

Partnership Board for Health and Wellbeing Report

Date: 16th November 2011

Report Title: Public health transition and business continuity plan

Agenda Item: 6

List of attachments to this report: Governance Plan for Public Health Transition 2011-2013

Summary

Purpose

- 1 To provide the Partnership Board with a progress update on the transfer of public health responsibilities from NHS B&NES to B&NES Council by April 2013.

Recommendation

- 2 The Partnership Board for Health and Wellbeing is asked to accept the report and comment on any concerns.

The Partnership Board is asked to receive a subsequent update in March 2012 following the publication of key national guidance documents.

Rationale

- 3 A March 2012 update would inform the Partnership Board on the local implications arising from the expected publications from the Department of Health in December 2011. These are:
 - The Public Health England Operating Model
 - The Public Health Outcomes Framework
 - Local Government paper
 - Financial allocations and guidance
 - Workforce guidance – HR concordat and Workforce Strategy Consultation

Other Options Considered

- 4 None

Financial Implications

- 5 Financial implications are being managed by the Public Health Transition Steering Group. A detailed submission quantifying current spend on public health by the entire PCT (not just public health department) was sent to the South West Strategic Health Authority on 15 September. This was signed off by Chief Executives of both B&NES PCT and Council. This will inform the shadow local authority public health budget, published in December 2011 and the final allocation in April 2013. Concerns have been expressed by the Council in respect of the spend submission and the shadow budget allocation will need careful consideration in light of these concerns.

Risk Management

- 6 Key risks from the transition are being managed through the Public Health Transition Steering Group and are reported to the Change Programme Board monthly. In reference to section 5 above, the possibility that the new local authority allocation for public health is not equal to the demands of the new

responsibilities is on the public health transition risk register.

Equality issues

- 7 A key aim of public health is to reduce inequalities in health and social outcomes between different groups in the population. Securing a strong public health function will help identify the needs of vulnerable and high risk groups, help prioritise these in partnership strategies and support work to improve outcomes and keep track of progress.

Legal Issues

- 8 None identified at this point

Engagement & Involvement

- 8 Public engagement to discuss public health changes has happened through a Healthy Conversation event in February 2011 and a Local Involvement Network (LINK) meeting in April 2011. The Governance Plan and proposed changes were discussed at the September PCT Board which is a public meeting.

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The Report

- 1 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, called Public Health England, and the transfer of local public health responsibilities from PCTs to local authorities. The local process has been managed through a Public Health Transition Group, chaired by Ashley Ayre, Strategic Director of People and Communities. The membership and Terms of Reference of this group are shown in Appendix 2 of the accompanying Governance Plan which has been signed off by the PCT Board and the Council Restructure Implementation Committee.
- 2 This group is managing key processes during the transition including accountability, finance, staff, risks and performance.
- 3 The group reports on progress to the monthly Change Programme Board of the Council. Updates have also recently been provided to the PCT Board and the Wellbeing Policy, Development and Scrutiny Panel.
- 4 It has been agreed that 'Section 113' (Local Government Act, 1972) provisions will be used for the Director of Public Health, Assistant Director of Public Health and Assistant Director of Health Improvement to act as joint officers of the council and the Primary Care Trust. These should be in place from November 2011 and will enable the public health leadership team to contribute to the development of the new People and Communities Directorate. These arrangements underpin the partnership arrangements that currently exist between the PCT and the Council.
- 5 An HR concordat and Workforce Strategy Consultation is expected in December of 2011 which will outline the process for public health staff transfers to local authorities. More specific details of the public health responsibilities within local authorities is also expected in Autumn 2011. For this reason, arrangements for secondment of the wider public health commissioning team will be considered from January 2012.
- 6 A future role of the local authority will be to provide public health advice to the Clinical Commissioning Group. The local public health team and Clinical Commissioning Group are working closely together to develop these roles and responsibilities for the future, alongside the expected Local Government paper and Financial Allocations and Guidance paper.
- 7 There has also been input from the B&NES public health team in to the development events for the future Commissioning Support Organisations. It is unclear at this point what input these organisations may have in providing either public health roles to Clinical Commissioning Groups (such as health intelligence and needs assessment) or providing commissioning support for public health programmes (such as screening

programmes). The Local Government paper may shape how we interact with the local Commissioning Support Organisation and what implications this has for how we use our local limited public health resources.

- 8 Work has been carried out to identify the complete range of public health spend in every Primary Care Trust (PCT) in England. This has been in line with Department of Health guidance and templates. A detailed submission was sent to the South West Strategic Health Authority on 15 September. This was signed off by Chief Executives of both B&NES Council and PCT.
- 9 The Department of Health is collating this information to inform a national exercise that will decide 'shadow' budgets for the public health operations/functions of the successor bodies to NHS B&NES (i.e. The Local Authority, Public Health England and NHS commissioning bodies). These local authority allocations will be published in December 2011 to inform spending and alignment from April 2012 and it is anticipated that there will then be a further period of analysis prior to final sign-off between NHS B&NES and successor bodies in line with Department of Health requirements. Final responsibility of the council for public health duties will start in April 2013. It is worth noting that concerns have been expressed by the Council in respect of the spend submission and the shadow budget allocation will need careful consideration in light of these concerns.
- 10 Once there is better understanding of the local authority shadow allocation, the public health responsibilities of the local authority and the public health roles (if any) of the Commissioning Support organisation there will need to be a review of how to make best use of the limited public health strategic commissioning resource available in the partnership so that public health can work effectively within the council and in support of the Clinical Commissioning Group on wider NHS commissioning.

Recommendations

- 11 The Partnership Board for Health and Wellbeing is asked to accept the report and comment on any concerns.
- 12 The Partnership Board is asked to receive a subsequent update in March 2012 following the publication of key national guidance documents.

Contact person/Author	Paul Scott, Consultant in Public Health
Responsible Director	Pamela Akerman, Director of Public health
Background papers	None

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