Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Public Health Transition in Bath & North East Somerset

An Assurance Plan for the Public Health System in 2012/13 and 2013/14

Version 4, March 2012

Preface

This document sets out the plan for transition of the public health system in Bath and North East Somerset (B&NES) during 2012/13 and 2013/14. It has two key aims:

- To implement the changes set out in *Healthy lives, healthy people: our strategy for Public Health in England* (November 2010)

- To ensure continued delivery of all public health programmes in B&NES, maintaining high levels of quality and performance and maximising financial efficiency.

Within the plan there are many areas where planning continues to develop or where further guidance is expected and further analysis of the financial implications of the transfer needs to take place. This document represents the plans in place as at March 2012.

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1 Purpose

In line with the 2012/13 NHS Annual Operating Plan requirements, public health directorates are required to submit a transition assurance plan. This needs to be done as part of the overall Primary Care Trust cluster integrated plan, which is due for submission to NHS South of England by 16th March 2012.

The information set out over the following pages forms the public health transition assurance plan for 2012/13 and beyond. It will be the key resource for local agreement on transition issues, jointly between B&NES Council and NHS B&NES / NHS Wiltshire.

2 Background

In 2010, the Department of Health set out changes to the public health system as part of the NHS White Paper. These included the creation of a national public health service, Public Health England, and the transfer of local public health responsibilities from Primary Care Trusts (PCTs) to local authorities.

During December 2011 and January 2012, a large number of policy updates were published by the Department of Health. These included:

- Public Health in Local Government, including policies on:
  - commissioning responsibilities
  - public health advice to NHS Commissioners
  - the role of the Director of Public Health
  - Public Health Human Resources Concordat
- The Operating Model for Public Health England
- Public health transition planning support for primary care trusts and local authorities
- The public health outcomes framework.

A summary for local stakeholders of key issues arising from these policy papers is provided in Appendix 1.

Guidance has also been published on the financial allocations for the transition year 2012/13, and public health and finance teams are currently working to clarify the exact detail of available spend for the transition year by programme area. Detail about the future local authority public health budget is to be published during 2012/13.

3 Vision for new public health system

The Department of Health sets out a new vision for local government leadership of public health. In B&NES, we support this vision and the intention for local authorities to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do.

This vision encapsulates key themes:

- including the consideration of health and wellbeing in all council policies so that each decision seeks the most health benefit for the investment
- making effective and sustainable use of all council resources, using evidence and information to help ensure these are appropriately directed to areas and communities of greatest need and that represent excellent value for money for local people
- investing the new ring-fenced grant in high-quality public health services
- encouraging health promoting environments, for example, access to green spaces and active transport and reducing air pollution
- promoting community renewal and engagement
- tailoring services to individual needs, making them easier to reach and taking a more holistic approach to lifestyle change and wellbeing rather than a one focused on single issues

We envisage the council showing leadership across the three key areas of public health responsibility. These are:

Health Improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health)

- strategy development and prioritisation
- development, commissioning and/or provision of healthy lifestyle services
- leading partnerships and development of strategies to tackle the underlying determinants of health and health behaviour
- contribution to health economy Quality, Innovation, Productivity and Prevention (QIPP) programmes

Health Protection

- emergency preparedness, resilience and response

- leading, co-ordinating and commissioning of immunisation programmes
- leading, co-ordinating and quality control of screening programmes
- outbreak management
- development and commissioning of community infection control and tuberculosis (TB) health services
- management of environmental incidents or concerns, with the potential to harm local people's health

Health Service Improvement

- support for Joint Strategic Needs Assessment
- support for B&NES Clinical Commissioning Group and general practice clusters
- facilitation of care pathway redesign
- evidence based policy development and prioritisation processes

4. Operating model for public health in B&NES during transition and from 2013/14 onwards

It is proposed that a public health service will be situated in the People and Communities Directorate of B&NES Council. The Director of Public Health will be a Chief Officer of the local authority and will have direct accountability to the Chief Executive Officer of the Council, and also to the Chief Medical Officer for England, through joint appointment with Public Health England.

Although public health staff will work closely with colleagues in the People and Communities Directorate (for example on child health, drugs, safeguarding and mental health), there will be strong links embedded across the wider council. These will be at the strategic level, through the influence of the Director of Public Health in meetings with Strategic and Divisional Directors and Cabinet Members, and the operational level through officer collaboration on a wide range of projects. These include the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, licensing, active leisure, culture, spatial and transport planning. Many of these relationships are already in place, but could be strengthened further. Others are just beginning and a key role of the Director of Public Health will be to ensure that

impacts on population health and local inequalities can become a consideration in policy making that all parts of the council can commit to.

In delivering this transformation and vision, there are of course constraints to be identified and managed. Specific consideration of the key areas of human resources and IT are discussed in sections 10 and 12, later in this document on pages 45 and 46. A risk register for transition is in place and discussed later in the document. Separate to these are:

Constraints

The financial allocation for 2012/13 needs to be further analysed and understood, see section 12 on finance. In addition the financial settlement for 2013/14 will not be known until autumn 2012. These plans are subject to change arising from these analyses.

Sufficient human resources to plan and implement the changes. This includes ensuring enough people with the right mix of skills are sufficiently able to focus on transition issues in addition to their normal roles. To mitigate this, we are currently seeking additional project management capacity to support the public health management team in coordinating and delivering the plan during 2012/13.

This change comes at a time when the system is focused also on increased quality and productivity, so resource must be maintained on delivering robust public health programmes throughout the transition period.

Assumptions

- A key assumption for the project is the successful passage of the Health and Social Care Bill through the Houses of Commons and Lords and the Bill eventually receiving Royal Ascent.

- The B&NES Clinical Commissioning Group is authorised by 1st April 2013, and will work in shadow form from April 2013.

- The NHS Commissioning Board is established and functioning locally within 2012/13.

- Public Health England is established and functioning locally within 2012/13.

- Ring fenced public health allocations are made to local authorities by April 2013

- The Public Health Commissioning team will be part of an agreed council management structure in shadow form during 2012/13 before formal transfer in April 2013.

5. The B&NES approach to transition and local governance

In B&NES, the approach to transition has been a joint venture between the council and the PCT from the start building on the existing arrangement whereby the Director of Public Health is a Joint appointment and Public Health has been part of a broad integrated partnership arrangement between the council and PCT overseen by the Health & Wellbeing Partnership Board.

The local process has been managed through a Public Health Transition Group, chaired by the Strategic Director for People and Communities of B&NES Council and with representation from key senior officers of council, NHS and Health Protection Agency. The membership and Terms of Reference of this group are included in Appendix 2. Minutes of meetings are available upon request.

This group is managing key processes including accountability, finance, staff, risks and performance. The group reports on progress to the monthly Change Programme Board of the Council, and regularly, though less frequently, to the Health and Wellbeing Partnership Board, the PCT Board and the Wellbeing Policy, Development and Scrutiny Panel of the Council.

A draft outline transition plan was submitted in January 2012. This is included in Appendix 3.

The plan set out in the remainder of this current document forms the basis of the work programme for 2012/13 in relation to public health transition in B&NES. The risk register for the public health transition process is also attached, in Appendix 4.

The local public health system during 2012/13

The Public Health Transition Group has agreed that the public health team will continue to operate largely in its current way during the transition year 2012/13 and will be functioning both in a PCT role and increasingly as part of the People and Communities Directorate of the Council. However, the DPH in particular will be operating across the wider council building new shared areas of work with colleagues in the other two council directorates ('Places' and 'Resources'). The DPH will also be working closely with elected members to build the future public health roles of the wider council.

Transition milestones for 2012/13

The key milestones for the B&NES transition plan are as follows:

Key Milestone	Timeframe	Progress
Agree local transition plan for public health as part of the overall integrated PCT Cluster plan	March 2012	Complete

Develop a communication and engagement plan	March 2012	Complete
Agree approach to the development and delivery of the local public health vision	June 2012	On track through discussions with Strategic Directors and Cabinet Members of the Council.
Agree arrangements on public health information requirements and information governance	September 2012	Work plan in place (see later in document) and on track
Test arrangements for the delivery of specific public health services, in particular screening and immunisation	October 2012	
Test arrangements for the role of public health in Emergency Planning, in particular the role of the DPH and LA based public health	October 2012	
Ensure early draft of legacy and handover documents produced	October 2012	A PCT Cluster document has been produced and includes a dedicated public health section. This will be updated by October 2012, as new arrangements become more concrete.
Ensure final legacy and handover documents produced	January 2013	Draft document described above will be completed by January 2013 as part of overall integrated PCT cluster legacy document arrangements.

6. Providing leadership for health and wellbeing in B&NES

6.1 Health and Wellbeing Board

B&NES is part of the early implementer network of shadow health and wellbeing boards. This means that we are expected to transition from the current arrangement (a partnership board between council and PCT that governs commissioning of public health, health services and social care) to the 'shadow' board by April 2012 although it is noted that the Health & Wellbeing Partnership Board in B&NES will also continue to maintain its current responsibilities related to joint commissioning. A modified board arrangement will be in place by April 2013 at the same time as the clinical commissioning group (CCGs) takes on shadow responsibility for the NHS budget. We are on target to meet these timeframes.

Revised Terms of Reference for the Board are in draft format and will be approved by the Cabinet in the spring / summer 2012. The Terms of Reference set out the ambitions of the Board to:

- prevent ill health
- promote equality, health and wellbeing
- improve service quality
- deliver best value
- provide leadership and champion health and wellbeing.

Key successes to date include:

- Established partnership and strong commitment from Board members (including PCT, Council and developing CCG)
- Supportive of partnership and joint commissioning between health and social care
- Board member involvement in the developing JSNA

6.2 Board development

A development plan for the Board has been drafted. The Plan identifies a number of areas for development including the following:

Governance including legal responsibilities and relationship with scrutiny and other partnership boards, for example the Crime and Disorder Reduction Partnership and the Children's Trust.

Development and engagement of HealthWatch as a credible partner (as well as other public involvement). We will be developing a stakeholder engagement plan that will address some of this issue.

Engagement with providers especially large acute trusts

6.3 Joint Strategic Needs Assessment (JSNA)

The B&NES JSNA is being refreshed. Governance has been established through a JSNA steering group, comprising lead officers from Public Health, CCG, PCT Cluster, Local Authority Social Services, Children's Services and Policy. This group reports regularly to the existing Partnership Board for Health and Wellbeing Board. Terms of Reference for the group have been approved by the Health and Wellbeing Board and are attached in Appendix 5.

The overall process is project-managed by the Assistant Director of Public Health and the Local Authority Research & Intelligence Manager.

A project team consisting of analytical professionals from public health and local authority are responsible for the primary work and draw on knowledge from other departments/agencies as required.

The work is on target to complete in April 2012. This will involve:

- A short 15 page summary document of key JSNA outputs will be published, alongside a web-portal that will contain all the data and

evidence used in the JSNA process. A draft copy of this document is in circulation currently with the key information providers before being circulated further for comment from all partners.

- An ongoing work programme forming a continuous process that will inform on-going Board discussions and strategic priorities (departing from a previous emphasis on a single document, updated every one to two years).

The next Board meeting in April will focus on the outputs from the JSNA.

6.4 Health and Wellbeing Strategy

Following completion of the JSNA in March work will begin on Board priorities and the Health and Wellbeing Strategy.

The Board has agreed to focus on a series of top (15) priorities that will inform its work programme.

We are on target to have a draft Health and Wellbeing Strategy ready in the summer 2012.

Discussions are underway with CCG to ensure links with the CCG Plan.

6.5 HealthWatch

- Contract with current Link host extended to end of June 2012. New provider will continue LINk provision and manage HealthWatch pathfinder during period up to implementation.
- Clear vision in place informed by engagement and consultation and HealthWatch specification now completed.
- Cabinet has approved principles and plans for procurement.
- Procurement process commenced late February 2012.
- Expected to appoint provider in May/June.
- Resources are lower than hoped. Contract value expected to be around £80k.

7. Accountability and performance arrangements for public health during 2012/13

7.1 Accountability

During 2012/13 in B&NES, the B&NES PCT Board will retain the statutory responsibility for public health functions and outcomes until April 2013. The partnership arrangements that already exist within the council mean that a formal secondment is not necessary during the transition year. However, given the envisaged diminution of PCT capacity as we move towards October

2013 it may be appropriate to transfer functions utilising Section 75 of the National Health Service Act 2006 prior to formal transfer in April 2013. This will be decided by the Health and Wellbeing Board. From April 2013, the full accountability for public health responsibilities will transfer to the council and the DPH will 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.

Many of the decisions about public health issues are also influenced or taken at the B&NES Partnership Board for Health and Wellbeing and the GP led Clinical Commissioning Committee of the PCT.

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 PCT Cluster Board during the transition period until April 2013.

In addition, public health plans which have a direct relationship to NHS commissioned work and are of significant scale will need engagement with the Clinical Commissioning Group (CCG). This might be through the Clinical Commissioning Executive Board, the CCG, the PCT's Clinical Commissioning Committee, or through CCG representatives at the Health and Wellbeing Partnership Board or the Public Health Transition Group as relevant to the issue.

The Department of Health guidance on the development of Public Health England 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.

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 PCT Board during the transition period.

- The DPH will 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

- The DPH attends the Clinical Commissioning Committee, though in a non-voting capacity.

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, will have this arrangement extended to include managing Public Health responsibilities on behalf of the PCT.

7.2 Performance and risk

Performance and risk reporting will continue through the existing partnership arrangements during 2012/13. This involves monthly reporting on key indicators required through the NHS Operational Framework for 2012/13, alongside new or changed risks, through a report that goes to Clinical Commissioning Committee and the Health and Wellbeing Board.

Preparation has already begun within the council to enable us to monitor indicators from the public health outcomes framework, whilst recognising that this won't be operational until April 2013. An early framework for local monitoring of these indicators is being developed by the public health consultant and the strategic performance manager for the council.

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.

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 council's 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. This risk register is attached in Appendix 4

8. Transfer of commissioning arrangements and building relationships with partners across the new public health system

The new public health system places responsibility for improving public health and commissioning public health interventions with several national and local agencies namely; Public Health England, NHS Commissioning Board and Clinical Commissioning Groups (CCGs). Whilst this document focuses mainly on the transition arrangements for public health moving to the council

it is important to provide assurance for the transition of public health responsibilities to other destinations.

After April 2013 B&NES Council will be responsible for commissioning key public health services it will also have a responsibility for improving the health of the population it serves and will be taking an overall leadership role for public health arrangements in B&NES. This means that through the DPH and the Health and Wellbeing Board there will be a requirement to work together with all organisations responsible for public health and to advise and challenge the local plans of these other organisations for public health delivery in B&NES.

8.1 Public health functions and commissioning arrangements migrating to NHS Commissioning Board and Public Health England

The NHS Commissioning Board will be accountable for commissioning and delivery of the national screening and immunisation programmes. Public Health England will provide public health advice on the specification of national programmes, and also a quality assurance function with regard to screening. This is a big shift from the current arrangements in which PCTs commission these programmes.

Directors of Public Health will provide challenge and advice to the NHS Commissioning Board on its performance, for example through the joint strategic needs assessment and discussions at the health and wellbeing board.

During 2012/13 B&NES public health will continue to hold accountability and commissioning responsibility for these programmes for the local population. However, we will be working closely with colleagues in the newly emerging NHS Commissioning Board and Public Health England to transfer this responsibility in a safe and effective manner in readiness for the new arrangements starting in April 2013. It is not anticipated that any of the staff from the public health team will transfer to these new organisations. Those staff with a remit including these programmes will continue to provide local scrutiny and play a part in quality improvement with the new national partners though the mechanism for this is still being set out by the newly emerging NHS Commissioning Board and Public Health England. Screening and immunisation are both covered in the more programme specific section that follows this one.

The NHS Commissioning Board will also lead the commissioning of public health funded services for children under five, including health visiting, the Healthy Child Programme and Family Nurse Partnership. And we will work closely during 2012/13 with our new partners to ensure that local public health priorities are incorporated and addressed by national specifications and contracts.

In B&NES the commissioning Contracts Stocktake, is being divided and grouped across the new landscape of commissioning leads, including the Council, CCG, NHS Commissioning Board and Public Health England. A copy of this available if required.

8.2 Public Health Commissioning responsibilities and public health advice (the mandatory 'core offer') to the Clinical Commissioning Group (CCG)

CCGs are taking on the direct commissioning of some services that have a public health or prevention element built into them or for which we are currently commissioning a prevention element. All public health commissioners will need to work closely with CCGs to ensure that appropriate pathways are developed for the population that include prevention and early intervention initiatives such as screening. The Health and Wellbeing Board will be the body to ensure that this coordinated working takes place.

In addition there is a need to address the ongoing role of using public health expertise to provide support to clinical commissioners. This is a core strand of public health work know as health service improvement public health (also known as health care public health). The new public health system requires this public health support to continue to be given to CCGs and has identified support to CCGs as one of the mandatory services to be provided by local authorities. The core functions to be provided will be know as the 'core offer'. Additional functions can be commissioned by CCGs from local authorities under contracts to be agreed. Plans for delivering the core offer are covered in the next section.

Our intention is that this advice forms part of a broader collaborative arrangement between public health, the council and the CCG. Moreover, we intend that collaboration would encompass all aspects of our joint remits across improving health, protecting health and improving the quality of local services. This would ideally be captured in a Memorandum of Understanding and will be developed and agreed during 2012/13 to be in place as soon as possible, and before April 2013.

9. Delivering public health responsibilities in 2012/13 and preparing for 2013/14

This section sets out the current and future arrangements for commissioning of key public health programmes, including (but not limited to) the five mandatory areas set out in recent policy papers from the Department of Health. These mandatory areas are:

- a duty to ensure plans are in place to protect the health of the population
- ensuring NHS commissioners receive the public health advice they need
- appropriate access to sexual health services
- the National Child Measurement Programme
- NHS Health Check assessment.

Potential uncertainties or risks are identified for each programme, alongside plans to resolve these during the transition year 2012/13.

Please note, copies of Terms of Reference, Strategies and Minutes are available for these groups on request but given the scale and volume these have not currently been attached as appendices.

9.1 Health Protection

Accountability and governance for PCT Health protection responsibilities is currently to the PCT Board through the Health and Wellbeing Partnership. This will continue in 2012/13 through the shadow Health and Wellbeing Board. From April 2013 that accountability will be through the Health and Wellbeing Board to the Council.

The DPH is the strategic lead for health protection and for joint planning and response alongside the HPU and the council.

Current arrangements with the HPA will continue during transition.

The public health team is preparing an MOU between the PCT and the HPA for arrangements in 2012/13 and this will be finalised and signed by June 2012.

Arrangements between the LA and PHE (ie post April 2013) will be developed with an MOU in place before April 2013.

The Health Protection Agency locally will continue to provide surveillance of incidences as well as coordinating the response to any relevant outbreaks.

Public health specialists in BANES will continue to participate in the Avon health protection on-call rota.

9.2 Public Health Advice to NHS Commissioners

Public Health Advice to NHS Commissioners is currently provided by the DPH, a public health consultant, a public health intelligence analyst and two public health speciality registrars (although these last posts are supernumerary and subject to change). They provide a range of advice to commissioners including intelligence about population needs, analysis of health service variations and evidence about the effectiveness of interventions.

These staff contribute to the following groups, although because of the limited public health capacity available this is often as required rather than as core members. This is not an exhaustive list, but rather an illustration of the role.

- Clinical Commissioning Committee
- Long Term Conditions Group
- Cancer Local Implementation Group
- NICE group
- Quality Strategy Group
- RUH Clinical Quality and Outcomes Group
- Exceptional Funding Requests review group
- QIPP Leads group

We also have shared arrangements across the wider West of England area (encompassing the three BNSSG PCTs/Local Authorities and B&NES) with Bristol-based Consultants leading on dental public health, cancer, cancer screening programmes, some non-cancer screening programmes such as AAA screening and child death review panels.

These arrangements will continue throughout the transition period (2012-13) until superseded by the Core Offer (see below) and/or other suitable arrangements.

The Public Health West of England (WoE) Functions Project Group (which includes the three BNSSG PCTs and B&NES) was set up in October 2011 to take forward developmental work on the potential for collaboration with a Core Offer and ensuring PH advice to commissioners. It is currently shaping options and will then engage more widely with clinicians and partners and report in the summer.

In addition the Wiltshire and B&NES public health teams are exploring opportunities for collaboration on a Core Offer.

The Core Offer from April 2013 will consist of delivery of selected functions from the list of possible support functions as agreed between the Public Health team and the CCG. These would include more detailed aspects of the list below and would complement the contribution of other colleagues within the council, the CCG and the future commissioning support organisation:

- Assessing needs (Strategic planning)
- Reviewing service provision (Strategic planning)
- Deciding priorities (Strategic planning)
- Designing shape and structure of supply (Procuring services)
- Planning capacity and managing demand (Procuring services)
- Supporting patient choice, managing performance and seeking public and patient views (Monitoring and evaluation)

Our intention is that this advice forms part of a broader collaborative arrangement between public health, the council and the CCG. Moreover, we intend that collaboration would encompass all aspects of our joint remits across improving health, protecting health and improving the quality of local services. This will ideally be captured in a Memorandum of Understanding and will be developed and agreed during 2012/13 to be in place as soon as possible, and before April 2013.

9.3 Sexual Health

Access to all services providing contraception and sexually transmitted infections (STIs) testing and treatment services will remain free and confidential and available to all regardless of age, gender and place of residence. Contracts are in place with all providers to ensure this continues through 2012/13, with many beyond into 2013/14. Specialist providers, CASH and GUM will continue to offer a combination of walk in and booked appointments delivered 6 days a week, whilst general practice provide a comprehensive service ,including all LARC methods through booked appointments.

The sexual health programme board, chaired by the Joint Director of Public Health has council, primary care and PH membership and is responsible for providing strategic leadership and vision for improving the sexual health of B&NES, inline with the PH outcomes framework and JSNA. The board will ensure that the population of B&NES has and continues to have access to open-access, accessible and confidential sexual health services.

A post within the PH team currently has responsibility for oversight of the sexual health programme, this includes contract and performance management, service development/redesign. The post works directly to the DPH with a work programme agreed by the board. The current post holder commits a minimum of 2.5 days a week to sexual health. This post will be responsible for maintaining the provision of high quality accessible sexual health services during the transition and discharging the council responsibilities after April 2013.

Specialist sexual health services are provided by a number of organisations:

- The local acute trust (Royal United Hospital) provides the genitourinary medicine service including specialist HIV treatment. The contract and funding for this service does not currently sit with PH, this will have to be addressed as part of the transition work during 2012/13.

- Since October 2011 contraceptive and sexual health services have been provided by Sirona Care & Health CIC, a contract and service specification is in place which will ensure continuity of the service beyond April 2013. The budget for this service will be moved to PH during 2012/13, exact arrangements are yet to be finalised.

- PH commissions a full time sexual health improvement specialist post. The post, part of the Health Improvement service is provided by Sirona. A contract and service specification is in place until 2016 clearly setting out the role of the post. Key responsibilities include, delivery of the free condom scheme and young person's branding scheme, training and campaign work. The funding for this post currently sits with PH and will be transferred to the council.

- The Avon Chlamydia screening programme is commissioned to provide the necessary infrastructure to ensure a local providers offer Chlamydia screening to young people. The programme also manages results, signposts service users for treatment and encourages partner testing. NHS Bristol is the lead commissioner for the Avon programme and a contract is in place for 11/12, commissioners have agreed to sign a new contract for 12/13. Funding for the programme sits with PH and will move to the council. Commissioners will consider the future of the programme post March 2013 during 2012. NHS B&NES remains committed to offering Chlamydia screening through a wide range of services and reducing the prevalence of asymptomatic infections.

- Public Health has a LES is in place with 26 community pharmacies to provide free emergency hormonal contraception, pregnancy testing, condoms and Chlamydia treatment. The funding for this service sits with PH whilst payments are made through the medicines management team. This arrangement will continue in 2012/13 and whilst there is a commitment to continue contracting with pharmacies beyond 12/13 exact details on contractual arrangements will need to be agreed during the transition period and as a result of further national guidance.

- A range of initiatives specifically aimed at reducing teenage pregnancy rates are funded via the council with strategic leadership provided by the sexual health programme board. These include training for professional working with young people, looked after children's service. These projects are overseen by the Teenage Pregnancy Training and Development Officer, whilst employed by the council this post works in partnership with

the PH programme lead. Funding is currently committed for 12/13 with a work plan in place and agreed by the board.

- GP practices have been invited to sign up to a long acting reversible contraception LES for 2012/13. The LES will be jointly funded by PH and the primary care team, with budgets being aligned during 2012/13. It is not clear if the council will directly commission services from primary care contractors, if this is not the case then the necessary arrangements will be made to ensure the continuation of the service.

- Enhanced sexual health provision in schools and youth centres is delivered by the school nursing service (provided by Sirona) and offered on a drop in basis. This service is part of the school nursing contract, commissioned and performance managed by the council and in partnership with the PH team. Arrangements for this are being discussed in order to clarify transition issues to the NHS Commissioning Board for commissioning of school nursing contracts and how council concerns can continue to be incorporated from April 2013.

- The Health Protection Agency locally will continue to provide laboratory services, surveillance of incidences of HIV and STIs, as well as co-ordinating the response to any relevant outbreaks. From April 2013 Public Health England will take over these responsibilities.

To ensure all elements of the care pathway and patient journey remain joined up it is critical that the sexual health programme board and PH commissioner works closely with both the CCG and NHS CB during transition and beyond. Whilst primary care is already represented on the programme board a member of the CCG will be invited to join thus promoting and developing a shared strategic vision. The Health & Wellbeing board will provide the opportunity to ensure joined up commissioning for sexual health services by bringing together key stakeholders including GPs, commissioners and PH representatives.

9.4 National Child Measurement Programme

Child obesity, underpinned by National Child Measurement Programme (NCMP) data, is a public health outcome indicator and the programme is well supported and implemented locally. It is also one of the services mandated to be commissioned by the council from April 2013 onwards.

The delivery of the weighing and measuring of children for the NCMP is agreed through a Service Level Agreement (SLA) with the School nursing service in Sirona Care and Health, with a regular virement of funding on a recurring basis.

Public health commissioning managers have worked alongside public health intelligence and wider partners (local authority, school nursing, schools and third sector), to develop a process for safely and effectively sharing NCMP data which does not contravene guidelines and protocols around the sharing of data. In particular data have been useful for the targeting of healthy weight interventions and activities, informing priorities for schools working on initiatives such as healthy schools/healthy schools plus. We have also trained school nurses so that they are able to effectively support schools to interpret and use their findings as part of a wider school health profile in the future. We plan to continue to use NCMP data as part of school health profiles into the future.

There is still some uncertainty about the roles and functions the current school nursing team will undertake in the future given the changes to the national funding and organisation of health visiting and school nursing services.

We work closely with child health partners in the local authority and the emerging NHS Commissioning Board during 2012/13 to ensure that the council is in a position to continue commissioning the NCMP from April 2013, and that this ties in with the commissioning of these related services for which the council will not have responsibility.

9.5 NHS Health Checks

NHS B&NES has made significant progress rolling out the NHS Health Check programme during 2011/12. The implementation of the programme has been overseen by the NHS Health Checks Commissioning Group, the group is chaired by a local GP and has public health, finance, IT and commissioning membership and is supported by a dedicated Public Health Commissioning manager.

To maximise uptake the commissioning group consider that general practice is best placed to provide NHS Health Checks. Currently all GP practices in B&NES provide NHS Health Checks to their eligible population and this is delivered via a local enhanced service. Practices are paid for all completed checks and not for the administrative function of sending out invitations etc, it

is anticipated this will result in an uptake of over 50%. Early data suggests practices are making the required number of offers and uptake is as expected however it is difficult to validate this until a full year's data is received.

A full roll out is planned for 2012/13 and the commissioning group has agreed that general practice should continue to provide Health Checks, a LES will be issued during March. The commissioning group meets quarterly and will continue to monitor performance and outcomes, this will continue during 2012/13 and beyond.

From April 2013 the council will provide the necessary resources, (this will include a PH commissioning manager post that will move from the PCT to the council) to ensure NHS Health Check's continue to be offered every five years to those eligible aged 40-74. This is one of the services mandated to be commissioned by the council from April 2013 onwards.

The commissioning group will continue to provide strategic and clinical leadership and it is anticipated that use of locally agreed contracts with practices will continue, however consideration will be given to the use of other providers if this is felt beneficial. The budget for the NHS Health Checks programme currently sits will Pubic Health, and should therefore minimise complications when transferring to the council, and this is part of the current stocktake activity.

The NHS Health Checks Commissioning Group will be responsible for the overall quality of the programme. There are rigorous systems in place to ensure general practice provides a constantly high quality service, this is supplemented by the use of the LES which sets out the specific requirements of delivering NHS Health Checks.

Commissioners will continue to offer training updates for practice staff and maintain effective lines of communication, this is important to ensure national and local guidance is cascaded as appropriate. There will also be the opportunity to share best practice across all practices.

Practices are required to submit data on a quarterly basis, this will be analysed and if the data indicates potential problems then the practice will be contacted and if necessary support offered. Practice visits and audits will be undertaken if required. From April 2013 the PH team will work closely with the local clinical commissioning group (CCG) to link quality in the Health checks Programme to the quality programme led by the CCG.

The assessment and if necessary offer of lifestyle interventions is a key part of the NHS Health Check offer made by GP practices, this is underpinned by a contractual framework (local enhanced service). In line with national guidance the LES clearly describes what the assessment should look like and when lifestyle interventions should be offered. All practices have received a copy of the most recent national guidance.

It will be critical that the programme continues to have clinical leadership and support to ensure its long term success. The NHS Health Checks Commissioning Group will continue to oversee the contractual arrangements with general practice to ensure pts with high risk are managed appropriately and safely, within primary care. The council will work with the CCG as part of future collaborative arrangements, to ensure robust clinical pathways are in place across both primary and secondary care. In is proposed that this will form a component of the future Memorandum of Understanding between Public Health and the CCG.

9.6 Screening programmes

NHS B&NES currently commissions all of the National Screening Committee (NSC) recommended screening programmes. These include:

Antenatal and Child Health Screening

- Sickle Cell and Thalassaemia
- Antenatal Infectious Diseases
- Newborn Blood Spot
- Newborn Hearing
- Down's Syndrome
- Fetal Anomaly 18+6-20+6
- Newborn & Infant Physical Examination

B&NES is an associate commissioner with NHS Wiltshire being the lead.

Abdominal Aortic Aneurysm Screening
B&NES is an associate commissioner with NHS Bristol being the lead.

Diabetic Retinopathy Screening
B&NES is the lead commissioner on behalf of NHS Somerset and NHS Wiltshire.

Bowel Cancer Screening
B&NES is an associate commissioner with NHS Wiltshire being the lead.

Breast Cancer Screening
B&NES is an associate commissioner with NHS Bristol being the lead.

Cervical Cancer Screening
B&NES is an associate commissioner with NHS Bristol being the lead.

All of these programmes are governed by multi-disciplinary programme boards and report on Key Performance Indicators and National Quality Standards on a quarterly basis, either to the Department of health or to local Programme Boards.

National policy cited earlier has indicated that from April 2013 commissioning screening programmes will be the responsibility of the NHS Commissioning Board, mandated by Public Health England (PHE). The NHS Commissioning Board will need to work in collaboration to achieve this, particularly with GP Clinical Commissioning Groups. PHE will have responsibility for national screening programme policy and programme quality assurance. There will also need to be more local arrangements for assurance and oversight of safety and quality, where the Director of Public Health will play a significant role.

During 2012/13 PCT Clusters will retain the commissioning responsibility for screening programmes during transition and to ensure provision of public health screening expertise in the commissioning arrangements.

Public health, commissioning colleagues and service providers will work together during the transition year, along with the newly emerging NHS Commissioning Board 'local offices', to bring all the constituent parts of screening programmes together to ensure effective future governance, performance management and risk management from April 2013 onwards.

In creating these arrangements, public health within the local authority will retain a scrutiny and review role of local screening programmes on behalf of the local population. The Director of Public Health will therefore continue to maintain this function, which is currently led by a consultant in public health with lead responsibility for screening programmes.

In addition to handover processes for contracts and commissioning, it will be an important priority to create a model that enables the DPH to continue to effectively engage with the governance and safety of screening programmes from April 2013 onwards.

9.7 Immunisation programmes

Child immunisation programmes in B&NES are part of the standard primary care contract and additional services such as child health systems are commissioned by NHS Children's Services commissioners, hosted within B&NES Council.

Children's services and public health monitor performance for these programmes and report regularly to the Health and Wellbeing Board. Although commissioning of these programmes will move to the NHS Commissioning Board from April 2013, the council will continue to provide scrutiny of these immunisation programmes to ensure that population uptake is adequate across the district and within different groups. How this role will work is still to be determined during 2012/13 with the emerging NHS Commissioning Board and Public Health England, and also as part of collaborative arrangements with the CCG.

Arrangements for immunisations for teenagers, including HPV vaccination and the teenage booster will need to be clarified further during 2012/13 but with current expectation that these will be commissioned by Children's Services within the council which retains responsibly for commissioning health programmes aimed at children aged 5-19 years.

Seasonal flu vaccination is commissioned by adult services within the PCT at present, however this will switch to the NHS Commissioning Board from April 2013, and so a similar need for clarification will be established during 2012/13 about commissioning arrangements for clear routes for local public health scrutiny and influence.

For pandemic flu arrangements, the model used during the swine flu pandemic would still be used during transition and are in a state of readiness, should they need to be activated. This is the position for the whole of the South West and all Local resilience fora.

As the new Emergency Preparedness, Response and Recovery (EPRR) structure and model of operations is developed under Local Health Resilience Partnerships (LHRP), public health leads will agree and confirm any changes to the model that would be used. Until then, existing models and procedures will remain operational.

9.8 Drugs and alcohol services

No changes are proposed to the existing arrangements for commissioning substance misuse services, which have been in place for four years. During this period significant improvement has been seen in Key Performance Indicators and Outcomes, which has been acknowledged by the National Treatment Agency.

The LA already administers the substance misuse pooled budget and the integrated commissioning of substance misuse services falls within the portfolio of the Strategic Director, People & Communities. The Programme Director, Non-Acute Health, Social Care & Housing Chairs the Joint Commissioning Board, which has strong participation from all public sector partners.

There are clear lines of accountability from the Substance Misuse Commissioning Manager through the Associate Director for Mental Health & Substance Misuse to the Programme Director and on to the Strategic Director.

The Joint Commissioning Group for Substance Misuse, chaired by the Programme Director, and attended by the Director of Public Health currently oversees delivery of services funded by the pooled treatment budget. This group reports to the Responsible Authorities Group & Clinical Commissioning Group. Both the Director of Public Health and Chair of Clinical

Commissioning Group are represented on the Health and Wellbeing Board which ensures strong Governance.

Treatment services are currently commissioned via two main providers: DHI and SDAS which have contracts until March 2013. The needs assessment is being refreshed for 2012-13 which supports the annual strategic treatment plan. Baseline estimates for 12/13 service provision have been identified and agreed.

Young people's substance misuse services are commissioned & managed separately via local authority staff in Children's services at present (allocated staff member in place to do this) however a plan has been agreed to jointly re-commission adult and young people's services together during 2012-13. New contracts to be awarded from 1st April 2013. The children and young people's substance misuse group oversees this work and reports in to the Joint Commissioning Group for Substance Misuse.

Public Health lead the delivery of the B&NES Alcohol Harm Reduction Strategy, which has been agreed by the Professional Executive Committee (prior to the creation of the new Clinical Commissioning Committee), the Health and Wellbeing Partnership Board and the Children's Trust. The Strategy will be presented to B&NES Council Cabinet in April 2012. There is dedicated staff resource in place to lead the Strategy implementation, monitoring and evaluation. The Strategy is overseen by the Alcohol Harm Reduction Steering Group which is a multiagency alliance, facilitated by Public Health Development and Commissioning Manager. Strategy covers key areas of health and treatment, crime and community safety, children and young people and partnership working.

Alcohol Harm Reduction services are commissioned from the local authority via a service level agreement until 31st March 2013 which provides funding for a project worker to focus on prevention activities and capacity building amongst the local workforce. These services are reviewed annually and our intention would be to continue to commission services in 13/14 subject to confirmation of budgets.

The Alcohol Harm Reduction commissioning arrangement will need to be reviewed in light of the transfer to Local Authority and relationships across departments within the Local Authority.

A single route of accountability is needed in to the Health and Wellbeing Board for all Alcohol and Drug services (Prevention through to Treatment for Adults and Children & Young People) and this needs to be agreed during 2012/13 between local partners in order to simplify and strengthen accountability for Alcohol and Drug Prevention and Treatment work.

The Home Office element of the DIP funding (from pooled budget) will transfer to Police and Crime Commissioner and therefore needs to be

reviewed and agreed between partners agencies during 2012/13 to ensure allocation is retained for Drug and Alcohol Treatment services.
For this issue in relation to children and young people, Public health has commissioned the Schools Health Education Unit (SHEU) health related behaviour questionnaire for state schools in B&NES in 2011. We have plans in place to undertake repeat surveys every two years with pupils in years 4,6, 8 and 10. The rationale is to provide self reported lifestyle information on a range of health behaviour issues to inform the Joint Strategic Needs Assessment in relation to children and young people. Over time, the data will provide smoking prevalence data among young people and we will be working with local authority partners and to inform a range of initiatives e.g. in relation to healthy schools activity and targeting of schools for the ASSIST programme.

Public Health has purchased a 3 year licence for the delivery of ASSIST (evidence based peer influencing smoking prevention programme targeted to children aged 12-13 years). We have plans to renew the licence in 2013. The programme is delivered by the Health Improvement Service (Sirona) as part of our 5 year contract with the service.

9.9 Tobacco control and smoking cessation services

Public Health currently lead on the commissioning of Smoking Cessation and Tobacco Control work in B&NES. B&NES is part of a South West Regional Commissioning Group for Tobacco Control which delivers agreed Tobacco Control priorities through Smoke Free South West.

A Band 7 Development and Commissioning manager in the Public Health team is responsible for commissioning Tobacco Control & Smoking Cessation Services.

Current commissioning arrangements for Smoking Cessation and Tobacco Control are via a number of local providers: Sirona Care and Health (Specialist Stop Smoking Service and Tobacco Control work), GP surgeries/Pharmacies via LES, Wiltshire Maternity Services (Pregnancy) and Avon and Wiltshire Partnership (Mental Health).

All of the above contracts are reviewed annually and services commissioned until 31st March 2013. The Sirona Contract is a 5 year contract to 2016; however it can be reviewed from April 2013. Additional Tobacco Control work is also commissioned collectively via Directors of Public Health across the South West, through the provider ‘Smoke Free South West’. Currently, Smoke Free South West are negotiating with Directors for a further 3 year contract which is likely to be agreed before April 2012.

Our intention is to continue to commission services as above into 2013/14, subject to confirmation of budgets. There is a need to clarify the future link between maternity services contract management and public health as

funding is no longer from a public health budget, it is now part of block contract.

There is also a regional Options Appraisal taking place regarding the commissioning of Stop Smoking Services across the South West. The outcome of this appraisal will be known by end of March 2012. This may affect how specialist support services are commissioned and delivered in the future and may require change during 2012/13 in preparation for 2013/14 when the council takes on this responsibility.

Discussions have not yet taken place in relation to the emerging NHS Commissioning Board and CCG's responsibilities for related commissioning to optimise referral/data monitoring and prescribing of cessation pharmacotherapy. These will be taken forward by public health leads during 2012/13.

In relation to young people, smoking prevention with children and young people is addressed through PSHCE in schools. There is a lead post for PSHCE in the School Improvement and Achievement Service in the local authority.

School nurses also give input to PSHCE in class time in addition to offering smoking cessation support as part of their core contract

Public Health has commissioned the Schools Health Education Unit (SHEU) health related behaviour questionnaire for state schools in B&NES in 2011. We have plans in place to undertake repeat surveys every two years with pupils in years 4,6, 8 and 10. The rationale is to provide self-reported lifestyle information on a range of health behaviour issues to inform the Joint Strategic Needs Assessment in relation to children and young people. Over time the data will provide smoking prevalence data among young people and we will be working with local authority partners and to inform a range of initiatives e.g. in relation to healthy schools activity and targeting of schools for the evidence based ASSIST programme.

Public Health has purchased a 3 year licence for the delivery of ASSIST (evidence based peer influencing smoking prevention programme targeted to children aged 12-13 years). We have plans to renew the licence in 2013. The programme is delivered by the Health Improvement Service (Sirona) as part of our 5 year contract with the service.

The future of the lead PSHCE consultant post is unclear beyond March 2013 as is the future of the whole School Improvement and Achievement Service. They are moving toward primarily targeting vulnerable children and young people. Public health leads will work with local partners to ensure that public health commissioning responsibilities are clearly set out and taken forward by April 2013.

9.10 Breastfeeding services

At present, there is a commissioning lead for breastfeeding within the public health team, who is working closely with the Early Years and Extended services (children's centres) and the children's health commissioners to commission breastfeeding services. Joint commissioning is being considered to increase value and ensure coverage across all of B&NES. The SLA in place may be affected by the move to commission health visiting from the National commissioning team and the impacts of these need to be worked through during 2012/13.

PH managers contribute to the monitoring of the Health visiting service contract, and are involved in the setting of the outcomes in relation to public health indicators.

The strategy is in draft format and local implementation meetings have not been held regularly due to capacity; however action against the strategic vision has continued despite this. Discussions are in place considering the relationship between Wiltshire and B&NES and the benefits of a joint strategy considering the commissioning arrangements of maternity services and the cluster arrangements.

The breastfeeding strategy needs to be monitored more effectively and there are mechanisms in place for it to feed into the Children's Trust board, through the Children's Healthy Lifestyle group or the Children's 0-5 group which could improve monitoring. There is a question about how or whether it should feed into the healthy weight governance structure as well and this needs consideration / agreement during 2012/13.

The public health intelligence function in the public health team routinely analyses the breastfeeding data which is shared with relevant providers in the form of a scorecard and used to target services

The local children's centres, NCT, La Leche League and local women were involved in the development of the draft local strategy and will be invited to join in the local implementation meetings. The commissioned services are tasked with engaging local women in peer support programmes (offering women to women support). These women's experiences are considered routinely.

The local Maternity Services Liaison committee which covers Wilshire, B&NES, Salisbury and Swindon is working on its engagement of service users and facilitates a service sub-group. Women feed into the agenda through an issues tracker.

Significant local inequalities in infant feeding are highlighted in the JSNA, the local Health and Wellbeing Board will decide on local priorities based on local needs. In B&NES the overall breastfeeding rates are consistently higher than regional and national averages and thus breastfeeding may not necessarily

be deemed a high priority in B&NES. The need for targeted work continues to be highlighted.

A SLA is in place with the Health visiting service in Sirona Care and Health to deliver the final stage (3) of UNICEF UK accreditation. Wiltshire Maternity Services (Great Western Hospitals trust) are commissioned by NHS Wiltshire to progress to the final stage (3). Both services will be assessed in Autumn 2012. A financial commitment will need to be maintained in order to maintain the standards. Re-assessment will be undertaken in 2014.

B&NES has signed up to the national Breastfeeding Welcome scheme. Local materials have been produced. The SLA with the health visiting service has been amended to incorporate non-recurring initial set up and co-ordination time. Consideration to the maintenance of the scheme will need to be embedded into the overall SLA for breastfeeding services.

9.11 Public mental health services

Current delivery mechanisms for adult public mental health are led through the Suicide Prevention Group. This is a multi-agency group chaired by a Consultant in Public Health with membership including commissioners, secondary care, mental health trust, community and voluntary mental health groups, Child and Adolescent Mental Health services and improving access to psychological therapies. The group has a remit that covers suicide prevention and self-harm reduction.

The current B&NES Suicide Prevention Strategy and action plan are under review and a refresh will be completed by September 2012. Emotional wellbeing work has been included in the general contract for 2011/12 with the PCT's main provider of community health improvement services and this is intended to continue for 2012/13 and beyond.

Suicide prevention and self-harm reduction feature in the Public Health outcomes framework and so it is anticipated this work will continue in a similar format after April 2013. It is anticipated that the lead commissioner for mental health will be situated from April 2013 in the People and Communities directorate of B&NES Council. This will make joint working on these issues relatively straightforward and similar to current arrangements.

In future, there may be less contact and therefore influence with clinical staff and NHS commissioning staff and so the public health lead will ensure continued clinical engagement with the suicide prevention group and the work to refresh the strategy and the action plan during 2012/13. Public health will also seek to continue engagement with clinical mental health pathway work during 2012/13 and beyond.

There is a potential risk that data sharing becomes more difficult between local health service providers and public health situated within the council.

This needs to be considered as part of new data sharing protocols with existing and emerging NHS organisations and this is picked up specifically later on in this document under the IT and Intelligence transition workstream with an associated work programme.

9.12 Dental public health services

During 2012-13, current shared arrangements for Dental/Oral Public Health Services (across the four West of England PCTs) will continue. A Dental Survey and an updated needs analysis are in progress (and due to report in 2013 and summer 2012, respectively). These will provide up-to-date analysis to inform local JSNAs (regarding local needs and prioritisation), and will be available on transfer of responsibilities (e.g. to PHE, the NCB and the Local Authority).

Dental Services are currently commissioned though the PCT's Dental Commissioning Team. Service developments and reconfiguration of services are informed by the needs of the population and co-ordinated through the Avon Dental Project Steering Group and an Oral Health Improvement Task and Finish Group, both of which have inputs provided by a Consultant in Public Health. This arrangement will continue until superseded (e.g. by the Core Offer or PHE resource).

Public Health will continue to lead on Oral/Dental Health Improvement commissioning functions during the transition and in the Local Authority from April 2013.

Bristol PH will continue its West of England lead role until the Core Offers to CCG are finalised and local leadership and shared responsibilities arrangements and roles are redefined. The public health West of England Functions Project Group (inc. BNSSG and B&NES) is taking forward this developmental work, shaping options and will report during 2012/13.

The Pan-Avon (West of England) Oral Health Improvement Strategy continues to be implemented (2010-15) and current arrangements will remain the same throughout the transition period.

9.13 Accidental injury prevention

Public health currently lead on the commissioning of Injury Prevention work across B&NES and work in partnership with NHS Bristol, NHS South Gloucestershire and NHS North Somerset to maximise efforts across the 'Avon' area.

The Avonwide Injury Prevention Partnership works to the Avonsafe Injury Prevention Strategy 2008 – 2013 which prioritises evidence based prevention activity for children under 5 years and older people (over 65's). The partnership is steered by NHS Bristol, NHS South Gloucestershire, NHS

North Somerset and NHS B&NES who jointly fund a co-ordinator post and employ local injury prevention workers to deliver local interventions.

The Strategy will be reviewed from April 2013. There is currently a memorandum of understanding across the 4 PCT's to fund the co-ordinator post until March 2013 and the intention is to continue this approach for 13/14.

The PCT is represented by the co-ordinator post on the West of England Road Safety group and South West Home Safety Council. There is also an Avonwide Older People's group which co-ordinates multiagency falls prevention work across the area.

Public Health currently fund an Injury Prevention Officer based within the local authority via a service level agreement until March 2013. This post facilitates the local multiagency Avonsafe partnership which delivers on an annual action plan focussing on home safety for children and older people. The work of this group is reported to the Local Safeguarding Board and Children's Services are represented on the Avonsafe group.

Our intention is to continue this work into 13/14 following confirmation of budgets however commissioning arrangements are likely to change due to the move to local authority and need to worked through in anticipation of the new arrangements during 2012/13.

Falls prevention is currently the responsibility of a senior NHS commissioner. It is anticipated that this function will move to the People and Communities directorate of the council and so during 2012/13 we will need to confirm arrangements for future commissioning from April 2013.

9.14 Behaviour and lifestyle campaigns to prevent cancer and long term conditions

Local leadership for cancer prevention work comes mainly from the Avon, Somerset and Wiltshire Cancer Network and separately from a jointly funded Consultant in Public Health who leads aspects of this work on behalf of the four West of England PCTs (B&NES, Bristol, North Somerset and South Gloucestershire).

The work focuses on supporting and acting upon the National Awareness and Early Diagnosis Initiatives, on bowel cancer and lung cancer and continuing local initiatives on awareness and early diagnosis of urological (kidney, bladder), lung cancers and supporting Cancer Network wide initiatives such as Signs for Survival.

This is supported more directly in B&NES through the Local Implementation Group (LIG) which is a multi-disciplinary group of commissioners and clinicians, with specialist public health input as required.

We will also continue to undertake small opportunistic campaigns linked to national awareness weeks or months, such as Cervical cancer awareness week in June, and Breast cancer month in October.

Long term conditions (LTC) work in B&NES is led through a multi-disciplinary project team, linked to the National LTC Development Programme. A consultant in Public Health is part of this work programme. During 2012/13 and beyond we will be working with our integrated community health and social care provider to ensure that the behaviour change skills available from the Healthy Lifestyle Service (also now situated in the community provider) become linked to all of the other more clinical services working with people who have long term conditions, through robust referral pathways and also through training and support for the more clinically orientated staff.

This work will become an example of the collaborative approach to public health issues that we are looking to foster with the Clinical Commissioning Group from 2012/13 onwards.

9.15 Workplace health

Sirona Care and Health are commissioned to support a limited number of workplaces with routine and manual workers per year and to develop a network of workplace champions. The contract is until 2016. Plans are in place to establish a workplace steering group to promote the roll out of the workplace charter. Capacity to lead this is within the public health commissioning development team. There is potential to develop / expand this programme subject to funding. There are no immediate risks due to transition.

9.16 Lifestyle, weight management services and nutrition initiatives for adults

Public Health currently lead on the commissioning of Adult programmes to increase physical activity and promote healthy eating.

Physical activity work is led via the multi-agency Get Active partnership which is chaired by the Assistant Director – Health Improvement. The partnership works to the Get Active Strategy 2011- 2015. It has a core commissioning and development group which meets quarterly and two wider stakeholders events per year. The Local Authority fund and commission the provision of Leisure facilities in B&NES. The local Authority lead a Cycling cross departmental group which is attended by the Assistant Director – Health Improvement. It is chaired by a councillor.

Healthy weight is coordinated via a healthy weight strategy group also chaired by the Assistant Director – health Improvement. A core commissioning development group with terms of reference is established and it works to implement the Shaping Up strategy 2011 – 2015. Both groups report to the Health and Wellbeing partnership.

In relation to wider determinants, the sustainable food agenda is currently being reinvigorated and the B&NES Environmental Sustainability Partnership has adopted sustainable food as a theme. The West of England Joint Sustainable Transport Plan was successful in securing phase one funding. A full bid has been completed and submitted. The outcome of this will be known later in the year.

Capacity to commission services is currently within the Public Health team. 1 WTE Commissioning development manager is dedicated to this role which also includes addressing the related wider determinants such as transport planning and green infrastructure and food policy.

A service level agreement is in place with the sport and active lifestyle service to deliver Passport to Health (exercise referral scheme) and community activators. This agreement is in place until 2013 and will need reviewing during transition year. It is our intention to continue these services subject to ongoing sufficient funding.

A new tripartite agreement between the University of Bath and the local authority is in place March 2012 – March 2014 to fund a research associate for two years located in the Sport and Active Leisure team. This post will evaluate the options within the passport to health programme and provide training and toolkit for providers to effectively evaluate their own programmes.

A service level agreement is in place with Sirona Care and Health until 2016 to deliver a healthy lifestyle hub to provide a single point of access s for all healthy lifestyle services including those provided by the local authority.

Services commissioned and delivered by Sirona Care and Health include: Slimming on referral – a voucher scheme providing free access to Weight watchers and Slimming world. Lifestyle advisors (formally health trainers) are able to see clients on a 1-1 and raise awareness in the community about the lifestyle services.

A service specification is included in the block contract for Dietetics services for the dietetic support for the Counterweight programme. This is delivered in primary care and the dietician provides recruitment, training and ongoing support.

An SLA is in place with the Learning Disabilities services to deliver Feel good foods project – a food box scheme providing ingredients and recipes.

The commissioning posts will transfer to the local authority in 2013 and the exact nature of peoples posts will be determined and part of the transition process and integration to new council structures. However it is anticipated that leadership for these areas of work will remain a key part of public health staff functions. Delivery of services is all within contractual arrangements and therefore should be unaffected by the transition.

In terms of risks, much of the delivery is within a block contract with Sirona Care and Health. It is not yet clear how the public health elements of this block contract will be monitored beyond 2013 and so the public health lead will review contract monitoring arrangements for the elements that will be commissioned from the council.

The Counterweight dietician is included in a block contract which will be the responsibility of the Clinical Commissioning group in future. It is not clear how this will continue to be monitored from the Local authority. Public Health is currently not involved in this contact monitoring but receives reports direct from the provider. The public health lead will agree with CCG during 2012/13 how public health aspects of block contracts will be monitored and reported.

9.17 Lifestyle, weight management services and nutrition initiatives for children

A service level agreement is in place with the community health and social care community interest company Sirona Care and Health to deliver a healthy lifestyle service which includes a Cook it service, Let's Get Healthy with HENRY, Food in Educational Settings Post, Adult weight management, smoking cessation. This contact is agreed until end March 2016. This will not be affected by the transition. This will be reviewed in the light of the transition, and any emerging evidence of effectiveness from 2013.

A SLA is in place until July 2012 with Aquaterra (local leisure provider) to deliver weight management for children (currently the MEND programme for 5-13 yr olds) Consideration is being given to going out to tender on all children's weight management services in April – July 2012 This would include services for 13-16 year old. We have recognised that there currently a gap in provision for this age group and we would like to ensure the pathway is complete. We have identified funding for this work 2012-13. This commission would be for a 3 year SLA. This will not be affected by the transition, however procurement support from the LA would be beneficial.

A SLA is in place with Early Years and Extended services for the Healthy Early Years Award scheme and the coordination of the HENRY programme. This award is currently being aligned with the new Director of Public Health Award for Healthy Schools (launching in April 2012). The HEY /HENRY SLA is agreed until end March 2013. Discussions will need to be undertaken to assess whether this service becomes a core function of the Early Years team or whether PH continues to hold a SLA with them for the service. The benefits and risks of this are unclear at this point.

Public Health has commissioned the Local Authority to develop and deliver a new programme for healthy educational settings, specifically; early years, schools, including the independent sector, and FE colleges. It is called the Director of Public Health Award and has been commissioned until March 31st 2012. In terms of continuity, our commissioning intention is to continue to commit public health funding to commission the programme into the future.

However we are awaiting further confirmation on definitive budgets and therefore allocation for this work as well as further review of providers (the current School Improvement and Achievement Service in the Local Authority where the current post sits may not be in existence beyond April 2013) before confirming contractual arrangements beyond this date. We anticipate we will be in a position to make these decisions in November 2012. We are also introducing a modest charging structure for schools to help subsidise the costs of the initiative.

PH is not currently involved with the dietetics contract or any links to community food. A new Sustainable food policy has been drafted and public health has been involved in its development and its inclusion in the LA Green Infrastructure work.

Public Health has commissioned the Health Improvement Service (Sirona) to provide a 0.6wte Health Improvement Specialist post to work specifically to support schools and other educational settings in support of their work to achieve the DPH Award (see above) and other evidence based food and health related activity. The current contract is until March 31st 2012. As with the wider DPH Award contract we will be in a position to re-commission the service once our definitive budget has been decided later this year.

Assurance should be given that governance arrangements are being developed to ensure a broad strategic focus for improving healthy weight and well being, based on need as outlined in the Joint Strategic Needs Assessment, and in line with appropriate measures held in Public Health Outcomes Framework;

There is no current working arrangement for the monitoring of the healthy weight strategy, although the governance structure exists. The key commissioners need to be identified and engaged in progressing the action plans for adults and children.

This work is the responsibility of an Assistant Director for Health Improvement and the programme is led for adults by a Public Health Development and Commissioning Manager and separately for children and young people by a Public Health Development and Commissioning Manager. These posts are within the public health team and will maintain their roles during 2012/13. The posts will transfer to the local authority with public health, and the exact nature of people's roles will be determined as part of the transition process and integration with new council structures. However, it is anticipated that leadership for these work areas would remain a key part of public health staff functions.

9.18 Public health services to children and young people (aged 5-19) including: Healthy children programme, school nursing and the health of looked after children

Currently commissioning of child health services is led by Local Authority Partners. Public Health are associate commissioners and contribute funding to the school nursing service as part of the core contract. In addition, public health commissioners work in partnership with local authority colleagues to contribute to the monitoring of the contract and determining outcomes in relation to PH indicators.

It is unclear how national changes to the commissioning of school nursing will affect current arrangements and the determining of public health priorities and indicators, particularly in relation to local priorities. For example, the current service specification covers provision for a whole time equivalent post to work exclusively in the two local FE colleges, there are also similar specific posts and it is unclear beyond the transition how we can influence this level of detail within the service specification and the monitoring of performance.

Currently, local authority (teenage pregnancy) funding is used to cover additional hours for a Looked After Children's Nurse. It is unclear how this will be affected by the transition and will be resolved during 2012/13 through programme conversations with colleagues in the People and Communities Directorate.

Sirona Care and Health are commissioned to provide core school nursing services and the commissioning is led by children's services. The school nurses are also commissioned to provide additional public health services such as NCMP and SAFE sexual health services in out of school settings. There are no immediate risks to this due to transition. The SAFE services will be included in any retendering for integrated sexual health services in the future but this is not anticipated during transition year. These services have an agreement until 2013 and will need to be extended.

9.19 Reducing excess deaths and seasonal mortality

The 2010 Local Authority Health Profile for B&NES revealed that B&NES had the highest excess winter mortality index in England. In response the B&NES Local Affordable Warmth Group took on the remit for tackling excess winter mortality. It should be noted that B&NES has a consistently lower overall mortality rate and that part of the reason for this rise in our season mortality ratio was a drop in summer deaths at the same time as a slight rise in winter deaths, leading to a significant change in the ratio. Overall mortality remained relatively constant during this period.

The B&NES affordable warmth group is a multi agency partnership with strong engagement from the Local Authority, PCT and local Community and Voluntary Groups. It aims to tackle fuel poverty and promote affordable warmth. An action plan was developed and its work is funded by the Public Health department and the Local Authority. The action plan focuses on the identification of vulnerable individuals, promoting community engagement around the issue of affordable warmth, and the development and

maintenance of appropriate capacity, to advise and assist these individuals to achieve affordable warmth. The action plan and governance arrangements are currently under review. A revised action plan and governance arrangements will be agreed by September 2012.

The group is chaired by the Director of Public Health and this will remain the case during the transition phase.

The PCT has participated in the MET office cold weather warning system for COPD

The PCT has worked with colleagues in the Local Authority to implement the NHS cold weather plan for England. Equally the organisations have a hot weather plan that aims to reduce excess mortality during hot weather.

Warm Streets is the Local Authority's flagship scheme for promoting and co-ordinating affordable warmth and fuel poverty action. It has been set up in partnership with six neighbouring local authorities and Scottish and Southern Energy. The scheme offers free heating improvements and insulation through to heavily discounted energy efficiency measures for those who are able to pay. Everyone who contacts the scheme if offered a free benefits check to ensure they are not missing out on benefits and to maximise household income, which is an important factor in tackling fuel poverty.

There are no changes envisaged on moving to the council as leadership and membership should remain the same.

9.20 Community safety, violence prevention and response

The Director of Public Health sits on the Responsible Authorities Group (RAG) which has oversight of all community safety issues.

The public health commissioning manager for alcohol liaises closely with the substance misuse team and reports on progress with the Alcohol Harm reduction Strategy (draft) which has dual reporting through the RAG and the Health and Wellbeing partnership.

9.21 Tackling social exclusion

Public Health staff currently contribute to a number of projects aimed at tackling social exclusion within B&NES. Although a generally affluent area, B&NES still has neighbourhoods and communities for whom health and social outcomes are not as good as other parts of the district.

Work is underway to commission University of Buckinghamshire to conduct a health needs assessment for Gypsy and traveller and Roma communities. This will be completed during transition year and therefore is not at risk.

There is an identified lead in the public health team for this group who will continue to liaise with the local authority.

We have worked with the B&NES Race Equality Council over the last 3 years to improve our engagement with local Black and Minority Ethnic (BME) Communities and more recently we have started discussions with council colleagues to broaden our approach to engaging with a more diverse range of people with protected characteristics such as disabilities and sexual orientation. This work is likely to begin in 2012/13 and will continue through new joint arrangements within the council from 2013/14. We anticipate that this will also be part of the intelligence about the population that we can share with CCG colleagues to support the tailoring of NHS commissioning to meet diverse local needs.

9.22 Infection prevention and control

Infection prevention and control is one of the critical public health services transferring to the local authority. As part of their public health responsibilities, local authorities will be required to ensure that plans are in place to protect the local population including plans of acute providers and others for prevention and control of infection, including health care associated.

In the light of this guidance, the responsibility for infection prevention and control in B&NES will be moving from the Director of Nursing to the Director of Public Health in the next few months.

Oversight of infection prevention and control will remain as part of the current Quality strategy delivery during the transition:

- The quality strategy was approved by the Board in Sept 2011
- A quality dashboard with CCC approved measures and targets is in place as proxy indicators of performance against high level outcomes.
- Hospital acquired infections form part of the patient safety quality measures

    - MRSA bacteraemia
    - C Diff infections
    - MRSA screening
    - C diff related deaths.

- Through the RUH Clinical Outcomes and quality assurance process the quality PCT scorecard ensures regular monitoring of selected quality markers for main providers :

    - MRSA bacteraemia
    - MRSA screening requirements
    - C difficile
    - E coli

- Bloodstream infections GRE bacteraemia

The Consultant in Public Health will continue to attend the RUH Clinical Outcomes and quality assurance meetings

Plans for the deliver of infection prevention and control post April 2013 will be developed over the next few months and this will involve:

- We will work with the CCG developing their quality control arrangements for post April 13, to identify the most appropriate arrangements for ensuring that infection prevention and control remains a key part of the quality review of providers. Where existing arrangements work will these will be absorbed into new arrangements.

- Consideration of options for the transfer of employment of the two infection control nurses. Likely options are employment within the local authority or as part of the CCG.

A transition work plan for infection prevention and control is shown in Appendix 6.

9.23 Reducing public health impacts of environmental risks

In B&NES the public health team works with the council environmental services on responding to environmental hazards.

B&NES public health commissions work on management of childhood injuries and alcohol harm reduction from the environmental services department of B&NES council.

Currently the HPA supports us in the management of environmental incidents in partnership with the environment agency as necessary and this will continue with PHE.

Within the West of England there are regular meetings between HPA, environment agency, LA and public health reps to share learning from incidents and there response.

In B&NES the public health team works with the council environmental services on responding to environmental hazards.

All these activities will continue through the transition year and will be further developed following the transition.

9.24 Emergency planning, resilience and response

Current resilience arrangements will be maintained through 2012/13.

BANES PCT will continue to plan and train for incidents/outbreaks with local partners (BANES council, other PCTs within LRFs and acute trusts) through local arrangements and Avon Health Executive Resilience Group (AHERG)

NHS BANES and Wiltshire share executive leadership arrangements and a single cluster Board and have a single on-call rota.

Executive on-call rota is shared with BNSSG for response within the Avon and Somerset LRF.

DsPH and public health specialists will participate in on-call rota with HPA to provide advice and support for management of public health aspects of incident/outbreak management

Planning for resilience arrangements after April 13 is being informed by participation in the existing multi-agency Avon Health Executive Resilience Group (AHERG) and through participation of the Avon and Somerset LRF in a national grouping of six LRFs selected to test out the emerging arrangements by participating in national workshops.

We are still awaiting further clarification of national guidance for the new EPRR operating model. Guidance is needed on:

- Ensuring PHE and NHS CB plans are aligned
- Transfer of existing NHS emergency planners to LHRP to ensure that 'surge' capacity remains within NHS
- Arrangements for PHE to provide advice and support to LHRP and LA.
- Lead DPH arrangements for each LHRP
- On-call rotas for LHRP
- On-call rotas for public health in the LHRP (PHE and local public health specialists), including rotas for DPH participation in the Scientific and
- Technical Advisory Cell (STAC) for the LRF/SCG.

We are starting discussions across the LRF about possible arrangements for a lead DPH.

Testing of new arrangements in the Avon and Somerset LRF will take place between Jan and March 2013 and will be led by NHS South Resilience lead.

Once further guidance is received and local EPRR arrangements are better developed, the DPH, on behalf of the LA post April 13, will be working with PHE and the LHRP to ensure that the emergency planning and response arrangements for the protection of the population's health and wellbeing during major incidents and emergencies are robust. The DPH will advise and challenge and will report to the Health and Wellbeing Board on the planning and response arrangements that will be in place.

9.25 Improving the wider determinants of health

The current public health team contributions to activities with B&NES Council on the wider determinants of health will continue. These are:

- Responding to consultation on the core strategy to ensure opportunities were identified for health improvement and addressing health inequalities.

- The DPH has signed the Memorandum of Understanding on transport and health with West of England Councils and DsPH. The MOU commits the Public Health team in B&NES to ongoing participation in the WOE Transport and Health Forum.

- Providing training for Environmental Sustainability Partnership (ESP) Board members and officers in the transport team on accessing the public health implications of transport policy.

- The DPH is a member of the B&NES Environmental Sustainability Partnership (ESP) Board. Public Health team members contribute to sub-groups of the ESP:

    - Domestic emissions and Green Deal Worksteam, through the B&NES Affordable Warmth Action Group.
    - Transport Workstream, providing health advice to and supporting the Local Sustainable Transport Fund bid which B&NES is submitting with West of England partners.
    - Natural Environment and Green Infrastructure Workstream, providing Public Health advice on the use of open spaces.
    - Food policy, a newly developing work strand.

Discussions have commenced with the current B&NES Council Strategic Director for service delivery (responsible for planning, transport and tourism, leisure, heritage and culture and environmental services) on how to build on and expand these roles in the transition year 2012/13 and post April 2013.

10. Workforce elements of the plan

There has been close working between Human Resources colleagues from NHS B&NES / Wiltshire Cluster and from B&NES Council. The work has been based on the principles and detail encapsulated in the Public Health Human Resources Concordat. The work is governed by the Public Health Transition Group, as mentioned earlier in the document.

A framework has been produced to manage the public health transition from a Human Resources perspective and this is attached in Appendix 7. It includes key assumptions, milestones, timescales and lead managers.

Appraisal and revalidation of public health specialists is an important component of professional competence and registration. Arrangements for revalidation in the future will be established during 2012/13 for the Director of Public Health and any public health consultants (medical and non-medical) in the team, to ensure there is access to appropriate trained appraisers. This may include linking to local Responsible Officers in B&NES, as is the case for other medical specialties.

11. Clinical governance and other governance issues

A critical task is the need to ensure that clinical governance arrangements are in place for all relevant services to be commissioned by the Local Authority. This will include monitoring of Quality standards for training and accreditation, SUIs and Patient Group Directions.

Reporting of SUIs and never events will remain as part of the current Quality strategy delivery during the transition:

- The quality strategy was approved by the Board in Sept 2011
- A quality dashboard, with CCC approved measures and targets, is in place as proxy indicators of performance against high level outcomes.
- Serious incidents and never events form part of the patient safety quality measures
- Through the RUH Clinical Outcomes and quality assurance process the quality PCT scorecard ensures regular monitoring of selected quality markers for main providers including SUIs.

Plans for the deliver of the quality strategy post April 2013 will be developed over the next few months and this will involve:

We will work with the CCG developing their quality control arrangements for post April 2013, to identify the most appropriate arrangements for ensuring that monitoring of serious incidents remains a key part of the quality review of providers. Where existing arrangements work will these will be absorbed into new arrangements.

We need clarity over future liability for the local authority regarding clinical advice back to the NHS post transfer.

Since we are not directly providing services we do not have directly employed staff operating under Patient Group Directions.

11.1 Agreeing a risk sharing based approach to transition between the PCT cluster and the council

A shared Risk Assessment and Mitigation Strategy will be agreed as part of the implementation of the Public Health Transition Plan. A Risk Assessment is already in place and will be updated throughout 2012/13 alongside new information or organisational changes that occur in the system.

The strategy will be subject to approval by the:

- Health & Wellbeing Partnership Board
- Council Cabinet
- Clinical Commissioning Committee (pending authorisation of the Clinical Commissioning Group) will review and make recommendations about the strategy to the PCT Board.
- PCT Board

11.2 Sector led improvement

B&NES is part of the regional group considering the implementation of sector led improvement across the Children's and Adult's landscape. The local authority takes an evidence-informed approach to sector led improvement activity and will continue to work in this manner when assuming public health duties

12. Enabling infrastructure

12.1 Capability and capacity to ensure delivery of the public health transition plan

The current capability and capacity of the existing public health team to deliver the transition plan has been reviewed. This has identified the urgent need for more project management capacity which we are currently working on securing, from within our own budgets.

There is also an increasing acknowledgement that the specialist public health capacity with the team is limited compared to other PCTs in the region (not in spend per head of population but in actual staff on the ground given that B&NES has a smaller population than most PCTs and so spend her head for 200,000 people gets you half the people as an equal spend per head for 400,000 people). In exploring the potential to improve capacity in this area

and meet our new obligations across the wider council work programme and the mandatory area of public health advice to NHS Commissioners (notably the CCG), we are in discussion with partners across the West of England and Somerset area and will reach the point soon at which any new proposals can be made locally.

These need to be considered in the light of the future public health allocation to the local authority, the need to have a more robust function locally, the potential for collaboration within B&NES council on some issues (for example on intelligence and analysis) and with partner councils (for example on public health consultant advice).

12.2 The PCT cluster and LA approach to resolving significant financial issues

The initial review of financial issues will be completed by the end of March 2012, to include:

- Reconciliation of detailed submissions made in September 2011 to proposed local authority allocations, PCT planning guidance assumptions, and current budgets.

- Identification of potential anomalies or adjustments including non-recurring items and new investment assumptions.

- Identification of any issues relating to indirect/support service costs.

Review of financial issues following completion of PCT 2011/12 accounts, finalisation of 2012/13 plans, and any further guidance issued, by end June 2012.

Resolution of financial issues and sign off of proposed transfers by end December 2012 (deadline subject to any national timing requirements and availability of nationally determined information)

Proposed 2013/14 budget detail to be agreed through Council 2013/14 planning and budget setting process - deadline for draft plans expected to be end August 2012 with review and final sign off September 2012 to February 2013.

Handover of finance support implemented by end March 2013.

The Council will deliver the relevant services within the level of resources transferred by the PCT from April 2013 taking appropriate account of the significant savings required from local authority budgets over the medium term financial planning period. The Council will also continue to work with the PCT to reconcile all expenditure and budgets across the 2012-13 financial year.

The Council will seek assurances that the full costs associated with the existing service delivery including appropriate overhead and support costs will be included within the future transfer of resources.

12.3 The PCT cluster and LA approach to novation and other arrangements for the handover of PH contracts

The approach to the handover of public health contracts is set out as follows:

Public Health contracts stocktake to be concluded by end March 2012 in line with overall PCT Cluster Transition Contract Stocktake project. Named lead identified from March 2012 to maintain register for subsequent new, varied or expired contracts. A copy of the Stocktake can be made available on request.

Contracts currently held by Public Health but not transferring/contracts not currently held by PH but due to transfer to be identified by end September 2012.

Contracts requiring novation from April 2013 to be identified by end September 2012.

Novation discussions with other parties to contracts to be undertaken October 2012-March 2013. Agreement on novation or alternative arrangements to be concluded by end March 2013

Contracts to be novated where possible. Where not possible and in the exceptional event that alternative arrangements have not been concluded by 31st March 2013, NHS Commissioning Board to maintain contracts for a limited period to ensure service continuity, supported by appropriate financial flows.

12.4 Ensuring access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during 2012/13 and beyond

The approach to transition of IT and intelligence functions is being taken forward by a knowledge management working sub-group of the Public Health Transition Group. The work plan for this group is set out in Appendix 8, including milestones and responsible officers.

12.5 Resolving issues in relation to facilities, estates and asset registers

The public health team will work within the wider PCT Cluster and council approach to estates and assets. Some of these have addressed separately in this plan, for example in relation to IT systems above. As a small public

health commissioning team (13 people in total) this should be a relatively straightforward process, and will be managed through the public health transition group. We will work closely with our colleagues in relation to this issue during 2012/13 to resolve any issues prior to transfer in April 2013.

12.6 Development of a legacy handover document during 2012/13

A draft PCT legacy document was created during 2011. This includes a section dedicated to the legacy for Public Health in B&NES. Through 2012/13 we will continue to develop this document as part of the overall PCT cluster integrated document. The legacy document will serve the council, CCG, NHS Commissioning Board and Public Health England. Will develop detail during 2012/13 by October 2012 draft and final by January 2013.

13. Communication and engagement

Key issues relating to the public health transition have been presented and discussed at a wide variety of local public engagement events, at public board meetings and at our Local Involvement Network (LINk). We have met with the Cabinet of the council, the Strategic and the Divisional Directors Groups of the council, the PCT Board, the Health and Wellbeing Partnership Board and the Wellbeing Policy and Development Scrutiny Panel.

A dedicated public health transition communication and engagement strategy has been developed with lead involvement from communication managers of the PCT and the council. This focuses primarily on the transition year 2012/13 and will be updated by October January 2013 in readiness for April 2013 and beyond.

A copy of the public health communication strategy and engagement plan is included in Appendix 9.

14. Sign off from accountable leads

John Everitt .....

CEO B&NES Council, Date: 22nd March 2012

Ed Macalister-Smith .....

CEO, B&NES and Wiltshire PCT Cluster, Date: 22nd March 2012

Councillor Malcolm Hanney .....

Chair of NHS B&NES and B&NES Health and Wellbeing Partnership,
Date: 22nd March 2012

Councillor Simon Allen .....

Chair Designate, B&NES Shadow Health and Wellbeing Board
(from April 2012), Date: 22nd March 2012

Dr Ian Orpen .....

Chair of the B&NES Clinical Commissioning Group, Date: 22nd March 2012