

25 NOVEMBER 2011

## **SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD**

### **PUBLIC HEALTH TRANSITION PLANS FOR SUNDERLAND**

#### **Report of the Assistant Chief Executive and Director of Public Health**

#### **1.0 PURPOSE OF THE REPORT**

- 1.1 To provide an initial update on the proposed process for transitioning the management and delivery of the Public Health Service from Sunderland Teaching Primary Care Trust, (STPCT), to Sunderland City Council.
- 1.2 To provide an overview of the key risks and dependencies involved in the transition process and to gain direction and approval on some of the issues outlined in this paper.

#### **2.0 BACKGROUND**

- 2.1 The NHS White Paper “Equity and Excellence: Liberating the NHS” was published in July 2010 and was followed by a number of consultation documents, which outlined that, as one of number of health service change proposals, Local Authorities would take on the Public Health function.
- 2.2 The White Paper and consultation documents were followed by the Health and Social Care Bill which was introduced in the House of Commons in January 2011. The Bill amends a number of Acts, mainly the National Health Service Act of 2006, and underpins the creation of a new public health managed and delivered with the Local Authority.
- 2.3 The key benefits of having the Public Health function within the Local Authority are identified as:
  - Enabling “an enhanced role for elected Local Councillors and Local Authorities, as a more effective way to boost local democratic engagement”.
  - Ensuring service integration between all public health functions.
  - Facilitating a joined up commissioning approach between GP consortia and Local Authorities.
  - Having the management responsibility of Early Implementer Health and Wellbeing Board ensures engagement, joint working and decision making with all relevant health partners.
- 2.4 The paper also identifies that to enable the effective transition of Public Health Directors of Public Health (DPH) will transfer to Local Government and be jointly appointed by the Local Authority and a new national Public Health Service. In Sunderland there has already been a jointly funded and jointly appointed Director of Public Health for over 4 years. As part of the transition, there will be a

“transferred resource” which is still to be determined. Currently in Sunderland there are some public health staff co-located within the council (for example within Children’s Services and those connected with community safety commissioning and support)

- 2..5 The Government’s timescale for the transition of Public Health is April 2013, however, Sunderland are proposing that transition planning and an operating model should be completed by April 2012 with the transition being implemented by October 2012. This builds upon the current arrangements and it is proposed to set out clearer ways of working. There is more national guidance due at the end of November/December which will set out greater clarity around the public health function and resource that will be transferring under transition arrangements.

### **3.0 TRANSITION PROCESS**

The following section sets out the key consideration for the transition of public health. These are current issues that will be reflected upon, after further guidance is received.

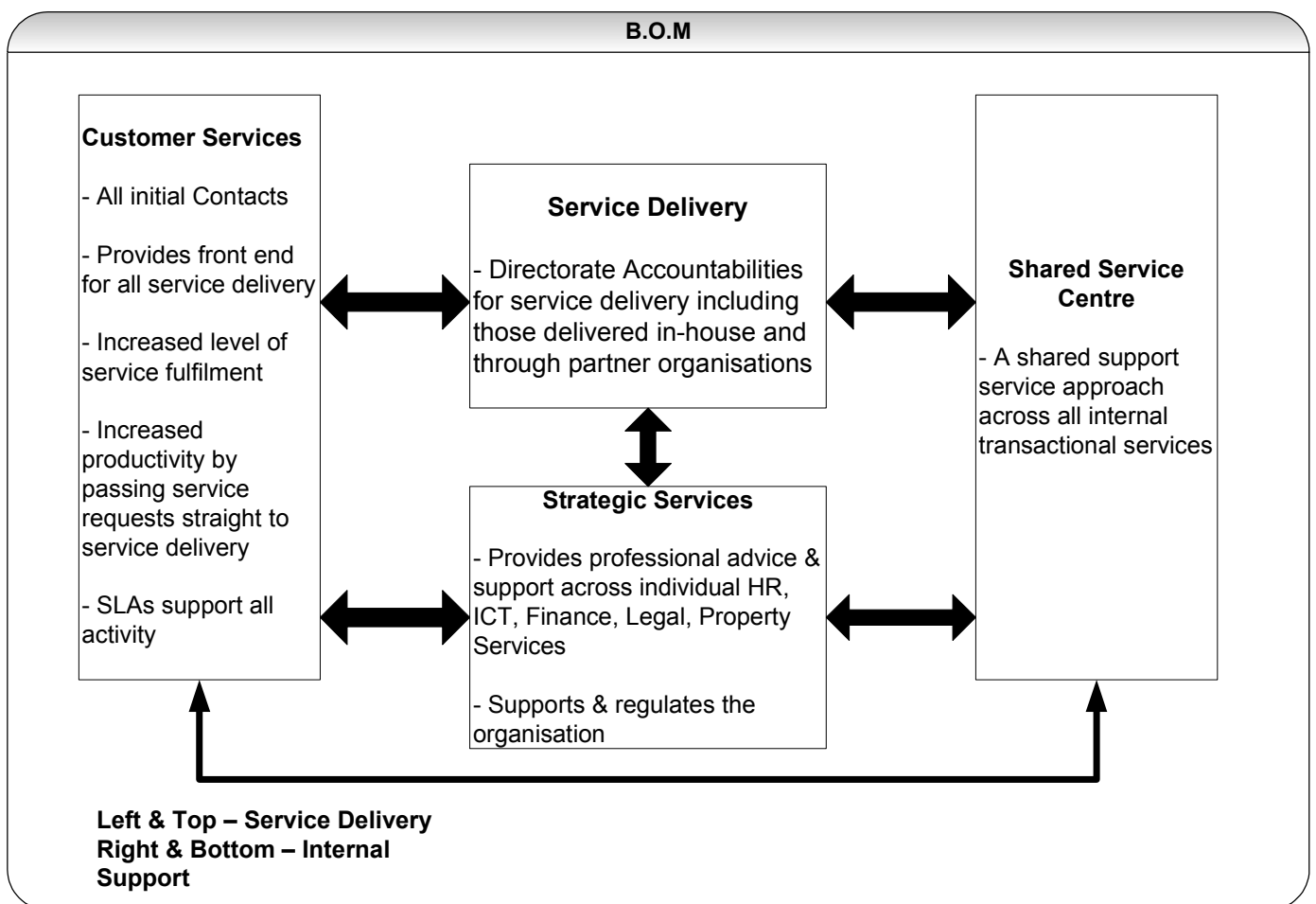
#### **3.1 Public Health staffing, structure and governance**

- 3.1.1 It is known that from April 2013, the Director of Public Health, (DPH), will transfer to Local Government, and as directed by Government, will be directly managed by the Chief Executive within the appropriate management arrangements. Currently the DPH reports directly into the PCT as well as reporting lines into the council. They will bring with them a “transferred resource”, which is still to be determined, and this budget will be ring fenced within the Local Authority. The DPH will have strategic influence over the wider determinants of health, independently advising elected members and being part of the senior management arrangements in the local authority
- 3.1.2 Currently there are ongoing discussions between the current DPH, Sunderland Council and NHS South of Tyne and Wear to consider the role of the Director of Public Health within the new transitioned service. This is partly driven by the fact that across Sunderland, South Tyneside and Gateshead all three Directors of Public Health will need to be recruited to as posts become vacant and to facilitate the new arrangements which are significantly different from those that currently exist. Currently Gateshead has commenced its recruitment process for a Director of Public Health and in South Tyneside there is a six month interim arrangement to fill the vacant DPH post. In Sunderland the post is not vacant and the incumbent currently acts as DPH for 8 sessions per week. She is also currently heavily engaged in the establishing and implementing of Clinical Commissioning Group plans.
- 3.1.3 A recent financial analysis of public health spend was undertaken by the PCTs as part of a submission to the Department of Health (DH) including the analysis of spend across South of Tyne and Wear and by geographical areas. The current funding spent in Sunderland on public health leadership, services and programmes identified in the White Paper is almost £28m. This will help the formulation of the public health budget for 2012-2013 against which

commissioning intentions will be outlined. For 2013-2014 when public health is transferred it is still uncertain as to the level of the budget although it is expected to significantly reduce, further information is expected in late November/early December. The impact of reduction in ring fenced budget is likely to affect both staffing and commissioned services. Additional detail is likely to be outlined in forthcoming national policy guidance and therefore it would be more appropriate to consider future staffing transition when this is available.

3.1.4 Within the council early discussions are commencing to ascertain how best the transition arrangements could operate and align with the current operating model in the council. The recent changes within the council in terms of ways of working and staffing structures will have an impact on future arrangements.

Sunderland Council Business Operating Model (BOM)



3.1.5 Government guidance on staffing transfers and workforce information will not be available until November/December, and it is anticipated that this will give further information on the way forward. Once more clarity is established, HR resources from both organisations acting in accordance with the NHS HR Transition Framework will work together to enable the transition to go ahead.

## **3.2 Funding Allocation.**

- 3.2.1 For 2013 and beyond, some of the current funding will be transferred to the Public Health England, to Commissioning Support Organisations and to the NHS Commissioning Boards as function residing within PH Departments is transferred to new structures. It will be essential that all local commissioners, ie the Clinical Commissioning Group and the Local Authority work together to target funding and commissioning of services to health improvement priority areas so impact on access to and delivery of provision due to any reduction in allocated PH funding is minimised. This will be predicated on the outcomes of the refreshed JSNA and be facilitated through the Early Implementer Health and Wellbeing Board.
- 3.2.2 Current activity is establishing what current funding is commissioning and delivering as outcomes in relation to the areas highlighted for transfer to the Local Authority. The priority areas for future spend and delivery will be decided as an outcome of the prioritisation exercise looking at the Sunderland Outcomes Framework and the JSNA. . The Local Authority will also establish its existing current spend on health improvement related activity, identifying those services commissioning by Public Health and other activity funded through central monies to build up a current health spend picture in Sunderland.

## **3.3 Commissioning and Delivery**

- 3.3.1 Public Health staff are currently carrying out an exercise to look at all their current commissioning commitments. Commissioning intentions are already being prepared for the services to be commissioned in 2012/13. As there is uncertainty over whether the budget in 2013/14 will match that of the current year, and as some services have notice periods of twelve months, the final NHS SoTW Commissioning Intentions document will identify that there is a risk some notices may need to be issued during the first quarter of 12/13 but there is currently insufficient information in the system.
- 3.3.2 Sunderland Clinical Commissioning Group are also engaged in discussions around the SoTW Commissioning Intentions for 2012/13 and recognising that health improvement services will not be within their commissioning remit in the future have asked public health teams and the PCTs to facilitate the detailed work in these areas, whilst they do retain an overview. Discussions are currently underway over a limited number of clinical service areas where the CCG will lead the 2012/13 Commissioning round although a number of these do link with the inequalities and health improvement agenda, e.g. ensuring people with learning disabilities receive primary care health checks.
- 3.3.3 Sunderland Council has four directorates that commission services; namely Health & Housing, City Services, Children's Services and Chief Executives. An exercise will be carried out to establish what each directorate delivers on behalf of Public Health and what additional health related services the council commissions and either procures or delivers in house.

3.3.4 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 common understanding of what is meant by commissioning and an alignment of commissioning cycles across all parties. This will help to also shape the retained delivery mechanisms that will be within the local authority.

3.3.5 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 preparedness planning.

### **3.4. Performance monitoring.**

3.4.1 The Public Health Transition plan will outline how performance is currently monitoring measured and reported and future monitoring will be developed as part of the future operating model. This will need to be a joint plan between the PCT and council as well as having overview from the Early Implementer Health and Wellbeing Board.

### **3.5 Intelligence and Information management**

3.5.1 As part of the baseline information the IT element will be investigated to establish, which data systems and data needs to be transferred to the Councils IT systems and ensure that capacity and capability of Public Health systems can be managed within the Council IT infrastructure.

3.5.2 Further guidance will be published by Public Health North East which will outline how information and intelligence should be transferred and shared.

### **3.6 Communication, Consultation and Engagement**

3.6.1 As part of the ongoing development and engagement in the Health and Wellbeing Project a number of workshops have been delivered and are planned to support the Transition of Public Health and future delivery of services.

3.6.2 A further engagement and communication plan will be developed once the government guidance has been issued in November/December 2011, and internal decisions are made about what the Public Health Function will look like in the Sunderland.

3.6.3 A Public Health and Wellbeing working group will be established that include key specialists from both Public Health & the council to prepare for the transition. This group will include representation from: HR, Commissioning, ICT, Health delivery and Finance. Key guidance will not be received until December and this leaves a tight timescale to develop a transition plan for April. It is recommended that this group meet to understand all the guidance to date about the transition, carry out some preparatory work in readiness for December's guidance so transition work can start immediately after guidance is received. This will also align with arrangements that cover all of South of Tyne and Wear as currently activities are undertaken jointly across the three geographical areas.

### **3.7 Resources**

- 3.7.1 This paper has outlined some of the key areas that need to be considered and developed, however a detailed plan of all project tasks is being developed in partnership with Public Health to ensure that all areas affecting the transition are included in the project delivery. A number of specialist resources are required to deliver the project outcomes the existing Project Team are developing specific work packages to secure the resources to develop and deliver the transition.

### **4.0 Recommendations**

- 4.1 The board is asked to support and agree the outlined processes and direct and facilitate solutions to the key issues that will enable Public Health in its transition into Local Authority responsibility and management.

### **5.0 Background Papers and Supporting documents**

Equity and excellence: Liberating the NHS dated July 2010  
Liberating the NHS: Legislative framework and next steps dated  
December 2010  
Health and Social Care Bill 2011  
Public Health – Detailed Project Transition Plan