



Telford & Wrekin
C O U N C I L



Telford and Wrekin

*“A Successful, Prosperous and Healthy
Community which Offers a
Good Quality of Life for all the People of Telford
and Wrekin”*

Public Health Transition Plan For Telford and Wrekin

VERSION 6

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1. Introduction

This Transition Plan outlines the approach to the transfer of public health responsibilities, functions and people from NHS Telford and Wrekin to Telford and Wrekin Council, as set out in the public health White Paper: Healthy Lives, Healthy People : Our Strategy for Public Health in England (November 2010).

The Plan has been co-produced by NHS Telford and Wrekin and Telford and Wrekin Council.

1.1. National Context

Subject to Parliamentary approval, from April 2013, Directors of Public Health and other public health staff will be employed by Local Authorities, which will be responsible for defined public health functions, using a ring-fenced public health budget. Shadow allocations of the ring-fenced budget will be announced for 2012/13.

This Plan deals with the delivery and transition activities required during the next 15 months to bring about these changes. It has been prepared within the context of the national framework for managing the overall transition as set out in the letter from the Chief Executive of the NHS in England (13 July 2010).

1.2. Local Context

NHS Telford and Wrekin's Public Health Department currently includes 19 posts (some of which are frozen following directives in relation to implementation of the NHS management costs exercise). It is a training department and currently has two approved training placements. A number of other public health staff, employed by Shropshire County PCT or Shropshire Community Health NHS Trust, work on behalf of public health for NHS Telford and Wrekin. There are no longer any public health "provider" staff in the Directorate.

The transformational vision for improved outcomes in Telford and Wrekin encompasses:

- Consolidation of the life course approach
- Realisation of the opportunities for further reshaping of lifestyle risk management services
- Realisation of the transformational joint elements of the QIPP system plan

The vision for possible opportunities for the development of the public health approach includes:

- Further embedding the JSNA into decision-making processes
- Enhancing community engagement approaches
- Extending a priority-setting approach to a wider range of commissioning decisions

The Approach to the Public Health Transition

The approach to managing the public health transition in Telford and Wrekin will focus on four key areas:

1. **Maintaining Delivery** - in order to maintain and improve on the standards of public health delivery and performance which have already been achieved locally
2. **Securing the future** - by building on the existing locally owned systems and expertise and accelerating progress towards the vision outlined in the public health White Paper and the health improvement elements of the Telford and Wrekin Health and Well-Being Strategy
3. **The engagement of key stakeholders** - in developing the plans for the future, to ensure that the changes are handled effectively, building confidence in the NHS and Local Authority
4. **Support for staff** - during the transition and beyond, to address concerns and to ensure full engagement in the changes, using best practice human resources principles

The priorities for delivery during the transition process centre on:

- Improving the health of the population through tackling the determinants of health, ensuring that public health services are delivered within the resources available and that value for money is achieved
- Implementing the White Paper, Healthy Lives, Healthy People: Our Strategy for Public Health in England (30 November 2010)
- Ensuring a strong and sustainable local public health function, able to meet future challenges
- Preserving the collective approach established amongst the Directors of Public Health in the West Mercia Public Health Network, on major issues such as tobacco, in the interests of efficiency and effectiveness
- Managing the human consequences of the programme of public health reform and supporting staff through the transition

1.3. The Role of the Primary Care Trust Director of Public Health

During the transition period, the role of Primary Care Trust Director of Public Health is to:

ROLE	ACHIEVED BY
Maintain the focus in the local health community on the continued improvement in health improvement and protection and reductions in health inequalities	Managing local operational and financial performance in line with Operational Plans for 2012/13
Lead and support the local delivery of Healthy Lives, Healthy People: our strategy for public health in	Strengthening links with Local Authorities and transferring responsibilities for public health at local

England	level
Support staff through the transition	Enabling staff to take up the opportunities available to support future public health commissioning arrangements
Deliver current public health operational and financial performance requirements as the basis for sustainable local health systems for the future	Establishing a clear framework for human resources, supporting staff and maintaining engagement and communications with staff and Trade Unions
Assess the capability and capacity of current public health programmes to improve the health of the population and work collectively to ensure improved health outcomes and efficiencies within the system	Working as a collective group to ensure delivery of effectiveness and efficiency within major public health programmes

Drawn from DH Guidanceⁱ andⁱⁱ

1.4. The Role of the Local Authority

The role of Telford and Wrekin Council during the transition will be to:

ROLE	ACHIEVED BY
Work with the Director of Public Health to develop a local transition plan that will support the delivery of Healthy Lives, Healthy People: our strategy for public health in England	Strengthening links with Directors of Public Health and agreeing the process of transferring responsibilities for public health at the local level
Further development of the Health and Wellbeing Board and support for the GP Clinical Commissioning Group (CCG) in order to bring together NHS and local government efforts to meet the local populations needs as effectively as possible	Working with the NHS and other key partners in the development and successful implementation of the Health and Well-Being Board
Establish a staffing structure for assimilation of public health into the Local Authority	Ensure built into the project plan and timetable to be managed by the Health and Wellbeing Board and reported on to the PCT Cluster Board and Cabinet
Support staff through the transition by continued involvement in the education and training opportunities provided	Enabling staff to take up the education and training opportunities available to support future working arrangements, through the teaching of public health skills, or operational skills of working in local government
	Establishing a clear framework for human resources, supporting staff and maintaining engagement and communications with staff and

	Trade Unions
Maintain the focus on the already significant role that the Local Authority plays in protecting and improving the health of its population, through planning, environmental health, transport, air quality and housing	Managing local operational and financial performance in line with Local Authority Operational Plans
Identify opportunities to maximise synergies, economies of scale and performance for delivering public health within the Council's existing resources and services	Reviewing operational opportunities as well as future structures with the Health and Wellbeing Board
Lead the development of the Health and Wellbeing Strategy through the Health and Wellbeing Board	Ensure forms part of the project plan to be monitored by the Health and Wellbeing Board

Informed by DH Guidance ⁱⁱⁱ and ^{iv}

The Council's Cabinet has been briefed on the potential impact of all the NHS changes and now that the public health papers have finally been released, a further update will be presented shortly which will also include progress by the Health and Wellbeing Board and the implications of the slipped HealthWatch timetable.

2. Ensuring a Robust Transfer of Systems and Services

This section of the Plan covers a range of issues which provide detail around specific elements of the transfer process.

2.1. Agreed PCT / LA Arrangements 2012/13

2.1.1. Operation of the Public Health System during 2012/13

The Executive Operating Model of the West Mercia PCT Cluster formally recognises its Local Councils amongst its key stakeholder organisations. Key features in the context of the public health transition include:

- The responsibility of Local Authorities as receiving organisations for PCT functions, including public health
- The lead role of Local Authorities in developing robust and effective Health and Wellbeing Boards, which meet their future remit as outlined in the legislation
- To protect and strengthen joint commissioning and support arrangements and service integration

Accountability for public health will remain with the Board of the West Mercia PCT cluster during 2012/13. The DPH for Telford and Wrekin will remain directly managerially accountable to the Chief Executive of the PCT cluster during this period. The Board's (public-facing) performance report encompasses key public health metrics.

It is anticipated that objectives for the DPH for 2012/13 will be developed jointly between the Chief Executive of the PCT cluster and the Managing Director of Telford and Wrekin Council and agreed through the Health and Wellbeing Board. The JSNA and emerging Health and Wellbeing Strategy will help inform this process. Effective partnership will be further supported through Telford and Wrekin Council lead membership at the PCT cluster Board.

The DPH for Telford and Wrekin will continue to represent public health for the north of the cluster (Telford and Wrekin and Shropshire County) on the cluster Executive and Board during 2012/13. This role will encompass reports to the Board on the public health transition. The DPH will also continue as a member of the Telford and Wrekin Health and Wellbeing Board and Senior Management Team of Telford and Wrekin Council.

Telford and Wrekin Council is engaging its HR unit on the changes affecting public health staff and will review the assimilation of public health in its overall structure during the shadow year 2012/13. Announcement of the shadow funding allocations for public health will aid this planning process, enabling a review of resources against current activities and structures to inform future arrangements

2.1.2. Clear Local Plans and Transition Milestones

Work has been ongoing during recent months to inform the development of local plans for the transfer including functions, staff and commissioning (including contracts) for 2013/14 and beyond. This planning has been based on the assumption that the shadow budget will broadly reflect the financial information previously submitted, in relation to nationally defined public health descriptors.

The key transfer milestones have been developed by the transition project manager working with senior public health officers from both NHS Telford and Wrekin and Shropshire County PCT, to inform an Outline Transition Plan (attached as Appendix 1). Key national and regional milestones are described in Table 1.

TABLE 1: Public Health Transition Milestones

Date	Event
2011	Public Health England set up in shadow form within the Department of Health.
3 October 2011	Strategic Health Authority clusters in place.
31 October 2011	NHS Commissioning Board established in shadow form.
w/c 21 November 2011	Public Health Outcomes Framework and Local Government and Public Health Paper publication.
w/c 28 November 2011	Public Health England Operating Model published
November 2011	HR Concordat and Finance Allocations and Guidance paper published
December 2011	Workforce Strategy Consultation opens

December 2011	Process to establish Shadow Public Health Budgets for 2012/13 begins
16 January 2012	Local Public Health Transition Plan – submitted to NHS Cluster
18 January 2012	Local Public Health Transition Plan – submitted to West Midlands and East NHS SHA
27 January 2012	Local Public Health Transition Plan – submitted to Department of Health
March 2012	All shadow Health and Wellbeing Boards to be established with the Director of Public Health as a core member.
April 2012	Chief Executive Public Health England Designate starts.
Spring – Autumn 2012	Annual public health transition performance reviews between the RDPH with each Local Authority and Primary Care Trust.
March 2013	Abolition of Strategic Health Authorities.
April 2013	Abolition of Primary Care Trusts.
April 2013	NHS National Commissioning Board to be functional and take on full accountability and financial responsibilities.
April 2013	Public Health England established.
2012 / 2013	Local Authority shadow allocations of the ring fenced public health budgets.
2013 / 2014	Full allocation of the ring fenced public health budgets.

2.1.3. The Health and Wellbeing Board and JSNA

Telford and Wrekin Shadow Health and Wellbeing Board (HWBB) has been standing for 12 months. Its level of business is growing and the Board will be meeting bimonthly, moving towards the formal shadow year. The Board is chaired by the Deputy Leader of Telford and Wrekin Council. Its membership includes lead Councillors (the cabinet members for adults' and children's services), the CCG Chair, a NHSCB rep (the West Mercia PCT cluster Deputy Chief Executive), the Council Managing Director, the Director of Public Health, the Director of Adult Social Services (DASS), the Director of Children's Services (DCS) and a senior representative from LINKS (HealthWatch). The Board is part of the national early implementers programme and is taking part in the National Learning Network-accelerated learning sets. Two stakeholder events are being planned for service users and providers to inform the establishment of HWBB subgroups for these two areas, in preparation for the formal shadow year of the Board.

The Telford and Wrekin JSNA was ranked as Level 3 during the second round of the World Class Commissioning Process. This provides a very firm foundation from which to move forwards - the Health and Wellbeing Board is required to develop its Health and Wellbeing Strategy to frame the joined-up commissioning of health and care services by the Local Authority and GP Commissioning Consortium.

In this context, the aim of the JSNA is:

“To provide an on-going comprehensive analysis of local current and future needs for adults and children to inform commissioning to lead to better health and wellbeing outcomes and help address health inequalities”^v

Priorities defined through the Telford and Wrekin JSNA (for example, through its benchmarking approach) will be used to inform the Health and Wellbeing Strategy. This work will be taken forward through a series of HWBB workshops planned over the next few months.

As further background, the local JSNA has been successfully developed in partnership between NHS Telford and Wrekin and Telford and Wrekin Council since 2008. The JSNA process has been continually refined during this time. The wider determinants of health and health and social care priorities as identified by the original JSNA have been reviewed on an annual basis, with the updated priorities being used historically by both the Council and PCT to inform their annual planning rounds and priority setting. Work is already underway to create the next “refreshed” JSNA, which rather than being an annual update and review process, will follow a more modular approach throughout the year to provide a more sensitive “live” tool to inform and determine commissioning decisions. The JSNA will also be developed to ensure that it provides health intelligence, wherever necessary, at a general practice-level, to inform GP-led priority-setting processes and efficiency savings plans.

JSNA intelligence has systematically shaped the commissioning decisions taken by commissioners in Telford and Wrekin during the last three years, including PCT and CCG prioritisation processes.

2.1.4. Commissioning Arrangements

Healthy Lives, Healthy People^{vi} describes the range of services which Local Authorities will be responsible for commissioning from April 2013. Although full details of the local commissioning arrangements are not confirmed (the shadow public health budget not having been notified and further national HR guidance being awaited), public health commissioning is very well established in the PCT public health team. Other programme areas defined in the public health financial return are already delivered through joint commissioning arrangements in place between Telford and Wrekin PCT and Council.

The process of transferring contracts across to Local Government is potentially complex. PCT public health staff have been involved in fully documenting all existing public health-led contracts, including individual notification requirements and procedures, to ensure that these can be fully met. All contractors will be pre-notified prior to the end of the 2011/12 financial year, to provide a basis for further work during the 2012/13 transition year. This ensures full advance notification of the changes in public health commissioning from 2013/14 and any potential implications for contractual arrangements.

There have been discussions between the Council’s Managing Director, the Deputy Chief Executive of the PCT cluster, the DASS and the DPH around transition plans. The DPH will link directly to the Council’s Managing Director and Health and Wellbeing Board during the Shadow year as ongoing arrangements are developed. It is likely that the DPH and staff will be co-located with the CCG and the joint commissioning team. As part of the future vision, the Council looks forward to building on the many jointly commissioned health improvement initiatives already established in partnership

through the DPH and Council, the most recent examples including the single point of access referral model for lifestyle services (now running in the Council's customer contact centre), early years elements of the childhood obesity programme and the Winter Warmth scheme.

2.1.5. Migration Arrangements to NHS Commissioning Board and Public Health England

Work is in hand at West Mercia Public Health Network level to develop a West Mercia footprint for those public health functions to be led by the NHS Commissioning Board, supported by Public Health England. This work currently encompasses screening, immunisation and emergency planning.

2.1.6. Core Provision

Discussions are in hand between the GP Chair of the Clinical Commissioning Group and the DPH to define and agree the core offer from the public health team during 2012/13. There are already a range of examples of public health support for the CCG, including tailored JSNA analyses and analytical support (e.g. around benchmarking) for the QIPP plan.

3. Delivering Public Health Responsibilities during Transition and Preparing for 2013/14

With regards to formal responsibilities it is clear that throughout the period of transition (2012/13) statutory responsibility for public health delivery remains with the Board of the West Mercia PCTs through its Operating Framework.

3.1. Continued Delivery

Commissioning arrangements for the functions/services to be encompassed in the transition to the Local Authority are currently led by public health or the joint commissioning team (including alcohol and substance misuse). In particular:

- Health protection arrangements for Telford and Wrekin encompass:
 - Preventative interventions e.g. adult and childhood immunisations
 - Joint planning for and response to biological, chemical, radiological and environmental threats (with the HPA)
 - The management of routine "day to day" health protection issues, from outbreaks to advice on planning applications
 - Out of hours arrangements

Arrangements will be reviewed during 2012/13 to ensure the protection of current arrangements and to confirm (or develop where needed) clear lines of leadership and accountability during the planning, response and recovery phases of health protection work. In areas such as immunisation, preparation will be made for the transfer of responsibilities to the NHS Commissioning Board. It is hoped that the local shape, role, responsibilities and accountability of Public Health England in Telford and Wrekin will increasingly take shape during 2012/13

In terms of infection control, the PCT has established effective strategic and operational arrangements with the local community provider Trust and it is anticipated that these will continue during the transition period. It is hoped that there will be further clarification of the role of CCGs in infection control going forward, to inform local planning during the transition year

- Public Health Advice to NHS Commissioners: See previous section (“Core Offer”)
- The National Child Measurement Programme (NCMP)

Delivery of the NCMP in Telford and Wrekin is overseen by a partnership steering group Chaired and led by public health and already including representation from Telford and Wrekin Council. Measurement, data management and proactive feedback are delivered by Shropshire Community Health NHS Trust (School Nursing team, Child Health and Health Improvement). This commissioning arrangement is part of the block contract with the SCHNHST which it is anticipated will continue beyond April 2013. Data upload to the Department of Health is completed each summer by public health intelligence leads; it is anticipated that this will also continue once the function is transferred to the Local Authority. The Telford and Wrekin NCMP Partnership Steering Group is drafting an operational document to underpin a smooth transition during 2012/13

- NHS Health Check Programme

In terms of its national ranking, the Telford and Wrekin programme is an extremely high achiever and will continue to be commissioned by NHS Telford and Wrekin during the transition period. Well-established arrangements are in place to ensure delivery of the programme within predominantly general practice settings and to ensure the appropriate follow up and management of identified high risk individuals. Marketing of the programme will continue as per plan. Current arrangements will be reviewed during 2012/13 to ensure the smooth transfer of existing contractual arrangements to the Council. This will need to include the agreement of the necessary data sharing arrangements between health service providers and the Local Authority. All parties recognise the importance of continued delivery against national performance trajectories before, during and after the public health transition

- Sexual Health Services

Sexual health services for Telford and Wrekin are already commissioned via the Joint Commissioning Unit established between NHS Telford and Wrekin and Telford and Wrekin Council

As already summarised above, work is also in hand to develop a West Mercia footprint for those public health functions to be led by the NHS Commissioning Board, supported by Public Health England (screening, immunisation and emergency planning). Further, with regard to emergency planning, NHS Telford and Wrekin and Shropshire County PCT have established a joint multi-agency Emergency Planning Group which meets bimonthly. Membership of this group includes one of the

DsPH (Shropshire County DPH, as Chair) and two specialist emergency planning officers from the two PCTs. This group has led and co-ordinated a number of multi-agency exercises within the county and as part of the Cluster. The Telford and Wrekin DPH is Chair of the local health economy Pandemic Flu Planning Group (when stood up) and its programme of work. The work of these groups over a number of years has helped to grow lasting relationships with other agencies outside of health. This has led to agreements between the NHS; Local Authority; Police and Fire Services to enable enhanced collaborative working between planning leads, including the ability for us to use facilities from all of these key agencies. These excellent working relationships will be maintained throughout the transition year and beyond.

4. Workforce and HR

Workforce and HR elements of the local transition will be developed and implemented by the Public Health Transition (PHT) Project Team, informed by the *HR Transitions Framework*^{vii} and the guiding principles set out in the guidance: the *Public Health Human Resources Concordat*^{viii}.

The Local Authority has been fully sighted on the overall workforce implications of the transition of public health functions since the first guidance in 2011. Telford and Wrekin Council has identified workforce leads for the transition, as part of the transition architecture; the Council is engaging its HR unit in the changes affecting public health staff and will review the assimilation of public health into its overall structure during the shadow year. Announcement of the shadow funding allocations for public health will aid this planning process, enabling a review of resources against current activities and structures to inform future arrangements.

We await the publication of the *Local Government Transition Guidance*^{ix} which will help move our local plans forward.

4.1. Communication with Staff

To date the DPH has included regular updates to staff within the routine public health team meetings, as well as running specific meetings to keep staff up to date with the latest guidance as it has appeared since 2010.

A series of one-to-one meetings have also been held with all members of the public health team and their line manager to ensure that staff have the opportunity to access additional support, voice their concerns and plan their own individual development route going forward.

5. Governance Arrangements

5.1. Accountability and Performance Monitoring

The West Mercia System Plan (QIPP) remains the cross sector, cross organisational plan upon which the local health economy will drive clinical improvement. Local content is being reviewed jointly by the PCT and Local Authority and already encompasses public health-led actions.

As stated in Section 2 of this document, statutory responsibility for public health delivery remains with the Board of the West Mercia PCTs during the transition period. Responsibility for oversight of clinical governance also rests with the Board, through its Director of Nursing and Quality.

DSPH have agreed a series of public health metrics for direct reporting through to the PCT Board:

- Healthcheck
- Smoking quitters
- Maternity early booking
- Smoking at delivery
- Health visitor numbers
- Breast feeding initiation
- Breastfeeding at 6-8 weeks

With regard to serious untoward incidents (SUIs), there are well-established arrangements in place and a joint lead nurse has been appointed by NHS Telford and Wrekin and Shropshire County PCT.

The PCT has agreed a risk sharing-based approach to the transition with the Council - as outlined in previous assurance submissions on the transition submitted to NHS West Midlands. These returns were positively received by NHS West Midlands. The public health team also made a substantial contribution to the current PCT legacy document. Full transition risks will be documented in a transition risk register to be owned by the Project Team and reviewed monthly.

6. Enabling Infrastructure

The PCT and Local Authority have established a project management approach to deliver the public health transition (PHT). This will be led by a dedicated project manager with a known history of successful delivery in the local health economy. The approach will involve the formation of a PHT Project Team, reporting (ultimately) to the PCT Cluster Board and the Health and Wellbeing Board. The DPH will report progress to the CEO of West Mercia PCT Cluster and the Managing Director of Telford and Wrekin Council. The Project Team will be supported by a number of workstreams, tasked with development and implementation of relevant sections of the PHT delivery plan, following its approval (see Appendix 2).

It is likely that initial workstreams will encompass:

- Workforce, HR and accommodation
- Communications and engagement

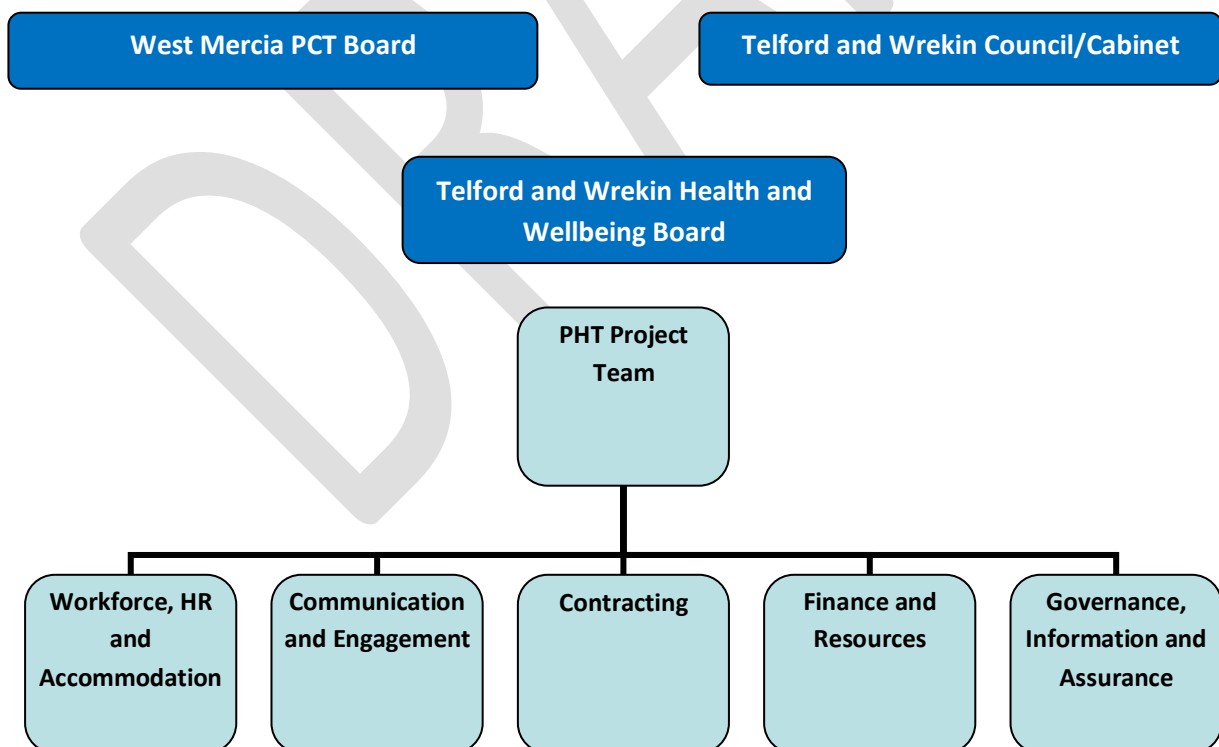
- Governance, information and assurance
- Contractual issues
- Finance and resources

Key deliverables (following proposal and agreement) are likely to include:

- Identifying and resolving any significant financial issues for the PCT Cluster and the Local Authority
- Identifying and resolving all clinical and non-clinical risk and indemnity issues for contracts
- Ensuring access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during transition and beyond transfer
- Identifying and resolving all issues in relation to facilities, estates and asset registers
- Developing their respective elements of the legacy handover document during 2012/13 – for handover in the Primary Care Trust Handover Statement (due March 2013)
- Picking up other actions relevant to their area of responsibility that will emerge from other guidance expected during 2012/13

6.1. Project Structure (2012/13)

(It should be noted that the summary structure below has not been finally agreed between PCT Cluster and Council.)



7. Communication and Engagement

To date a range of new and existing mechanisms and channels have been used to support communications around the public health transition. Activities have included:

- Staff have been updated in routine team meetings and in additional meetings prompted by the release of new guidance
- The Local Authority has had regular briefings to senior managers, officers and members from a number of sources
- The Health and Well-being Board has received regular updates
- Other specific stakeholder events

The communications strategy is already under development (Appendix 3) and further work will be developed by the PHT project team, involving both the PCT and Council communications resources.

8. Appendices

Appendix 1	Outline Transition Plan
Appendix 2	Draft Workstream Responsibilities
Appendix 3	Outline for Contents of Communication and Engagement Strategy

9. References

ⁱ Healthy Lives, Healthy People: our strategy for public health in England (30 November 2010 and June 2011)

ⁱⁱ Public Health Human Resources Concordat – November 2011

ⁱⁱⁱ Healthy Lives, Healthy People: our strategy for public health in England (30 November 2010 and June 2011)

^{iv} Public Health Human Resources Concordat – November 2011

^v (LG landD, 2011, p7)

^{vi} Healthy Lives, Healthy People: our strategy for public health in England (30 November 2010 and June 2011)

^{vii} HR Transition Framework (July 2011)

^{viii} Public Health Human Resources Concordat – November 2011

^{ix} Local Government Transition Guidance (expected)