

CHESHIRE EAST COUNCIL

Cabinet Member for Health and Wellbeing

Date of Meeting: 14 March 2012
Report of: Director of Public Health
Subject/Title: Public Health Transition Plan Assurance Update and Sign off
Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

- 1.1 The report provides an overview of the Cheshire East Public Health Transition Plan and the CECPCT assurance return document that is to be submitted to the Cheshire, Warrington and Wirral PCT Cluster on the 16th March 2012 as part of the Department of Health assurance process for the transition of PCT Public Health responsibilities to local government, Public Health England and the NHS Commissioning Board.

2.0 Decision Requested

- 2.1 That the Portfolio Holder consider the report and:
- endorse the approach of the Transition Plan and support its submission to the PCT Cluster
 - confirm that they are assured that the local approach to public health transition will enable the successful transition of public health functions to the council

3.0 Reasons for Recommendations

- 3.1 To demonstrate that the Authority has seen, considered and agreed the Transition Plan and assurance return prior to its submission to the PCT Cluster.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Policy Implications including - Carbon Reduction - Health

- 6.1 The transfer of Public Health functions to the Local Authority from April 2013 is one of the outcomes of the Health and Social Care Bill 2011 and forms a key element of the new local health landscape, together with the

development of the Cheshire East Health and Wellbeing Board and the Clinical Commissioning Groups in Eastern and South Cheshire. It offers significant opportunities for the Authority to set policy, provide leadership and commission activity that will contribute to improved health outcomes and wellbeing for the population of Cheshire East.

7.0 Financial Implications (Authorised by the Borough Treasurer)

- 7.1 There are no direct financial implications in relation to the transition process described in this report. During 2012/13 there is a shadow year in operation, with activities, responsibilities and funding continuing via the two PCT's covering the Cheshire East Council area, but working closely with the Councils. A shadow allocation of £10.7m has been indicated for the Cheshire East Council by the Department of Health for the shadow year. In effect part of the allocation covering the Central and Eastern PCT and part covering the small area within the Western Cheshire PCT. The Council will be required to establish with the two PCT's, and because of the split coverage across the Cheshire area, Cheshire West and Chester Council, the level of activity that would be operated in the shadow mode and ready both Councils and PCTs for the transfer of the functions in 2013/14. The allocation for the financial year 2013 - 2014 will be announced later in the year along with details of the allocation formulae.
- 7.2 There are concerns that the funding allocation to the Authority has been based upon previous spend that was historically influenced by PCT budget pressures, overall PCT prioritisation processes and not by the Public Health needs of the area. This may well lead to a lower level of resourcing than is required when the allocation for 2013-2014 is made known. This does present a risk to the Authority, and its ability to adequately fulfil the functions that will be required of it in relation to Public Health.
- 7.3 During the transition year the Council is incurring additional costs, for example in relation to officer time from finance, IT and HR in providing support for the move of public health staff and functions. The Council has one senior colleague from Finance linked in to the North West Finance Transition Group which is helping to support the transition process, but there is a severe restriction on the capacity required to ensure that the implications of the inherited financial position are fully understood. The capacity issues will be discussed with the Director of Children, Families and Adults seeking to explore priorities and/or additional resources. From 2013 – 2014 onwards, financial, HR and other infrastructure support, such as ICT support, will be covered by the Public Health NHS budget which is moving into the local authority.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 Apart from the references within this report, there are no other obvious legal implications specific to this report. Legal Services are engaged in the transition planning work, for example providing advice and guidance on governance arrangements.

9.0 Risk Management

- 9.1 The Public Health Transition Plan helps us to mitigate our **Corporate Risk 8 – Health Partnerships**: Risk that we fail to understand strategic changes and the opportunities and risks that this presents and take the necessary actions including integration with Health partners, resulting in fewer opportunities to maximise health benefits and reduced efficiency gains, and affecting our ability to meet our corporate objectives to work with others to improve health.

Potential Risks Identified
Risk that the Health & Social Care Bill 2011 is not approved by Parliament resulting in changes to the expected responsibilities for the Council. This may result in significant amendments to the transition plan which the Council may not have the ability and/or resources to respond to; it would undermine activity already taken towards the plan and compromise the Council's ability to meet its seven priorities.
Risk that the £10.7m shadow allocation indicated by the Department of Health is less than expected, resulting in insufficient funding to cover the Council's expected responsibilities. This may result in difficulties in managing expenditure within budget; have a negative effect on the delivery of the Council's responsibilities and a significant impact on its ability to meet its priorities.
Risk that the Council fails to adequately understand and prioritise all of the activity and expectations related to its responsibilities in relation to Public Health in the Transition Plan, such that it fails to meet expectations, resulting in possible legal and reputational damage and compromising its ability to meet its priorities.
Risk that inadequate staff planning during the transition, in particular for technical or specialist skilled staff, leads to significant challenges in the Council's ability to deliver its priorities and objectives particularly in relation to public sector health.
Risk that infrastructure and related operational resource costs are not fully considered and accounted for as part of the Transition Plan leading to additional costs and a negative impact on staff moral for those staff involved in the Transition. This may result in difficulties in managing expenditure within budget; have a negative effect on the delivery of the Council's responsibilities and a significant impact on its ability to meet its priorities.
Risk that the Council fails to take account of the operational running, maintenance and security of IT systems and applications required for the Transition and the costs associated with these. This may result in difficulties in managing expenditure within budget; have a negative effect on the delivery of the Council's responsibilities and a significant impact on its ability to meet its priorities.
Risk that actions arising from the Transition Plan increase workload pressures on existing staff and decrease staff resource available for existing responsibilities. This may have a negative impact on staff morale and compromise staff ability to fully support the Council in achieving its priorities.
Risk that the Council fails to allocate clear, appropriate and equitable ownership and responsibility for the production of management and performance information within the Transition Plan such that there is duplication of effort or things missed. This would impact on the Council's ability to achieve and demonstrate achievement of its aims and priorities in relation to public health.

- 9.2 A risk analysis is included as part of the Public Health Transition Plan. A Public Health Transition Oversight Board is overseeing the transition planning, reporting up to the Cheshire East Shadow Health and Wellbeing Board and providing progress updates to the Cheshire East Health and Wellbeing Scrutiny Committee. Measures to mitigate the risks identified above are or will be incorporated into the Transition Plan.

10.0 Background

- 10.1 The Health and Social Care Bill 2011 is currently proceeding through Parliament. One of its key proposals is the transfer of the existing Public Health functions currently being undertaken through PCTs. These functions will be split between Public Health England the NHS Commissioning Board and Local Authorities. The publication of *Healthy Lives Health People: Update and way forward (July 2011)* and the *Public Health in Local Government factsheet (Dec 2011)* identified the expected and mandated public health commissioning responsibilities for local authorities from April 2013.
- 10.2 The publication of *Healthy lives, Healthy people: Improving outcomes and supporting transparency: a Public Health Outcomes Framework for England 2013-2016 (Jan 2012)* identified the 66 indicators that local authorities, Public Health England and the NHS Commissioning Board will use to measure progress against the two main national Public Health outcomes, a selection of which will be identified by local authorities to work towards as priorities locally and which will contribute towards achieving the health premium.
- 10.3 The publication of *Public Health transition planning support for primary care trusts and local authorities (Jan 2012)* outlined the transition planning process to be measured by the Department of Health and identified key milestones to be achieved before the abolition of the PCTs by end of March 2013. Key milestones and dates can be seen in **Appendix A**. The publication of *Baseline spending estimates for the new NHS and Public Health commissioning architecture (Feb 2012)* identified shadow Public Health allocation to local authorities, based on the results of the recent 2010-2011 PCT Public Health spend audit. This publication identified the Public Health allocation figure of £10,700,000 that will be spent by Central and Eastern Cheshire on Public Health for the Cheshire East area during the shadow transition year 2012-2013.
- 10.4 A requirement of the Department of Health is that a Public Health Transition Plan is in place in each local area that outlines the process of transition of Public Health functions and responsibilities to upper tier authorities, identifying details of activities, milestones and risks. The finalised version of this Plan for the transition year 2012-2013 needs to be agreed by the PCT and the Local Authority before its submission to the Cheshire, Warrington and Wirral PCT Cluster on 16th March 2012. This plan will be submitted to the Department of Health on the 5th April 2012 by the SHA Cluster NHS North of England.

- 10.5 A Public Health Transition Oversight Board has been established since September 2010, chaired by the portfolio holder for Health and Wellbeing. This Board has been responsible for overseeing and managing the transition of public health functions in Cheshire East. The Board has been monitoring a regularly updated Transition Plan since last summer. This was used to form the basis of the first draft Public Health Transition assurance submission to the PCT cluster by the PCT on 12th January 2012.
- 10.6 Progress on Public Health transition in Cheshire East is reported back to the Cheshire East Shadow Health and Wellbeing Board and Health and Wellbeing Scrutiny committee, as well as to the Cheshire, Warrington and Wirral PCT Cluster Board.

11.0 Update on progress

- 11.1 The first draft Public Health Transition assurance submission was rag rated as **Amber** by North of England NHS as part of their planning assurance process. This submission was the only one to achieve this out of all the PCT's within the Cheshire, Warrington and Wirral PCT Cluster as all others were rag rated Red. Further detail on the rag rating and feedback of this initial assurance assessment return can be seen in the return letter from NHS North of England in **Appendix B**. Updates and supporting evidence focussing on the areas indicated as **red** or **amber** in the assessment return of the first draft Public Health Transition assurance submission can be seen in **Appendix C**.
- 11.2 The specific areas of focus for future work identified in the return were:
- A clear plan for the transfer of staff (including handover of PH contracts) and public health functions including Commissioning arrangements to PHE and NHS Commissioning Boards
 - A clear plan for the delivery of NHS Health check and sexual health services
 - Emergency planning
 - Putting a plan in place for handover of legacy documents
 - Resolution of facility, estates and assets issues
 - Communications and Engagement
- 11.3 Further work is being undertaken in all these areas although in some the outstanding national guidance will hinder progress. The aim is to ensure that each area is at least 'amber' at the final assessment by the Department of Health in April 2012. This is an iterative process and as such further assurance will be required through 2012-2013 to ensure the key milestones at **Appendix A** are met and formal hand over occurs by April 2013.
- 11.4 **Transfer of staff** - a proposal for the transfer of PCT Public Health staff has now been agreed by the Director of Public Health and Senior Officers of the PCT and Cheshire East. In short this is to move the team from within the PCT 'as is' into the Authority and to then work towards an integrated structure building strong links with the Cheshire East teams that are already

engaged in activity that impacts upon the health of the population. A further report will provide more detail in relation to this process.

- 11.5 **Relocation of staff** - the Council's Asset Management team are proactively engaged with the Assistant Director of Public Health responsible for overseeing the transition planning process and are currently identifying location options for the relocation of the PCT Public Health staff. Plans are in hand within the PCT to vacate Universal House by the end of June 2012, due to the closure of Universal House by September 2012. The Assistant Director of Public Health has also been actively engaged with the Council's ICT Strategy team in ensuring the ICT requirements for PCT staff are met and achievable within council premises. Progress on this is quite advanced with accessibility to PCT accounts, servers and data now possible from within key Council facilities (Westfields, Macclefield Town Hall, Dalton House, and Delamere House), which would / will enable PCT staff to carry out their daily duties if located within council facilities in the very near future. A number of other considerations around data sharing agreements (influenced by national decisions and legislation), access to servers, continuation of contracts, identification of one off and recurrent costs for ICT infrastructure and support is being overseen by a pan-Cheshire working group whose membership is comprised of the shared ICT services for the two Cheshire Councils, two Cheshire PCTs and officers from Public Health and the council. Where possible, costs for ICT infrastructure support and assets (Computers, software, set-up costs) are trying to be met in-year using PCT funding.
- 11.6 The implications of the transfer of CEC PCT Public Health functions and resources to Public Health England and the NHS Commissioning Board are being considered. Further guidance is anticipated and there will be an active engagement with the regional outposts of these organisations to ensure a smooth handover, once these have been established and staff appointed.
- 11.7 Work is under way to put in place the appropriate plans for the delivery of the local authorities mandatory Public Health functions of NHS Health Checks, Sexual Health Services, health protection and Public Health advice to NHS Commissioners. The commissioning of drug and alcohol services is also being considered alongside the Integrated Commissioning Board. The re-commissioning of substance misuse and healthcare services for prisoners in HMP & YOI Styal will also be reviewed as part of this process. It is expected that test arrangements / exercise for the delivery of specific public health services – in particular screening and immunisation – is to occur in October 2012.
- 11.8 The Director of Public Health is engaged in discussions sub-regionally in relation to Emergency Planning arrangements. Locally, the Council's Emergency Planning team will work closely with the Public Health staff to ensure appropriate and robust plans are in place to cover both the transition period and beyond April 2013. It is expected that there will be a test arrangement / exercise for the role of Public Health in emergency planning,

in particular the role of the DPH and local authority based public health in October 2012.

- 11.9 The Council's Records Management Team have been contacted and are in a position to provide support in relation to the handover of PCT Public Health legacy documents. Work is underway to unpick the Public Health services contractual arrangements that are currently in place between the PCT and local providers of these services.
- 11.10 The Council's Head of Communications is working with the Assistant Director of Public Health to develop a communication and engagement plan around the transition, a finalised draft of which is required to be ready for the end of March 2012.
- 11.11 **Appendix D** contains the *Cheshire East Public Health Transition Plan – actions and progress planner* which provides further detail of what has been carried out so far and what will need to be done to ensure the smooth transition of public health responsibilities into the Council in the interim period up to the end of March 2013 and upon the abolition of the PCT in April 2013.

12.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer(s):

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APPENDICES

- A) Key milestones
- B) NHS North of England assurance return letter
- C) NHS North of England assurance rag rated return
- D) Cheshire East Public Health Transition Plan – action and progress tracker