

CABINET MEETING – 14 MARCH 2012 EXECUTIVE SUMMARY SHEET – PART I	
Title of Report: Public Health Transition	
Authors: Chief Executive and Executive Director of Health, Housing and Adult Services	
Purpose of Report: - To inform Cabinet of the proposals on the Health and Social Care Bill to transfer responsibility for Public Health to Local Authorities by April 2013 and endorse the transition plan for Sunderland	
Description of Decision: Cabinet is asked to agree to - endorse the public health transition plan for Sunderland and agree the implementation of the plan by April 2013	
Is the decision consistent with the Budget/Policy Framework? Yes	
If not, Council approval is required to change the Budget/Policy Framework	
Suggested reason(s) for Decision: To comply with requirements set out by the Department of Health that states that both the PCT and Council must endorse their local public health transition plan.	
Alternative options to be considered and recommended to be rejected: There are no alternative options recommended for approval as the transition plan has been developed on the basis of an agreed national framework with consultation carried out throughout the process.	
Is this a “Key Decision” as defined in the Constitution? <div style="text-align: right;">Yes</div>	Relevant Scrutiny Committee: Health and Wellbeing
Is it included in the Forward Plan? <div style="text-align: right;">Yes</div>	

Public Health Transition

Joint report of the Chief Executive and the Executive Director of Health, Housing and Adult Services

1. Purpose of Report

- 1.1 To inform Cabinet of the proposals on the Health and Social Care Bill to transfer responsibility for Public Health to Local Authorities by April 2013 and endorse the transition plan for Sunderland

2. Description of Decision

- 2.1 Cabinet is asked to agree to endorse the public health transition plan for Sunderland and agree the implementation of the plan by April 2013.

3. Introduction

- 3.1 As part of the overall Health and Care Reforms, Public Health will be transferred to Local Authorities by April 2013 with the demise of Primary Care Trusts. At the same time other elements of PCTs will transfer to new arrangements including the Clinical Commissioning Groups (CCGs) and also the development of Public Health England.
- 3.2 To transition Public Health, primary care trust clusters and local authorities must ensure clinical governance systems are in place during 2012-13 for all relevant services to be commissioned by councils, and test the new arrangements for specific public health functions including emergency planning, resilience and response.
- 3.3 During the shadow year 2012-13 the Department of Health expects that shared and robust transition plans are in place and are delivered between the PCTs and councils. This includes:
 - Contribute to the development of the vision and strategy for the new public health role in local authorities.
 - Develop robust transition plans for functions, systems, and services.
 - Prepare local systems for new commissioning and contracting.
 - Ensure robust governance arrangements are in place during the transition year.
 - Ensure delivery of the public health delivery plan for 2012-13.
 - Prepare for and undertake formal transfer of staff, including appropriate mechanisms for consulting with staff and trade unions.
 - Participate in effective communications and engagement to give confidence to the public, providers and other stakeholders.

- 3.4 The responsibilities for public health transferring to local authorities includes commissioning services which cover issues such as anti-smoking campaigns, interventions to tackle obesity and comprehensive sexual health services. Some of the specific services that councils will have responsibility for will be:
- Alcohol and drug misuse services.
 - Public health services for children and young people aged five to nineteen.
 - The national child measurement programme.
 - Locally-led nutrition initiatives.
 - NHS health check assessments.
 - Public mental health services.
 - Dental public health services.
 - Comprehensive sexual health services, including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention.
- 3.4 There will be flexibility in the commissioning duties local authorities take on; while some will be statutory others will be discretionary and guided by the public health outcomes framework, the local joint strategic needs assessment and the joint health and wellbeing strategy.
- 3.5 Local authorities may also commission services under their health improvement duty, which may fall outside of the set list of commissioning responsibilities.
- 3.6 The government has said that it will provide a ringfenced public health grant to support local authorities in carrying out their new public health functions.
- 3.7 The DH has published shadow allocations for 2012-13 to help local authorities prepare for taking on formal responsibility in 2013-14. The allocations are based on an analysis undertaken by the DH of 2010-11 spend on public health activity. A total £5.2bn has been identified nationally for public health commissioning, with the DH indicating £2.2bn of this will be allocated to local authorities in future.
- 3.8 The indicative amount for Sunderland is £19.468m, equating to £65 per head of population which is the north east average. The national average is £40 per head, and ranges from £65 per head in the North East (the highest) to £27 per head in the East of England, South East and South West regions. The current 'shadow' allocations are based on actual spend, however it is intended to move to a distribution formula, possibly in time for 2014/2015 allocations. Given that the North East currently has the highest spend, per head of any English region we are anxiously awaiting information on the funding formula to understand how that will impact on future funding allocations.

- 3.9 The DH is to undertake further work during 2012-13 to inform the 2013-14 allocation which is to be published by December 2012.
- 3.10 The new Public Health scheme will focus on outcomes. A new Public Health Outcomes Framework sets out key indicators of public health from the wider determinants of health through to effectiveness in reducing premature mortality. The overall goals will be to increase healthy life expectancy and reduce health inequalities.
- 3.11 Public Health England will be the new body set up that will also come into being on 1st April 2013 and it will be responsible for advocating public health in England. It will have four regional hubs and a series of local units. Approximately 5,000 employees within existing organisations, such as the Health Protection Agency, will transfer to Public Health England in April 2013.

4. Current Arrangements in Sunderland

- 4.1 Within Sunderland, the Director for Public Health and her senior team have been working closely with the senior management within the Council and as part of the governance arrangements, established a joint Public Health Transitions team.
- 4.2 There has also been close working between the South of Tyne PCT and the three associated councils and as part of the governance arrangements, a Public Health working group has been established to cover generic issues that impact on all three councils.
- 4.3 Regular progress updates have been reported to the Sunderland Early Implementer Health and Wellbeing Board which is chaired by the Leader of the Council and includes representatives from the PCT, the CCG, and includes the Director of Public Health.
- 4.4 Updates are also provided to the Health and Well Being Scrutiny Committee including the process on the transition of Public Health.
- 4.5 The Public Health Functions will be integrated within the “Sunderland Way of Working” Operating Model and during the transition year there will be clear governance and assurance arrangements developed between the PCT (as the current provider) and the Council.
- 4.6 A risk register of critical areas has been established. As additional guidance is published and on the basis of further discussions internally and with other North East local authorities, it is anticipated that mitigating measures will be in place before formal transition occurs.
- 4.7 A key deadline for Sunderland is the 5th April 2012 where the full and detailed transition plan must be submitted to the DH following approval by the respective Councils and PCTs.

- 4.8 By the end of March 2013 the PCT must have completed the formal handover of public health responsibilities and budgets to the Council.

5. Overview of the Public Health Transition Plan

- 5.1 The Transition Plan (**See Appendix 1**) covers the key objectives:
- Ensuring a robust transfer of systems and services
 - Delivering public health responsibilities during transition and preparing for 2013/14
 - Workforce
 - Governance
 - Enabling infrastructure
 - Communication and engagement
- 5.2 Behind this plan are more detailed operating plans that cover the specific actions that are required, deadlines and a risk log. As the guidance on Public Health emerges over the next nine months the plans will be updated accordingly.
- 5.3 **The public health workforce** - From the beginning of April 2013 the Director of Public Health will be directly employed by the council and the current public health workforce, will be transferred to the council. The detail is still to be fully determined.
- 5.4 **Commissioning** - From 2013 the public health funding (currently £5.2 billion nationally) will be divided between Public Health England, Commissioning Support Organisations and the NHS Commissioning Board as functions transfer to new structures. It will be essential that local commissioners, i.e. the Clinical Commissioning Group and the Local Authority work together to target funding and commissioning of services to health improvement priority areas in order to improve health outcomes.
- 5.5 The Health & Wellbeing Strategy, informed by the refreshed JSNA will guide future commissioning plans. Current activity is examining what outcomes are achieved with the current Public health funding held by the PCT whilst also establishing the Council's current spend on health improvement related activity. This will help to build up a current health spend picture in Sunderland.

- 5.7 The Clinical Commissioning Group is engaged in discussions about the SoTW Commissioning Intentions for 2012/13. Recognising that health improvement services will not be within its commissioning remit in the future the CCG has asked public health teams and the PCTs to facilitate the detailed work in these areas. Discussions are currently underway over a limited number of clinical service areas where the CCG will lead the 2012/13 Commissioning round and a number of these link with the inequalities and health improvement agenda, e.g. ensuring people with learning disabilities receive primary care health checks.
- 5.8 Once the above exercises are carried out, as part of transition a full overview of commissioning will be summarised to then align with the work on the JSNA and emerging Health and Wellbeing Strategy. As part of this there will need to be an alignment of commissioning activity and cycles across all parties. This will help to also shape the delivery mechanisms within the local authority.
- 5.9 In addition to delivering services locally, joint delivery and commissioning of services sub regionally will be included in transition proposals, especially in respect of emergency planning.
- 5.10 **Performance monitoring** - The Public Health Transition plan will outline how performance is currently measured and how future monitoring will be developed. This will need to be a joint plan between the PCT and council as well as having overview from the Health and Wellbeing Board.
- 5.11 **Intelligence and Information management** - Consideration is being given to data that needs to be transferred to the Council's IT systems and that the capacity and capability of Public Health systems can be managed within the Council IT infrastructure.
- 5.12 Further guidance will be published by Public Health North East which will outline how information and intelligence should be transferred and shared.
- 5.13 **Communication, Consultation and Engagement** - As part of the ongoing development and engagement a number of workshops have been delivered and are planned to support the Transition of Public Health and future delivery of services.

6. Reasons for Decision

- 6.1 To comply with the requirements set out by the Department of Health that both the PCT and Council must endorse their local public health transition plan.

7. Alternative Options

- 7.1 There are no alternative options recommended for approval as the transition plan has been developed on the basis of an agreed national framework with consultation carried out throughout the process.

8. Equality Assessment

- 8.1 As the Transition Plan is developed and actions implemented, detailed equality assessments will be completed – for example when considering the transition of staff over to the Council from the PCT and when developing the commissioning arrangements.
- 8.2 Work has already been undertaken on the Joint Strategic Needs Assessment with active engagement of providers, partners and the community and voluntary sector. Additional work has been done to analyse the specific needs of key groups in line with the protected characteristics within the Equality Scheme. Initial considerations of equality analysis have been undertaken and services have already identified potential impacts on particular groups and are planning further detailed equality analysis as the proposals are further developed.
- 8.3 Work will also be done on a privacy impact assessment to ensure data privacy is maintained as services transition.

9. Relevant Consultations

- 9.1 Early Implementer Health and Well Being Board has been fully involved in the development of transition planning with input from both the Adults' Board and Children's Trust.
- 9.2 Health and Well Being Scrutiny Committee has been kept up to date with the evolving changes to public health.
- 9.3 The ongoing engagement on the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy will help inform the work going forward.
- 9.4 Parallel engagement arrangements are also taking place in the PCT and with public health staff.

10. Background Papers

- Equity and excellence: Liberating the NHS dated July 2010
- Public Health White Paper - Healthy Lives, Healthy People, November 2010
- Liberating the NHS: Legislative framework and next steps, December 2010

- Health and Social Care Bill 2011
- Early Implementer Health and Wellbeing Board – Public Transition Updates in November 2011 and February 2012
- The New Public Healthcare Summary and Information Sheets, DoH, December 2011
- Public Health Outcomes Framework, January 2012

