

DECISION-MAKER:	CABINET
SUBJECT:	DRAFT PUBLIC HEALTH TRANSITION PLAN (YEAR 2)
DATE OF DECISION:	12 MARCH 2012
REPORT OF:	DIRECTOR OF PUBLIC HEALTH
STATEMENT OF CONFIDENTIALITY	
None.	

BRIEF SUMMARY

The Health and Social Care Bill passing through Parliament provides for the transfer of substantial elements of public health to local authorities. A draft transition plan has been produced in consultation with the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Primary Care Trust (PCT) cluster, on behalf of Southampton City PCT, and is now presented to Cabinet for approval.

RECOMMENDATIONS:

- (i) That the draft Transition Plan be approved as the basis for the continuing work in 2012/13 to ensure that public health is transferred to the local authority and delivered effectively as a City Council service from 1st April 2013.
- (ii) That the Director for Adult and Social Care and Director of Public Health be authorised to take all such necessary actions to ensure the transfer of functions to the Council in accordance with the Transition Plan.

REASONS FOR REPORT RECOMMENDATIONS

1. Subject to the completion of the passage of the Health and Social Care Bill through Parliament, public health will become a local authority function. In order to be able to achieve this the local authority and the PCT, through the PCT cluster, are required to have an agreed transition plan against which progress can be measured. The draft plan is now submitted for approval.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None. Subject to the passage of the Health and Social Care Bill through Parliament, public health will become a local authority function, and the PCT and the council must plan for it.

DETAIL (Including consultation carried out)

3. This plan reflects the local Public Health transition arrangements which are aligned with national and SHA guidance and timetables. It sets out the programme of work between Southampton City Council (SCC) and the "SHIP" cluster, on behalf of Southampton City PCT, up to 1 April 2013 when the local authority will assume public health responsibilities as set out in the Health and Social Care Bill, 2011.

What is Public Health?

4. Sir Donald Acheson in 1988 defined public health as 'The science and art of preventing disease, prolonging life and promoting health through the organised efforts of society'. The three domains of public health are:
- Health improvement including the wider social determinants of health
 - Health protection including infectious diseases, environmental hazards, prevention of disease/injury and emergency preparedness
 - Health and social care commissioning including service planning, quality of delivery, efficiency, audit and evaluation

The Public Health Outcomes Framework has further attempted to ascribe and define the above domains. The plan builds on the progress made in 2011/12; this includes:

- Planning for the relocation of the whole current PCT Public Health team to SCC premises (the Civic Centre) - this will take effect by 1st April 2012.
- Reviewing and revising public health contracts for 2012/13, in line with the 2011 JSNA refresh and local NHS commissioning intentions
- Establishing a shadow Health and Well-being Board, and a work programme for board development and the production of a Joint Health and Wellbeing Plan.
- The joint Department of Health and Local Government Agency Public Health Transition Planning Guidance (Jan 12) reiterated that a jointly agreed Public Health Local Transition Plan should be in place by 31 Mar 12 and that it must be jointly owned and written by the Local Authority and Cluster PCT. It is likely that the plan will need some revision, by mutual agreement, during the course of 2012/13 in light of further national guidance as and when it is issued. It will, however, set out the programme of work that will achieve the Council and PCT Clusters' goal of successfully transferring local public health functions and responsibilities to the local authority, as set out in Health and Social Care Bill, 2011. The final version of the plan will be signed of by the City Council and SHIP Cluster by 31 March 2012.

Background

5. The White Paper "Healthy Lives, Healthy People" set out a new approach to Public Health with local leaders and local authorities empowered to shape their own approach to addressing local need and tackling the wider problems that undermine health outcomes and cause inequalities.

The key elements for the new local Southampton system will focus on a new nationally agreed public health framework with locally agreed outcomes.

The new local system will consist of the Local Authority working with the Clinical Commissioning Group (CCG) and with strategic national partners, the National Commissioning Board and Public Health (PH) England.

Within the new system:

- The Secretary of State will provide clear national leadership, resources and the legislative infrastructure to support Public Health.
- PH (England) will provide authoritative and powerful support to enable Director of Public Health (DPH) and local leaders to promote, protect and

improve people's health.

- There is a clear responsibility on the NHS to play key role in improving health.
- There is a new statutory role for the DPH with statutory duties as the local community's principal health advisor.
- A locally led public health function will be hosted in the local authority in 2012/13 then formal integration into Southampton City Council corporate functions and responsibilities will take place in 2013/14.
- A nationally mandated ring-fenced public health budget will provide public health with dedicated resources – subject to agreement and further testing of the assumptions and pattern of allocation.

Current position

6. Over the past ten years Southampton City has had a jointly appointed DPH with a strong shared population focus and history of joint working.

Relocation of the whole Public Health team into the Local Authority is viewed as part of the transition process. Work continues on clarifying the joint commissioning arrangements and their interface with the public health function.

A formal consultation on relocation of the public health team to Southampton Civic centre was completed with staff on Jan 30th 2012. This concluded that a change of base would occur on 1st April 2012 to the Civic Centre in Southampton with continuing hot desk arrangements supporting the public health input to the clinical commissioning group and PCT Cluster.

Accommodation in the Civic Centre had been upgraded specifically for this purpose to enable the team and specialist public health trainees to relocate at this time. A Strategic Transition Group is being set up to oversee transition to future form and function in the local authority.

Purpose of the Transition Plan

7. The purpose of the Transition Plan is summarised below:
- Demonstration of a strategic, planned approach to change management: to assure all key stakeholders that a strategic, planned approach is being adopted and implemented to the Public Health transition process in Southampton City.
 - Assurance around Business Continuity: to ensure that all functions currently delivered by the Public Health Team in NHS Southampton City continue to be effectively and safely delivered during the transition year 2012/13 in line with the Public Health Business Plan 2012/13
 - Future Local Authority PH Functions: to ensure that all functions destined for local authority public health are efficiently and effectively transferred to Southampton City Council in April 2013. This will require assurance testing during the transition year around the core pillars of public health commissioning for each programme area including:
 - commissioning plans are needs led and reflect JSNA priorities
 - robust specifications are in place for local public health services and responsibilities
 - comprehensive performance monitoring mechanisms are implemented

- Functions transferring to Public Health England (PHE) and NHS Commissioning Board (NHSCB):
 - to ensure that all functions currently undertaken by the Public Health Team in NHS Southampton City which are destined for PHE and NHSCB are effectively delivered during the transition year and are safely and effectively transferred for April 2013, this also includes specialist Dental Public Health

Target Audience for the transition plan

8. This local plan has been developed jointly by SHIP Cluster PCT (Responsible Officer: Southampton City Director of Public Health) and Southampton City Council as the “sender” and “receiver” organisations and is intended for a local, regional and national audience. This includes:
 - Elected members and officers of Southampton City council
 - Southampton connect and key stakeholders including the voluntary sector, SVS, Links/Health watch and our population
 - Local Public Health Team Members : current members of the NHS Southampton City Public Health team who will be the affected workforce during the process
 - NHS South of England Strategic Health Authority who will conduct an assurance process and performance manage plan delivery
 - NHS Commissioning Board and Public Health England who will be important stakeholders in plan delivery as the “receiver” organisations for some public health functions and as the successors to the SHA in this process
 - Southampton Clinical Commissioning Group is a key stakeholder and current recipient of specialist Public Health advice and analytical support and future public health input through the “core offer”
 - Southampton Health and Wellbeing Board is a key stakeholder and will support future definition of public health investment priorities for the City through the development of the Health and Wellbeing Strategic Plan

Successful transition

9. From the perspective of the City Council the key objectives of successful transition will involve:
 - Focusing on the fundamentals – being clear what it is that public health currently does and ensuring that it is able to keep doing it
 - Managing the people well - the public health team who will transfer to the authority, and City Council colleagues, NHS and partners who will need to develop new working arrangements
 - Without putting the above priorities at risk, articulating the opportunities for adding value - to the delivery of the Council’s goals within the widened scope of the authority’s responsibilities.

Governance

10. The process of transition requires robust governance arrangements that manage change and risk in the national public health system, taking into account the new interfaces between national and local public health functions as these move from PCT (sender organisations) to Local Authority receiver organisations. At the beginning of this process in 2012 the SHA Public Health Director and the SHIP Cluster PCT executive oversee the sender organisation responsibilities, and Southampton City Council board executive leads (CEO and DPH) represent the local receiver organisation.
11. Closure of the SHA and creation of Public Health England and National Commissioning Board during 2012 will introduce new interfaces for local authority public health functions and the NHS during 2012. During the same period the local Clinical Commissioning Group for Southampton will be seeking formal accreditation, and as part of this the core offer with public health will be agreed. At some point during the transition process it is envisaged that a local strategic group will be established in Southampton to ensure the transition plan is implemented effectively, securing business continuity, minimising risk, and securing effective and efficient local public health functions which are well communicated
12. At operational level, the transition process has been managed by the Local DPH with support from the PCT public health senior management team. The year 2 transition plan documents the timetable of guidance for sender and receiver organisations which suggest local consultation and models for engagement with staff groups and their union representatives. The local arrangements for these groups have yet to be agreed formally but discussions are under way with HR leads and union representatives in the local authority and PCT cluster. Important milestones are anticipated later this year when specific components of human resources guidance will be finalised by the department of Health.

RESOURCE IMPLICATIONS

Capital/Revenue

13. None in 2012/13 in addition to the shared cost of the Director of Public Health with the PCT, and the accommodation in the Civic Centre for public health staff, both of which are already in the budget approved by Council on 15th February 2012.

Property/Other

14. Accommodation has already been provided in the Civic Centre for the public health team.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. Section 1 Localism Act 2011 and subject to the passage of the Health and Social Care Bill through Parliament when public health will become a local authority function.

Other Legal Implications:

15. None.

POLICY FRAMEWORK IMPLICATIONS

16. None.

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KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	None
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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Draft Public Health Operational Transition Plan
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Documents In Members' Rooms

	None
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Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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