

<b>MEETING:</b>	<b>CABINET</b>
<b>DATE:</b>	<b>17 JANUARY 2013</b>
<b>TITLE OF REPORT:</b>	<b>UPDATE ON THE IMPLEMENTATION OF THE PUBLIC HEALTH TRANSITION PLAN</b>
<b>REPORT BY:</b>	<b>DIRECTOR OF PUBLIC HEALTH</b>

## **1. Classification**

Open

## **2. Key Decision**

This is a Key Decision because it is likely to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relate and is likely to be significant in terms of its effect on communities living or working in an area comprising one or more wards in the County.

(Notice has been served in accordance with Part 3, Section 9 (Publicity in connection with key decisions) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

## **3. Wards Affected**

County-wide

## **4. Purpose**

The purpose of this report is to provide Cabinet with assurance that the transition plan for the safe transfer of the public health function, including its staff and contract commitments, from Herefordshire Primary Care Trust to Herefordshire Council in April 2013 is on course.

It also asks Cabinet to approve the receipt of the function, its staff, the resource commitments and contract liabilities.

## **5. Recommendation(s)**

**THAT Cabinet:**

- a) Notes that the transition plan for the safe transfer of the public health function, including its staff and contract commitments, from Herefordshire Primary Care Trust to Herefordshire Council in April 2013 is on course and that the Director of Public Health is given delegated authority to implement additional guidance on the transition as it is published;**
- b) Approves the novation of public health contracts to the council as confirmed nationally for 2013/14;**
- c) Approves the TUPE process for the public health staff as mapped nationally from**

the PCT to the council.

## 6. Key Points Summary

- The Health and Social Care Bill that received Royal Assent on 27 March 2012 introduces wide-ranging NHS reforms and establishes a new public health system in England;
- The Act will result in the disestablishment of Primary Care Trusts and Strategic Health Authorities, and the establishment of Health and Wellbeing Boards, Clinical Commissioning Groups, the NHS Commissioning Board, Commissioning Support Organisations, Healthwatch and Public Health England;
- Under the Act, and with effect from 1 April 2013, local authorities will have a range of new responsibilities for public health, including a set of mandatory public health services. The public health functions currently undertaken by Primary Care Trusts will transfer, along with their associated budgets and staff, to local authorities and to other legacy organisations;
- As a result of the Health and Social Care Act 2012 a number of changes will need to be made to Herefordshire Council's constitution once the provisions of the Act are implemented. A programme is under way to identify which sections of the constitution will be affected and draft proposed amendments. These amendments will be presented to Cabinet/Council in May 2013;
- The transfer of public health to Herefordshire Council provides exciting new opportunities for councillors, council officers and public health specialists to work together to improve the health and wellbeing of people of all ages in Herefordshire;
- A vision and set of principles has been agreed for the Health and Wellbeing Board. This will inform the development of Herefordshire Council's vision for Public Health. The Health and Wellbeing Board's vision is that:

*"Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure, with the overall outcome to reduce the difference in healthy life expectancy in Herefordshire".*
- A comprehensive Herefordshire Public Health Transition Plan has been developed using Prince2 methodology and is on track to ensure the safe transfer of Public Health responsibilities from Herefordshire Primary Care Trust to Herefordshire Council and other legacy organisations;
- A Director of Public Health (DPH) has been jointly appointed by Herefordshire Primary Care Trust and Herefordshire Council who will provide leadership and expertise to develop the new public health system in Herefordshire. The responsibilities required of the role are outlined in a key document from the Department of Health in line with the Health and Social Care Act 2012.

<https://www.wp.dh.gov.uk/publications/files/2012/10/DsPH-in-local-government-i-roles-and-responsibilities.pdf>
- The Council will receive a ring-fenced public health grant to support it in carrying out its new public health functions based on historical spend on the services transferring. The indicative allocation for Herefordshire for 2013/14 is approximately £6.5 million. An announcement of the actual figure is expected in mid-January.
- Existing public health-related contracts that currently sit within the primary care trust will be transferred to the council along with the public health function in April 2013. This is a nationally-driven process of novation that will ensure that mandatory and statutory services continue into the next financial year and seeks to mitigate destabilisation in the system.
- Current contracts will be maintained in the first instance for 2013/14, to minimise the risk of

any break in service or destabilisation of providers during the transition. These contracts will be re-procured thereafter on the basis of opportunities for savings and contract value, risk of challenge, and the effectiveness and impact on Public Health Outcomes. The current section 75 agreement which enables the authority to commission health services will be utilised to continue essential services through the transition.

- Public Health staff were given formal notification that the transfer of their employment to Herefordshire Council would be handled in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 1981 (the TUPE Regulations). The formal consultation with staff took place between the 16 November 2012 and 13 December 2012;
- Public Health staff relocated from PCT accommodation at Belmont to the Town Hall on 14 November 2012 in advance of the formal transition of public health functions and staff to the Council on 1 April 2013. This has brought the team closer to Council colleagues and is promoting integrated working. It is anticipated that the public health team will move into Plough Lane in 2014 following the refurbishment;

## **7. Alternative Options**

- 7.1 There are no alternative options as the changes come about as a result of the Health and Social Care Act (2012).

## **8. Reasons for Recommendations**

- 8.1 The purpose of this report is to provide Cabinet with assurance that the transition plan for the safe transfer of the public health function, including its staff and contract commitments, from Herefordshire Primary Care Trust to Herefordshire Council in April 2013 is on course. It also asks Cabinet to approve the receipt of the function, its staff, the resource commitments and contract liabilities.

## **9. Introduction and Background**

- 9.1 The Health and Social Care Act 2012 introduces a series of NHS reforms and establishes a new public health system in England including new public health responsibilities for local authorities.

- 9.2 From 1 April 2013 Herefordshire Council will have a range of new public health duties which will include:

- a. promoting the health of the local population by taking “such steps as it considers appropriate for improving the health of the people in its area”;
- b. specific responsibility for commissioning or providing a range of mandatory public health and health improvement services including:
  - i. ensuring appropriate access to sexual health services;
  - ii. the NHS Health Checks programme;
  - iii. the National Child Measurement Programme;
  - iv. providing public health advice to NHS commissioners (the “core offer”), and ;
  - v. ensuring that robust plans are in place to protect the health of the public including immunisation and screening plans;
- c. appointing a Director of Public Health who will have a central role in ensuring that the public’s health and wellbeing is reflected in local authority policies and decisions and

who will be responsible for preparing an annual report on the health of the people in the local authority area which the local authority will be required to publish;

- d. leading on the development of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy;
- e. ensuring a community-wide approach to the public's health and wellbeing.

- 9.3 Apart from their new mandatory public health services, and the general duty to improve the health of the local population, local authorities will be expected to determine their own Public Health priorities and services in line with local needs and local priorities. This will allow them to build on local knowledge and experience to tackle the wider determinants of healthy and differences in healthy life expectancy
- 9.4 A ring-fenced public health grant will support local authorities in carrying out their new public health functions.
- 9.5 A new national executive agency, Public Health England, will deliver some public health services (health protection, health information and intelligence, healthy lifestyle marketing campaigns), provide national public health leadership and support the development of the specialist and wider public health workforce.
- 9.6 The NHS will have a new legal duty to play its part in improving healthy life expectancy and reducing differences in healthy life expectancy.

## **10. Key Considerations**

- 10.1 A Director of Public Health has been jointly appointed by Herefordshire Primary Care Trust and Herefordshire Council who will provide leadership and expertise to develop the new public health system in Herefordshire. The responsibilities required of the role are outlined in a key document from the Department of Health in line with the Health and Social Care Act 2012.
- 10.2 A comprehensive Herefordshire Public Health Transition Plan has been developed using Prince2 methodology and is on track to ensure the safe transfer of Public Health responsibilities from Herefordshire Primary Care Trust to Herefordshire Council and other legacy organisations;
- 10.3 Public Health staff were given formal notification that the transfer of their employment to Herefordshire Council would be handled in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 1981 (the TUPE Regulations). The formal consultation with staff took place between the 16<sup>th</sup> November 2012 and 13<sup>th</sup> December 2012;
- 10.4 The Council will receive a ring-fenced public health grant to support it in carrying out its new public health functions based on historical spend on the services transferring. The indicative allocation for Herefordshire for 2013/14 is approximately £6.5 million. An announcement of the actual figure is expected in mid-January.
- 10.5 Existing public health-related contracts that currently sit within the primary care trust will be transferred to the Council along with the public health function in April 2013. This is a nationally-driven process of novation that will ensure that mandatory and statutory services continue into the next financial year and seeks to mitigate destabilisation in the system.
- 10.6 Existing public health-related contracts that currently sit within the primary care trust will be transferred to the Council along with the public health function in April 2013. There are approximately 35 contracts totalling approximately £5m and ranging in value from a few thousand pounds to £1.5m in value. This is a nationally-driven process of novation that will ensure that mandatory and statutory services continue into the next financial year and seeks to mitigate destabilisation in the system.

- 10.7 There are a range of types of contracts that will be a part of this novation. The main bulk of these cover the mandatory services that will be part of the Public Health function in the local authority. For example:
- a) Sexual Health Services – This includes services such as access to contraception and STI diagnosis and treatment. The value of these are in the region of £1.5m;
  - b) Drugs and alcohol services – This includes large complex acute services with a value in the region of £1.3m to community based services and information services with values in the order of £10k – 20k;
  - c) NHS Health Checks – This mandatory programme includes a broad scope of individual services to meet client needs which total approximately £550k.
- 10.8 Current contracts will be maintained in the first instance for 2013/14, to minimise the risk of any break in service or destabilisation of providers during the transition. These contracts will be re-procured thereafter on the basis of opportunities for savings and contract value, risk of challenge, and the effectiveness and impact on Public Health Outcomes. A timeline for review and re-procurement of all contracts, including considering decommissioning and re-commissioning has been developed to support this process. The current section 75 agreement which enables the authority to commission health services will be explored to continue essential services through the transition.
- 10.9 The DPH report scheduled to go to Cabinet in March 2013 will provide further detail behind the vision for the future of public health in the local authority in Herefordshire.
- 10.10 As a result of the Health and Social Care Act 2012 a number of changes will need to be made to Herefordshire Council's constitution once the provisions of the Act are implemented. A programme is under way to identify which sections of the constitution will be affected and draft proposed amendments. These amendments will be presented to Cabinet/Council in May 2013.
- 10.11 Public Health staff relocated from PCT accommodation at Belmont to the Town Hall on 14 November 2012 in advance of the formal transition of public health functions and staff to the Council on 1 April 2013. This has brought the team physically closer to council colleagues and is promoting integrated working. It is anticipated that the team will move into Plough Lane in 2014 following its refurbishment.

## **11. Community Impact**

- 11.1 The Department of Health's vision is to build on local government's long history of public health leadership, and for local authorities to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically. This means:
- a. including health in all policies so that each decision seeks the most health benefit for the investment, and asking key questions such as "what will this do for the health and wellbeing of the population?" and "will this reduce health inequalities locally?";
  - a. investing the new ring-fenced grant in high-quality public health services;
  - b. encouraging health promoting environments, for example, access to green spaces and transport and reducing exposure to environmental pollutants;
  - c. supporting local communities - promoting community renewal and engagement,

development of social networks for young families and isolated elderly people;

- d. tailoring services to individual needs – taking a holistic approach, focusing on wellness services that address multiple needs rather than single issue services, and using new technologies to develop services that are easier and more convenient for users;
- e. making effective and sustainable use of all resources, using evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent the best possible value for money for local citizens.

11.2 To do this successfully will require a willingness to use all the tools at local authorities' disposal in a new way and not just rely on commissioning traditional services. Local authorities will need to work with a wide range of partners across civil society, not least the third sector, including through their leadership of Health and Wellbeing Boards. They will be supported in this by Healthwatch which through its seat on the local Health and Wellbeing Board will better enable people to help shape and improve health and social care services.

11.3 Local authorities already do this up and down the country. From 2013, with their new powers and resources they will be ideally placed to go further in creating healthier communities.

## **12. Equality and Human Rights**

12.1 The Public Health transition programme is compliant with existing Equality and Diversity Policies and has carried out an Equality Impact Assessment as part of the transfer of Public Health Staff.

## **13. Financial Implications**

13.1 The Council will receive a ring-fenced public health grant to support it in carrying out its new public health functions based on historical spend on the services transferring. The indicative allocation for Herefordshire for 2013/14 is approximately £6.5 million. Around £5m of this is committed within contracts which will be dealt with as described in section 10.8. Approximately £1.5m of the resource covers staffing, overheads, and other running costs of the public health function. An announcement of the actual figure is expected mid-January.

## **14. Legal Implications**

14.1 A review has taken place to determine the legal implications for Herefordshire Council of the Health and Social Care Bill and associated regulations. This review summarised the new responsibilities for Herefordshire Council and has led to the programme to determine the changes needed for the constitution.

## **15. Risk Management**

15.1 A risk analysis has been done and is regularly reviewed. The key risks can be summarised as:

- a. Actions to transfer staff, contracts, pensions and finances don't happen in time to transfer by the deadline;
- b. Insufficient financial resources to cover Public Health responsibilities;
- c. Herefordshire Council fails to understand the new duties and doesn't prepare itself sufficiently;

- d. Insufficient capacity to both maintain key public health functions during the transition period and to implement the Public Health Transition Plan;
- e. Transition work diverts staff from important public health work that could impact on performance against public health targets.
- f. Insufficient assurance in relation to functions transferring to other legacy organisations, for example screening and immunisation programmes and Emergency Preparedness, Resilience and Response (EPRR).

## **16. Consultees**

- 16.1 A comprehensive Communications and Engagement Strategy and supporting 90 Day Action Plan has been developed which the Department of Health has reviewed and rated as green describing it as “A very comprehensive strategy and plan”.

## **17. Appendices**

- 17.1 None

## **18. Background Papers**

**Cabinet – Thursday 12 July 2012 – Item 9 – Update on the Implementation of the Public Health Transition Plan**

**Public Health Transition Plan Cabinet Report 12<sup>th</sup> July 2012**

**Overview of the Health and Social Care Act 2012**

**Public Health in Local Government – Department of Health Factsheets (Dec 2011)**

([www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131904.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131904.pdf))

- 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