finance officers from PCC, NHS Public Health and the PCT (commissioner) have already worked on the 2010/11 baseline assessment which set out the spending for NHS Public Health. PCT colleagues are currently working on the latest baseline for 2012/13.

The PCT are currently in the process of also providing more comprehensive financial data for PCC to analyse in the context at building a shadow budget for a transferred public health service.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety, Risk Management and Equality, Diversity and Community Cohesion:

1. A local Equality Impact Assessment is currently being undertaken.

2. The new public health outcomes framework identifies two high-level outcomes to be achieved across the public health system as follows:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

These 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. Both are essential to enable the city to effectively address areas of inequality, and in particular health inequalities. This has immediate cross overs with the child poverty agenda.

In general, there are significant opportunities to positively impact health inequalities through close alignment with delivery of the public health outcomes as integrated within the upcoming Health and Wellbeing Strategy.

3. A joint risk management register is being developed to identify the key areas of risk to be managed within and beyond the transition period. Significant risks identified continue to centre primarily on the final funding formula and implications of the final staff transfer arrangements.

Recommendations & Reasons for recommended action:

Recommendation for cabinet to note the report.

Alternative options considered and reasons for recommended action:
N/A

Background papers:
N/A

Sign off:

Fin	DJN 1213.005	Leg	15314/ DVS	HR BS		Corp Prop		IT		Strat Proc	
Originating SMT Member: Giles Perritt											
Have you consulted the Cabinet Member(s) named on the report? Yes											

1. BACKGROUND

1.1 The Health and Social Care Act 2012 transfers the responsibility for some key public health functions from the National Health Service (NHS) to local authorities on 1 April 2013 (please see Appendix 1 for a full list of the transferring responsibilities). These focus on:

- promoting the health of the local population,
- ensuring robust plans are in place to protect the health of the local population, and
- providing advice to NHS Commissioners.

1.2 The new executive agency 'Public Health England', which brings together the Health Protection Agency, National Treatment Agency and others, will take a national role in protecting the nations health, provide leadership and guidance, and support development of a public health workforce.

1.3 The NHS will continue to have a role on improving the public's health at a national level through the NHS Commissioning Board responsibilities, and locally by working jointly with local authorities to focus the impact of services they commission and by making 'every contact count'.

1.4 Local authorities are considered to be in a strong position to take on new public health functions because they have a population focus (lead on the Joint Strategic Needs Assessment and Health and Wellbeing Board), shape and control local services which influence wider determinants of health (e.g. transport, housing, culture and leisure, education, environment, public protection), and are locally accountable.

1.5 Locally this move presents a real opportunity to create a comprehensive and sustainable public health system that builds on the existing links and synergies between NHS Plymouth and Plymouth City Council's work to improve the health of local communities. This opportunity must be embedded within the upcoming Health and Wellbeing Strategy if real improvements to reduce health inequalities are to be made. The transition of public health functions can assist this by putting health at the heart of the Plymouth City Council's policies and decisions, by building on its experience of engaging local communities, and by commissioning evidence based services.

1.6 Plymouth City Council will be allocated a ring fenced grant to help deliver against these new responsibilities, and will plan and deliver public health services against the Public Health Outcomes Framework. The ultimate aim of this Outcomes Framework is to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest by:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

1.7 A Joint Transition Management Steering Group led by Deb Lapthorne, Joint Director of Public Health and Carole Burgoyne, Director for People, Plymouth City Council (PCC) has been established to oversee the Transition Planning governance arrangements at local level. The local transition process is being overseen by the Cluster Transition Board.

1.8 A local transition plan has been developed and agreed with clear milestones to facilitate the transition to the new public health system and aims to be flexible enough to embrace guidance as and when it is released. Delivery of this plan is through a joint project team representing the NHS Public Health and Plymouth City Council.

1.9 A final report to Cabinet, outlined in the Forward Plan for December 2012, will confirm the transfer arrangements of public health responsibilities to the Local Authority.

2. TRANSITION WORK STREAMS

2.1 Future Public Health Model

2.1.1 A key question for the future of Public Health delivery is how it is integrated and mainstreamed into everyday Local Authority business. Guidance from the Local Government Association and the Department of Health suggests there are three broad categories for future public health delivery

- a distinct public health directorate in the local authority (often including additional local authority functions)
- a section of another directorate-generally the directorate with responsibility for adult social care or a chief executive/corporate directorate
- a "distributed" or "integrated" model in which public health responsibilities and staff work across directorates or functions but maintain identity and focus through being a "virtual team", a "hub" or a "core and extended" team

2.1.2 Planning is underway to establish the best fit in order to deliver the maximum health improvements. A workshop will take place in early August 2012 to kick start this process, beginning with agreement of the vision, purpose and outcomes.

2.1.3 The way in which Plymouth City Council delivers its new public health functions will need to be closely aligned with the development and delivery of the upcoming Health and Wellbeing Strategy. While it is not a separate work stream within this project, working links have been established across the wider health integration programme.

2.2 Commissioning, Contracting and Financing

2.2.1 From April 2013, the Local Authority will take on the lead responsibility for commissioning Public Health Services. In order to take on this role it is necessary to understand the current scope of commissioning activity undertaken by Public Health and the wider NHS for services that support public health.

2.2.2 A detailed mapping of current activity relating to the anticipated public health functions transferring to PCC is nearly complete. Part of this mapping has been to collect information on the amount that NHS Public Health and PCT currently spend in related activity (both contracts and in house provision) so that PCC can start preparing for and understanding potential future financial liabilities. Once a full picture is understood then the reshaping of these contracts within the financial envelope can be undertaken.

2.2.3 The final funding formula for public health is now not expected to be released until December 2012. The financial due diligence of the NHS Public Health transfer centres around the formal returns completed by the PCT which sets out the budgets and resources allocated to NHS Public Health locally in Plymouth. These formal returns will feed the resource allocations and the spending review by government departments.

2.2.3 Finance officers from PCC, NHS Public Health and the PCT (commissioner) have already worked on the 2010/11 baseline assessment which set out the spending for NHS Public Health. PCT colleagues are currently working on the latest baseline for 2012/13.

2.2.4 The PCT are currently in the process of also providing more comprehensive financial data for PCC to analyse in the context at building a shadow budget for a transferred public health service.

2.3 Human Resources and Communication

2.3.1 This work stream is concentrated predominantly on the people management issues arising from the transfer in to PCC of NHS Public Health employees on 1 April 2013. A number of key documents have been published to assist with this aspect of the transfer[1].

2.3.2 PCC and NHS Human Resource professionals are working closely together on staffing matters both formally, via the Public Health Workforce Group and the Public Health Plymouth Transition Steering Group, and informally via regular updates by telephone and email as issues arise.

2.3.3 The transfer between the NHS ("sender organisation") and PCC ("receiver organisation") will be guided by the requirements of the Transfer of Undertakings (Protection of Employment) Regulations 2006 often referred to as TUPE.

2.3.4 Currently there is no confirmed final list of the roles and names of those transferring to PCC. This is now expected around December 2012. The process of identifying and confirming the final destination of current NHS employees is currently on-going by NHS management and their HR departments.

2.3.5 It has been agreed between trade unions, LGA and NHS employers, the Department of Health, Department for Communities and Local Government and HM Treasury that staff transferring on 1st April will stay on the NHS Pension Scheme. Decisions on the provision of pensions for new starters and for staff who move between posts after 1 April 2013 are still the subject of further discussions. An update will be given in further reports.

2.3.6 A joint communication plan is currently being developed to ensure that NHS Public Health and PCC employees are aware of the transfer and its implications. A detailed induction plan is also being scoped. Part of the communication plan will include press management timescales.

2.4 Health Improvement Team

2.4.1 Presently, NHS Public Health both commission and directly provide services through the Health Improvement Team (HIT). The type of services currently provided, include smoking cessation, chlamydia screening, and community health development.

2.4.2 Due to the strong clinical focus of some of these interventions, rather than transferring the Health Improvement Team over to the Local Authority, an in principle decision has been made to transfer the service to Plymouth Community Healthcare, under the Transforming Community Services framework. Planning is now under way for this to happen and a series of tests are being put in place to ensure the proposed provider is the most appropriate destination for the service.

2.5 Core Offer

2.5.1 One of the mandatory responsibilities that local authorities will be required to deliver from April 2013 is to provide specialist public health expertise and advice to NHS commissioners to support them in delivering their objectives to improve the health of the local population, this will be called the core offer.

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[1] Public Health Human Resources (HR) Concordat

This is seen as crucial in ensuring that accessible high quality healthcare services continue to be commissioned and delivered by the NHS to improve health and reduce health inequalities.
2.5.2 Guidance states that the offer will be limited to healthcare public health advice that genuinely requires specialist public health expertise, rather than what public health trained individuals might happen to do in a given area. The 'core offer' will be funded from the public health budget allocated to local authorities at no cost to CCGs.

2.5.3 There could be an opportunity for PCC to provide additional advice and support to CCG's over and above the free 'core offer'.

2.6 Public Health Intelligence

2.6.1 The Devon-wide Public Health Information and Intelligence working group oversees the transition of NHS Public Health Plymouth's information and intelligence responsibilities to PCC and, where appropriate to Health protection Agency and other related partner organisations and agencies.

2.6.2 A number of issues relating to the transition of the Public Health (intelligence) function will be addressed as part of the co-location to the Local Authority.

2.7 Emergency Planning

2.7.1 Consolidation of emergency planning responsibilities across both the NHS and Local Authority is currently underway. Recent guidance however suggests that Public Health England will provide an oversight role on behalf of the NHS, with additional responsibilities being passed to the NHS Commissioning Board Local Area Teams and the Local Authority.

2.8 Risk Management

2.8.1 A joint risk management register is being developed to identify the key areas of risk to be managed within and beyond the transition period. Significant risks identified continue to centre primarily on the final funding formula and implications of the staff transfer arrangements.

3. KEY MILESTONES

March 2012	Final Cluster plan to Strategic Health Authority submitted.
April 2012	Local Transition Plan agreed
July 2012	Local joint communications plan developed
August 2012	Vision and outcomes joint workshop
September 2012	Vision agreed linked with Health and Wellbeing Strategy outcomes
November 2012	Transitional model agreed
October 2012	Formal assessment of progress by Strategic Health Authority
November 2012	Negotiation of commissioning contracts to be transferred to Local Authority
December 2012	Final list of NHS Public Health staff to transfer to Local Authority
December 2012	Expected Health Improvement Team transfer to Plymouth Community Healthcare
December 2012	Final funding formula announced
January 2013	Co-location of NHS Public Health staff within the Local Authority
January 2013	Shadow arrangements in place
April 2013	Formal transfer of responsibilities/budget to Local Authorities

APPENDIX 1

Local Authority Commissioning Responsibilities from April 2013:

• tobacco control and smoking cessation services

• alcohol and drug misuse services

• public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)

• the National Child Measurement Programme

• interventions to tackle obesity such as community lifestyle and weight management services

• locally-led nutrition initiatives

• increasing levels of physical activity in the local population

• NHS Health Check assessments

• public mental health services

• dental public health services

• accidental injury prevention

• population level interventions to reduce and prevent birth defects

• behavioural and lifestyle campaigns to prevent cancer and long-term conditions

• local initiatives on workplace health

• supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

• comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

• local initiatives to reduce excess deaths as a result of seasonal mortality

• the local authority role in dealing with health protection incidents, outbreaks and emergencies

• public health aspects of promotion of community safety, violence prevention and response

• public health aspects of local initiatives to tackle social exclusion

• local initiatives that reduce public health impacts of environmental risks