Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Public Health Transition 2011-2013

Governance Plan

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1. Purpose

1.1. To set out a joint governance plan for public health responsibilities of the B&NES/Wiltshire Primary Care Trust (PCT) Cluster and B&NES Council following the move to Cluster PCT arrangements in June 2011.

1.2. To outline timetables for key actions locally and nationally.

2. Context

2.1. In 2010, the Department of Health set out changes to the public health system as part of the NHS White Paper[1]. These included the creation of a national public health service and the transfer of health improvement responsibilities from PCTs to local authorities. These changes were set out in more detail by a series of public health consultation papers[2]

2.2. In March 2011, the Transition Managing Director for Public Health England wrote to PCT and council Chief Executives outlining transition arrangements for the development of Public Health England[3]. Part of this emphasised that existing PCT boards remain statutorily responsible for Public Health until April 2013 but that cluster PCT Chief Executives together with Local Authority CEOs should develop a joint governance plan for Public Health, to be in place by June 2011. The letter set out a timetable for national actions and these are highlighted in Appendix 1.

2.3. In July 2011, the Department of Health published its response to the consultation process and an update on changes to the public health system[4].

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[1] DH (2010) *Equity and excellence: Liberating the NHS* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

[2] DH (2010) Healthy *lives, healthy people: our strategy for public health in England* *http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941*

[3] Marsland (2011) *Public Health England* http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_125240

[4] DH (2011) *Healthy lives, healthy people: Update and way forward.* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129334.pdf

The update largely reiterated the consultation proposals but also gave more clarity that local authorities will have new functions through regulations for taking steps to improve and protect the local population's health, and for providing clinical commissioning groups with population health advice. The paper also gave some more information on updated timelines for transition, including:

- Local authorities will take on their new public health responsibilities in April 2013, at which point they will also take responsibility for Directors of Public Health and their functions.
- Public Health England will be created at the same time, formally taking on the functions of its predecessor bodies.
- Formal transition plans are to be agreed with the Regional Director of Public Health by March 2012. Ahead of this date DH strongly encourage local authorities and Primary Care Trusts to work together on developing the relationships and joint working that will facilitate a robust transition for April 2013.
- DH plan to recruit a Chief Executive for Public Health England to be in post from April 2012.

2.4. This document sets out the key systems for accountability, the issues and timetables and puts them within a framework of governance during the transition period.

2.5. A Public Health Transition Group has been established which is chaired by the Strategic Director for People and Communities, the membership and Terms of Reference of this group are shown in Appendix 2.

3. Governance Framework

3.1. Accountability

3.1.1. The existing Board of each Primary Care Trust will retain the statutory responsibility for public health functions and outcomes until April 2013.

3.1.2. Many of the decisions about public health issues are also influenced or taken at the B&NES Health and Wellbeing Partnership Board and the Professional Executive Committee of the PCT. From May, these are changing to the Health and Wellbeing Partnership Board and the Clinical Commissioning Board.

3.1.3. The Health and Wellbeing Partnership Board will become the central point that brings together planning and accountability for delivery of NHS, social care and public health services. However, accountability for critical operational and financial decision making in relation to public health will remain with the Board of NHS B&NES during the transition period.

3.1.4. In addition, public health plans which have a direct relation to NHS commissioned work and are of significant scale will need engagement with the Clinical Commissioning Group. This might be through the CC Executive Board, the CCG or through CCG representatives at the Health and Wellbeing

Partnership Board or the Public Health Transition Group as relevant to the issue.

3.1.5. The Department of Health guidance on the development of Public Health England mentioned in 2.2 above states that robust systems must be put in place to ensure that PCT cluster Chief Executives and their executive teams are fully cognisant of the public health responsibilities they retain and act accordingly.

3.1.6. This includes the requirement to have governance systems and management functions that enable each PCT DPH to fulfil their Executive Director function and Public Health advisory role for the relevant PCT until such time formal transfers of responsibilities take place. Processes for enabling this in B&NES will include:

- The DPH will continue to fulfil their role as an executive director on the Board of NHS B&NES during the transition period.

- The DPH should ensure that public health advice is available for the PCT Cluster executive team. This advice may be sought from the B&NES or Wiltshire DPH, or both, as relevant to the issues under discussion.

- The DPH will be a core member of the Health and Wellbeing Partnership Board

- It is not currently clear what role the DPH will play in relation to the Clinical Commissioning Group or the Clinical Commissioning Committee and this is currently being discussed by the relevant partners. It is envisaged that the DPH should be a member of the Clinical Commissioning Committee until at least April 2013 when they formally transfer to the local authority.

3.1.7. In terms of management arrangements, it is proposed that the DPH, the Assistant Director of Public Health and the Assistant Director for Health Improvement have authority under Section 113 of the Local Government Act 1972. This will allow the post holders to discharge duties on behalf of B&NES Council and to act as senior officers of the new People and Communities Department. Similarly, the Strategic Director for People and Communities, who is already accountable to the PCT CEO, operating under section 113 to manage children's and community health commissioning on behalf of the PCT, would have this arrangement extended to include managing Public Health responsibilities on behalf of the PCT.

3.1.8. The Public Health Team would remain fully part of NHS B&NES and plans will be developed between September and December 2011 to transfer relevant operations, staff and resources to B&NES Council during 2012/13. Given the envisaged diminution of PCT capacity as we move towards April 2013 it may be appropriate to transfer functions from April 2012 utilising Section 75 of the National Health Service Act 2006 prior to formal transfer in April 2013.

3.1.9. The DPH would have line management responsibility to the Strategic Director for People and Communities with professional accountability jointly to the Chief Executive of B&NES Council and the PCT Cluster (via a bi-monthly joint meeting).

3.2 Performance and risk

3.2.1 Performance and risk reporting will become integrated in to the Council's systems. Regular reports will be provided to the PCT Board and the Health and Wellbeing Partnership Board to provide assurance and accountability.

3.2.2 NHS B&NES will receive assurance for their public health responsibilities in relation to performance and risk through the joint meetings of Cluster and Council Chief Executives with the DPH and also through the Health and Wellbeing Partnership Board.

3.2.3 A separate risk register dealing specifically with the transition process has been produced. This will be reviewed by the Public Health Transition Group and key risks will be reported to the Change Programme Board each month. The register will continue to be updated as Public Health England and associated national guidance develop further and as the transition progresses.

3.3 Finance

3.3.1 The DPH, or their representative, will work closely with the lead finance officers of the PCT cluster and B&NES Council. They will:

- Identify and quantify the key programmes of public health spend during and after the transition period.
- Agree the use of allocated budgets in 2011/12 and prepare for the first indicative local authority public health budget being published in April 2012.
- Agree and undertake a process for identifying budgets, expenditure and accountabilities to be allocated to public health during and after transition.
- Agree a process for executive sign-off and mechanisms for resolving disagreement.

3.4 A significant part of this work was carried out during August and September 2011. A detailed submission quantifying current spend on public health by the entire PCT (not just public health department) was sent to the South West Strategic Health Authority on 15 September. This was signed off by Chief Executives of both B&NES Council and PCT. This will inform the shadow local authority public health budget, published in December 2011 and the final allocation in April 2013..

3.5 Staff

3.5.1 The Department of Health is developing an overarching human resources framework that will cover all staff in the NHS affected by the changes set out in Equity and Excellence: Liberating the NHS. This will include all public health staff currently working in the NHS and includes those who will move to local authorities. A separate public health professional workforce strategy will be produced by autumn 2011. This will cover those who will form part of Public Health England and those with whom it will have close associations and the wider professional networks. The South West regional public health transition groups for programmes and workforce development will be important partners to work with during the transition period.

3.5.2 During 2011/12 and 2012/13 the public health staff currently employed by NHS B&NES will remain employed by the PCT on their current terms and conditions. The proposals outlined at 3.1.7 to 3.1.9 above will also enable public health staff to participate in the development of the new council and departmental functions and structures.

3.5.3 Staff currently playing a role in areas that may form part of future public health responsibilities but who are not in the public health team will be kept informed of change as part of the overall system changes within the PCT and the council. Examples of these can be found in the far reaching Public Health Outcomes Framework published by the Department of Health in 2010.

3.5.4 It is currently anticipated that staff employed by NHS B&NES who are fulfilling public health provider functions will transfer fully to the social enterprise in October 2011. Future governance of these staff will be provided by the social enterprise and assurance will be via contractual performance and quality meetings.

3.5.5 Staff currently employed by B&NES Council who are fulfilling public health provider functions will be kept informed of change as part of the overall system changes within the PCT and the council. It has not yet been determined where the most appropriate location will be for these staff who work as part of council services, which is why they are not currently planned to join the community health and social care services in October 2011.

3.5.6 A map of staff who are in the public health team or playing a public health role has been drawn up for the Public Health Transition Group.

3.5.7 A review of proposals will take place when relevant guidance from the DH is received and no later than December 2011. This will inform a further paper to the Board early in 2012.

3.6 Programmes and relationships

3.6.1 The Department of Health has set out a number of key programme areas to help local areas identify a standard set of public health activities during transition. These include:

- Health protection
- Emergency planning

- Information and intelligence
- Health improvement
- Support to NHS Commissioning Board, including QIPP, screening and quality assurance
- Professional leadership

3.6.2 Work is developing in B&NES to map out existing work in each of these areas and to identify the aspects of these that are carried out in local, West of England and regional forms and how these might most effectively be delivered in the new arrangements. Critical issues have also been identified for inclusion in the Risk Register identified above to ensure that all critical work and risk is kept in sight and key deliverables are achieved.

3.6.3 A brief project plan is now under development and will form the basis upon which future reporting on the transition will take place to the PCT Board and the Health and Wellbeing Partnership Board. This plan, along with the Governance Plan will also be regularly reviewed by the Public Health Transition Group.

Appendix 1

Timeline for the development of Public Health England.

April 2011

- Develop a draft accountability framework to define formally the relationship between the Department of Health and Public Health England
- Develop a draft operating model for PHE

Between April- October 2011

- Establish the structure for taking forward the financial, commissioning and relationship flows between PHE and the rest of the Health and Care system including working relationships with Local Authorities
- Appoint a Chief Operating Officer and designate new senior leadership team for PHE

By Aug 2011

- Complete structure definition to enable staff mapping

Between summer 2011 – April 2012

- Formal consultation with Trades Unions, staff and then plan and map staff into new structure, including all parts of PHE – HPA; NTA; Public Health Observatories; Cancer Registries; Regional Public Health Groups; Department of Health policy staff; National Screening Committee, taking account of indicative budgets for 2012/13

April 2012

- Staff migrate into the new structure
- Shadow Local Authority budgets

July 2012

- PHE will take on full responsibilities, budgets and powers

April 2013

- Public Health budgets allocated directly to Local Authorities

Appendix 2

Public Health Transition Group

Terms of Reference

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1. Purpose

The purpose of this group is to oversee the transition of public health responsibilities from B&NES Primary Care Trust in its current form to B&NES Council and, where appropriate, to the GP Commissioning Consortium and the PCT Cluster. The group will also identify and manage risks or barriers that could negatively affect the transition. This work will include the following:

Coordination of the transition of public health responsibilities

- Propose timescales for different aspects of the transition (eg. Functions, governance, transfer of staff, budgets, etc) and seek agreement though the appropriate PCT and Council decision making processes.
- Develop a business continuity plan to ensure stability for the existing public health programmes during the period of transition.

Capacity, capability and design of future public health programmes

- Support the recruitment of a new Director of Public Health.
- Identify future public health responsibilities of existing and new organisations.
- Design a model for future public health arrangements in B&NES, showing how public health could work in the new organisational forms.
- Identify existing resources that will transfer or contribute to these arrangements.
- Identify potential gaps in resources or guidance.

Finance and resources

- Identify historic NHS B&NES and council spend on public health work streams and advise both organisations on recommended spend in the future, in line with guidance as this emerges and taking in to account local financial position.
- Agree a process for identification and final sign off of budgets, spend and financial accountabilities of key partners in relation to public health programmes.
- Scope the implications for finance, HR, management, IT support and advise on the necessary capability and capacity.

Communications and marketing

- Coordinate reports to the executive teams of the Council, the PCT and the GP Consortium.
- Oversee the coordination of a consultation response to the Department of Health for the Public Health White Paper and associated documents
- Scope the implications for communications support and advise on the necessary capability and capacity.

Information and intelligence

- Scope implications for intelligence support and advise on the necessary capability and capacity.

Workforce

- Identify staff that will be involved in the public health transition process.
- Identify workforce development needs within and outside of public health to enable an optimal transition of roles.
- Develop a HR framework for secondment and transition of staff.
- To oversee the HR framework and to ensure appropriate consultation with appropriate employee/union representatives.

2. Membership

Name	Role or representation
Ashley Ayre (Chair)	Acting Strategic Director, People and Communities
Jeff James	PCT Cluster CEO
Dr Pamela Akerman	Acting Joint Director of Public Health
Cllr Simon Allen	Cabinet Member for Wellbeing
Ros Brooke	Non-executive Director, Trust Board, NHS B&NES
David Trethewey	Divisional Director, Policy and Partnerships
William Harding	Head of Human Resources
Amanda Phillips	Director of Personnel and Organisational Development
Rachael Eade	GP Commissioning Consortium Member
Paul Scott	Assistant Director of Public Health (Project Lead)
Denice Burton	Assistant Director – Health Improvement
Sarah James	Deputy Director of Finance
Tim Richens	Divisional Director, Finance
Dr Mark Evans	Health Protection Agency

It is proposed that the group would seek representation and advice as required from HR, finance, IT, communications, Council Legal Services and other key colleagues.

3. Meeting frequency

Meetings will be held every 6-8 weeks during 2011, with regular attendance from core members and attendance as required from non-core members according to the agenda.

4. Constitution, reporting arrangements and links

The group has no executive powers but will report monthly to the Change Programme Board of B&NES Council.

5. Interfaces

The group needs to relate to the GP Clinical Commissioning Group, the PCT Cluster, the Commissioning Support Unit scoping project and the People and Communities Leadership Team.

6. Administration

Agenda and papers to be sent out one week before the meeting. Minutes of the meeting to be sent within one week of the meeting.

7. Review

The terms of reference will be reviewed in December 2011.

Appendix 3

Public Health Transition Group

Options Paper for the Timescale for Transition

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1. Purpose

To set out options for the transition of key public health responsibilities and resources from NHS B&NES to B&NES Council. To identify potential benefits and risks associated with different options. To make recommendations on a preferred option.

2. Background

Recent consultation papers[5] from the Department of Health (DH) outlined changes in the public health system. This involved the creation of a new national service 'Public Health England' operating within the Department of Health. It also proposed moving responsibility for public health to councils. The timetable for these local changes are shown below:

Start to set up working arrangements with local authorities, including matching of Primary Care Trust (PCT) Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013

The Department of Health also recently published guidance[6] on the future of PCTs in the near future, in the form of PCT Clusters and also the governance of public health during the transition period[7]. The guidance clarifies that the existing Board of each PCT will retain the statutory responsibility for public health functions and outcomes until April 2013. The Director of Public Health will continue to fulfil their role within the PCT Board. Directors of Public Health will not be consolidated at cluster level, in order to support the transfer of this function to local authorities. However, robust systems must be put in place to ensure that PCT cluster Chief Executives and their executive teams are fully cognisant of the public health responsibilities they retain and act accordingly.

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[5] Healthy lives, healthy people: our strategy for public health in England
http://www.dh.gov.uk/en/Publichealth/Healthylivieshealthypeople/index.htm

[6] PCT Cluster Implementation Guidance
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123996.pdf

[7] Marsland (2011) *Public Health England*
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_125240

3. Options for transfer of governance, staff and financial responsibilities

	Statutory accountability until April 2013	**Governance of performance and risk**	**Staff** (Note – this refers to public health commissioning staff. Public health provider staff will be part of the social enterprise).	**Budget and responsibility for expenditure**	**Benefits and risks**
Option 1	NHS B&NES Board	Council takes on from **October 2011**	Staff would work from current location but be line managed as part of the People and Communities Department structure from **October 2011**, as part of the emerging people's directorate. They would be managed by the Director of Public Health, under the Strategic Director of the People's and Communities Department, using section 113 arrangements. Decisions about staff contractual transfer waits until 2012 when HR guidance from DH published.	No transfer until further changes are signed off by NHS B&NES Board for 2012/13.	This option allows for accountability to stay with the PCT Board, but for the public health commissioning team to have consistent line management arrangements during the transition period and to enable them to contribute to shaping the emerging people's directorate from the earliest stages. There would be very little visible change for the team in 2011/12 which provides stability. The council is still creating its new structures and 2011 could be too early for a move of public health responsibilities. The PCT is still working hard on identifying expenditure across wider public health programmes and further national guidance is expected before the end of 2011.
Option 2	NHS B&NES Board	Council takes on from **April 2012**	No change of line management arrangements or secondment until April 2012. Decisions about staff contractual transfer waits until **2012** when HR guidance from DH has been published.	No transfer until further changes are signed off by NHS B&NES Board for 2012/13.	Allows more time for council to have developed new structures. Budget and expenditure may be clearer from April 2012 as shadow budget published nationally by DH. More clarity may be available from Public Health England about which programmes should be considered as public health expenditure and how commissioning should account for these responsibilities amongst organisations. Makes it harder for public health to be a co-partner from the start in the creation of the people's directorate and may miss opportunities for integrating public health functions with other emerging functions of the council during 2011/12.

Option 3	NHS B&NES Board	Council takes on from **April 2013**	No secondment at present time. Decisions about staff contractual transfer waits until **2012** when HR guidance from DH has been published.	Council has new budget allocated from Public Health England from **April 2013**.	Allows a lot of time for council to have developed new structures. Shadow budget will be clear from April 2012 as indicative budget published nationally by DH. Makes it harder for public health to be a co-partner from the start in the creation of the people's directorate and may miss opportunities for integrating public health functions with other emerging functions of the council during 2011/12. Council may start to feel pressure on areas covered by the national public health outcomes framework published from April 2012, but council won't yet have responsibility until April 2013.

4. Recommendations

The above table highlights that each option is associated with different benefits and risks. The Public Health Transition Group have reviewed these issues and have recommended that Option 1 provides the best opportunity, with the caveat that this should only happen with specific criteria in place. These are to be set out by the Public Health Transition Group but are likely to include a minimum of:

- A joint governance plan having been signed off for public health responsibilities of the B&NES/Wiltshire Primary Care Trust (PCT) Cluster and B&NES Council following the move to Cluster PCT arrangements in June 2011.
- The Director of Public Health continuing to fulfil their role as an Executive Director of NHS B&NES during the transition period of 2011-2013.
- The new Health and Wellbeing Partnership Board having been established and the Director of Public Health being a member of this board.
- The initial outline of the People's Directorate Structure having being established and agreed with the role of the Director of Public Health clearly indicated.