

TELFORD & WREKIN SHADOW HEALTH & WELLBEING BOARD

14 NOVEMBER 2012

PUBLIC HEALTH TRANSITION PROJECT UPDATE

REPORT OF ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

1. SUMMARY

1.1 This report provides an update on the progress of the Public Health Transition Project, part of the health transformation agenda relating to the transfer of Public Health functions and responsibilities from NHS T&W to the Council.

1.2 The report explains what progress has been made over recent weeks and highlights the key areas of activity or concern over the next few weeks.

2. RECOMMENDATIONS

2.1 Shadow Health and Wellbeing Board note the progress with respect to the Public Health transition Project

3. INFORMATION

Project Progress

Commissioned services

3.1 In the September 2012, Members approved delegation of responsibility to the Director of Adult & Community Services, in consultation with the Director of Public Health, and Cabinet Lead/Shadow Health and Wellbeing Board Chair to progress the consideration of future commissioned services and the award of relevant contracts for public health services within the finances available once the Public Health ring fenced grant is announced.

3.2 Commissioners had already evaluated each existing contract let by the PCT against criteria which will give us an open and fair framework to use to make decisions about the future of each existing contract. The criteria include factors such as mandated and non-mandated public health services, performance against contract and value for money.

3.3 Since September Council officers have continued to work with Public Health colleagues to explore our best procurement options within the timescales, keeping risk of legal challenge to a minimum.

3.4 Further Department of Health guidance became available in September which outlined the recommended process for the smooth transition of Public Health contracts that expired on 31 March 2013. This is the case in all current contracts in T&W.

3.5 The new guidance provides a mechanism by which a range of agreed contracts would be extended by the PCT into 2013-14, legally transferring to the Council on 1 April 2013. Subject to available funding commissioners and Council officers favour this approach which will enable us to spread Council driven contract awards over a timeframe of 6 - 12 months, thus ensuring continuity of patient services and making the process of going to the market manageable within the available procurement workforce.

3.6 In line with this new guidance the Council and PCT have jointly written to the Strategic Health Authority to request permission to extend an agreed list of existing contracts for a limited period. We are awaiting a response which is needed urgently so that together with NHS T&W Public Health colleagues we can inform all current providers of our intentions.

Public Health funding allocation

3.7 In respect of the exact ring-fenced Public Health allocation that each local authority will receive there is still uncertainty nationally, with confirmation expected no earlier than December 2012.

3.8 We do now have further detail from NHS T&W which will help us understand the current Public Health budget more fully. As previously explained we are working on the basis of ensuring that the funding responsibilities transferring to the Council from the 1st April will be manageable within the ring fenced allocation, with more freedom created in 2014/15 as commissioned service contracts are reviewed in 2013/14.

Emergency Preparedness, Response and Resilience

3.9 At recent Project Board meetings, the need for further clarification regarding Emergency Planning processes, roles and responsibilities post April 2013 has been recognised and on 30 October 2012 a local Emergency Planning event was run in conjunction with Shropshire Council to help address this.

3.10 The workshop was well attended and provided reassurance that our local authorities' understand their roles in health related incidents in the new world, including the responsibilities that are inherited by the local authorities with the transfer of public health functions and the Director of Public Health

3.11 New national guidance has been issued and as the successor NHS organisations (Public Health England, National Commissioning Board and Clinical Commissioning Groups) take shape at a regional and local level, greater clarity now exists as to who will be the key contacts in these

organisations. Though we need to be clear who in T&W CCG holds the lead for emergency preparedness, response and resilience.

3.12 A report on the findings of our local workshop has been submitted to Dr Mohit Sharma at the Department of health.

3.13 As part of the workshop there was some discussion about what is being held up to be “best practice” nationally, around having a local Health Protection forum as a sub-committee of Health and Wellbeing Boards. Such a group would take a lead in a wide range of Health Protection matters including health related emergency preparedness, response and resilience and report to the Board. There was general agreement to explore this further in the context of a single sub-group reporting to both Shropshire’s and T&W’s Health and Wellbeing Boards, subject to seeking the views of our respective Boards first.

Workforce Planning

3.14 Under the transition arrangements a number of NHS staff will be transferring to T&W Council. HR colleagues are working closely with their NHS colleagues to ensure that appropriate processes are followed as set out in national guidance

3.15 Proposals for assimilating Public Health and Health & Wellbeing responsibilities into the Council’s Senior Management structure will be published very shortly for consultation. Below SMT level it is proposed to transfer across the existing structure, including leaving the 2 Public Health related posts currently in Joint Commissioning still within that unit. After consultation then appointment to the senior structure, the existing structure will be reviewed to identify any changes to address knowledge/capacity shortfalls followed by further consultation on any proposals. Ensuring ongoing support for the Council’s Health & Wellbeing responsibilities will also form part of that review. It is intended that Public Health staff will have bases at both Darby /Addenbrook House and Halesfield to work from.

Other progress

3.16 The five key PHT Project Work streams continue to scope, review and drive forward in detail the main tasks that will achieve a successful transfer by April 2013. They continue to highlight tasks, issues and concerns, interdependencies between work streams and any risks to be mitigated against on a monthly basis to the Project Board.

3.17 At the last meeting of the Transition Board on 6 November, it was recognised that the Board will now need to meet on a fortnightly basis to ensure that the transition project milestones are all completed on time to ensure a smooth transition by the 1 April 2013

3.18 During October 2012 the Local Government Association ran its own stock-take of progress. This denotes another phase in the transfer of

responsibilities as all previous external monitoring of our progress had been via the Department of Health. The Council has recently received some general feedback in respect of the progress being made which will be discussed at the next Transition Board.

3.19 During September work also began to start pulling together the handover Legacy Document – which will outline the detail around every aspect of Public Health function transferring to the Council and to the National Commissioning Board or Public Health England and help to flesh out the lines of interdependence.

3.20 This will include detailed information for each public health area such as the context for each service transfer arrangements; the transition lead; organisational systems; a full who's who for each service; details of governance arrangements; risk registers and quality profile; document control and details of key transfer meetings and links to a library of key documents being transferred across to T&W Council on 1 April 2013.

3.21 This completion of this document will be a significant piece of work over the next few months with a 'final' version being completed in January 2013. We will keep the Board updated on its progress and any issues that arise during its development.

4 PREVIOUS MINUTES

4.1 Cabinet Report – 22.12.2011 – NHS Transformation and Implications for the Council

4.2 SHWB Report – 22.2.2012 – Public Health Update

4.3 SHWB Report – 25.4.2012 – Public Health Transition Project Update

4.4 Health and Wellbeing Board – 13.6.2012 - Development of the Public Health Vision and building the team in Telford and Wrekin

4.5 Health and Wellbeing Board – 12.09.2012 – Public Health Transition Project Update

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