



Telford & Wrekin
COUNCIL



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

6 March 2012

Version 9

Version Control			
Date	Version	Author	Change Description
18 Jan 2012	Version 6	Dr Catherine Woodward Paul Clifford Karen Yates	Initial plan to deliver implementation of public health transition
Mar 2012	Version 9	Dr Catherine Woodward Richard Partington Paul Taylor Karen Yates	Updated plan – following review by the Cluster / SHA
Approvals			
Date	Version	Approved by	Title
18 Jan 2012	V6	Dr Catherine Woodward	Director of Public Health, NHS Telford and Wrekin
18 Jan 2012	V6	Paul Clifford	Director of Adult, Community & Customer Services - Director of Adult Social Services, Telford and Wrekin Council
09 Mar 2012	V9	Dr Catherine Woodward	Director of Public Health, NHS Telford and Wrekin
09 Mar 2012	V9	Richard Partington	Managing Director, Telford and Wrekin Council

This Transition Plan is a working draft document. The content will be subject to amendment as further local, regional and national information and guidance becomes available.

This draft document was prepared for submission to NHS Midlands and East by 09 March 2012, as part of the integrated approach to planning and assurance between the Department of Health and the NHS for 2012/2013.

Signed



Eamonn Kelly
West Mercia PCT Cluster Chief Executive

Richard Partington
Managing Director, Telford and Wrekin Council

Contents

1. Introduction and Key Context	5
1.1 National Context.....	5
1.2 Summary of Local Context.....	5
1.3 Developing the Vision for Public Health	6
1.4 The Joint Approach to the Public Health Transition	8
1.5 The Roles of Partner Organisations during the Transition	9
1.6 The Role of the Local Authority	11
2. Framework for a Robust Transfer of Public Health Systems and Services	12
2.1 Operation of the Public Health System during 2012/13	12
2.2 Clear Local Plans and Transition Milestones.....	13
2.3 The Telford and Wrekin Joint Strategic Needs Assessment (JSNA).....	14
2.4 The Telford and Wrekin Health and Wellbeing Board	16
2.5 Development of the Telford and Wrekin Health and Wellbeing Strategy	16
2.6 Development of Telford and Wrekin HealthWatch	17
2.7 Services to be Commissioned by the NHS Commissioning Board: The Role of Telford and Wrekin Health and Wellbeing Board	18
2.8 Commissioning Arrangements in Telford and Wrekin	18
3. Delivering Public Health Responsibilities during the Transition and Preparing for 2013/14	20
3.1 Health Protection	20
3.2 EPRR Arrangements.....	21
3.3 The Provision of Healthcare Public Health Advice to the Telford and Wrekin Clinical Commissioning Group	22
3.4 The National Child Measurement Programme (NCMP)	23
3.5 The NHS Health Check Programme.....	24

3.6	Joint Commissioning Arrangements for Substance Misuse, Alcohol Misuse, Sexual Health Services and the Elements of Children and Young People’s Commissioning included in the Public Health Transition	28
3.7	Other Public Health Functions	28
3.8	Quality Assurance of Public Health Services (Clinical Governance)	29
3.9	Sustainable Development Management Plan (SDMP).....	30
3.10	Workforce and HR	30
3.11	Governance Arrangements.....	31
4.	Leadership, Management and Delivery of the Public Health Transition: Programme Management Arrangements	32
4.1	Structure and Approach	32
4.2	Benefits Realisation	34
4.3	Interdependencies.....	34
4.4	Public Sector Equality Duty.....	34
4.5	Communication and Engagement.....	35
4.6	Self-Assessment Checklist for Transition	36
5.	Appendices	37
6.	References.....	37

1. Introduction and Key Context

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) and Healthy Lives, Healthy People: Update and Way Forward.

The Plan has been co-produced by NHS Telford and Wrekin and Telford and Wrekin Council. The Plan takes account of both the feedback received on the first draft submission (the plan was rated “Green”) and further guidance received from a number of sources.

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. Local Authority shadow allocations of the ring-fenced budget for 2012/13 have recently been announced.

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) and in line with required national milestones (contained in Table 1).

1.2 Summary of Local Context

NHS Telford and Wrekin’s Public Health Directorate 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 (including the infection control team.) There are no longer any public health “provider” staff in the public health Directorate. The DPH is medically qualified and is also the PCT’s Director of Infection Prevention and Control. The DPH is a member of the West Mercia PCT Cluster Board (and of its Quality, Performance and Resources subcommittee) and of the Board of Telford and Wrekin Clinical Commissioning Consortium. The DPH also fulfils a number of NHS responsibilities on a PCT cluster-wide or West Midlands regional basis.

Staff annual review and appraisal arrangements are well established in the team, including arrangements for NHS consultant appraisal in line with existing national guidance. As part of the approach required in moving towards revalidation, the DPH is involved in the recently established dialogue in relation to local implementation of public health consultant appraisal arrangements across the Midlands and East SHA Cluster. An important but as yet undetermined part of this will be to agree Responsible Officer arrangements for medically qualified public health consultants, by April 2013 at the latest.

There is a well established Joint Commissioning Unit in Telford and Wrekin, with commissioning Director level and lead officer accountability well established in the PCT and Local Authority. Drug and alcohol misuse services, some services for children and young people and sexual health services are already commissioned through this Unit. The NHS Telford and Wrekin PCT lead for emergency planning was the PCT CEO, more recently passing to the PCT Managing Director (Dr Leigh Griffin), since formation of the West Mercia PCT cluster.

1.3 *Developing the Vision for Public Health*

The requirement for Telford and Wrekin Council to set out its vision for public health in the future is well recognised locally (see Table 1). This will encompass how the Council will use its new responsibilities and resources to place health and wellbeing at the heart of everything it does, with the aim of helping people lead healthier lives, both mentally and physically. Preparation of a vision for public health is a key aspect of taking responsibility for public health and implementing the transition arrangements. In doing this, it will be vital to avoid confusion between public health (population health) as an outcome and public health (public health services - commissioning and provision) as a function (while recognising that these two dimensions are closely related.)

Elements of the transformational vision for improved outcomes in Telford and Wrekin encompass:

- Consolidation of the Marmot 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

Further opportunities for the development and transformation of the public health function 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

Telford and Wrekin Council recognises its responsibility in this area, as set out in an update report presented to the Telford and Wrekin Health and Wellbeing Board (22 February 2012; report available on request). An updated version of this report will be considered by the Council's Cabinet on 29 March 2012; one of the recommendations of this report is that "A further report is prepared for the Health and Wellbeing Board and members by June 2012, to update on progress and seek approval for a local Telford and Wrekin vision for public health."

Preparation of this vision statement has been incorporated in the project plan for the public health transition; the Council will work with public health staff, existing council staff, relevant partner agencies, LINK and through its community engagement networks to develop a vision for approval, which will underpin the Council's public health service. The vision will build on statements contained within relevant Department of Health factsheets, but amended to capture the local perspective.

The Council will aim to:

- Include health in all its policies so that each decision seeks the most health benefit for the investment
- Invest the new ring-fenced grant in high quality public health services
- Encourage health promoting environments, for example, access to green spaces and reducing exposure to environmental pollutants
- Support local communities through community renewal and engagement and the development of social networks
- Tailor services to meet individual needs – based on a holistic approach, focusing on wellness services
- Making effective and sustainable use of all resources

The Council will do this:

- By working with a range of partners including the NHS, LINK/HealthWatch, other statutory agencies and the voluntary sector
- By building on the effective public health services and partnership arrangements which the Council already has in place
- Through services the Council is already responsible for, such as housing, economic and environmental regeneration, strategic planning, education, public protection, leisure, fire and road safety and services for children and young people

The overarching context for these developments is Telford and Wrekin's Cooperative Council approach. Under this banner, the vision and emerging priorities up to 2020 are:

- A growing local economy to create jobs
- Improved lives for all
- Vulnerable children and adults are protected
- Clean and well-maintained neighbourhoods and streets
- Residents feeling safe and proud of where they live
- Housing choices to meet the needs of all

1.4 The Joint 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 Wellbeing 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

1.5 The Roles of Partner Organisations during the Transition

To date, all national guidance has been appropriately shared within the PCT (as sender) and the Local Authority (as receiver). A detailed list of all guidance is being prepared and will also be shared with all members of the Steering Group and workstreams (see Section 4 of this document). The guidance list will be updated as necessary, through the Steering group, during the transition year. Currently it is clear that the **PCT Cluster Board** is responsible for ensuring that the public health transition plan and/or planning process:

- Have been jointly developed and agreed with the Local Authority
- Have been developed with the engagement of staff and trade unions
- Have had input from other key stakeholders, such as the Clinical Commissioning Group and the shadow Health and Wellbeing Board
- Are robust, comprehensive and demonstrate due regard to the Public Sector Equality Duty
- Describe the destinations of all the public health functions, services and programmes and potential impact on the public health workforce
- Identify transitional risks, including workforce related risks and indicate how these will be managed
- Demonstrate clear accountability for delivery during the transition year 2012/13
- Have been developed with staff involvement, support and development
- Are explicit about the resources available for delivery in 2012/13, as well as for supporting the transition

As the receiving organisations, **Local Authorities** will expect to:

- Be fully involved by the PCT cluster in the development of the local public health transition plan
- Take the lead at the earliest opportunity in the development of the local public health transition plan
- Agree delegated responsibility for delivery of public health services negotiated locally
- Be signatory, through the Chief Executive, to the plan as evidence of Local Authority agreement to the plan

Further detail is presented in paragraph 1.6 below.

The **Director of Public Health**, as the professional lead for public health locally, will be expected to:

- Ensure the transition arrangements are robust, undertaking a key role in ensuring public health services/programmes are transferred appropriately

- Identify, in conjunction with other Directors of Public Health and Local Authorities, public health services/functions that could be delivered more effectively on a larger geographical footprint
- Ensure public health risks are identified to the PCT Cluster Board and Local Authority Cabinet and that mitigation actions are in place
- Prepare a legacy handover process during 2012/13

Further detail is contained in the following Table, which describes the role of the DPH during the transition period.

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 England	Strengthening LINKs with Local Authorities and transferring responsibilities for public health at local level
Support public health 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

1.6 The Role of the Local Authority

The Council is clear that its role 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
<p>Establish a staffing structure for assimilation of public health into the Local Authority</p> <p>Support staff through the transition by continued involvement in the education and training opportunities provided</p>	<p>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</p> <p>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</p> <p>Establishing a clear framework for human resources, supporting staff and maintaining engagement and communications with staff and Trade Unions</p>
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}

2. Framework for a Robust Transfer of Public Health Systems and Services

2.1 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 (an example being the progress report provided, as part of the overall transition update, at the West Mercia PCT Cluster Board Meeting on 28 February 2012.) 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.

As part of the programme approach to the transition which has now been established, Telford and Wrekin Council will continue to engage its HR unit on the changes affecting public health staff and will review the assimilation of public health into its overall structure during the shadow year 2012/13. The recent announcement of the shadow funding allocations for public health will now aid this planning process, enabling a review of resources against current activities and structures to inform future arrangements. A finance-led, task and finish working group has been established jointly between the Council and PCT to examine the local implications of the shadow public health budget for Telford and Wrekin. This group will report back to the Managing Directors of the Council and PCT and the DPH, in the very near future (report not available at time of writing.)

2.2 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 was based on the assumption that the shadow budget would broadly reflect the financial information previously submitted, in relation to nationally defined public health descriptors; this is now being examined, as described above.

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 the Project 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
Jan – March 2012	Agree local transition plan for public health as part of the overall integrated plan, taking account of the checklist in Annex 6, by March 2012
March 2012	Develop a communication and engagement plan, first draft produced by March 2012
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.
June 2012	Agree approach to the development and delivery of the local public health vision by June 2012
Spring – Autumn 2012	Annual public health transition performance reviews between the RDPH with each Local Authority and Primary Care Trust.
September 2012	Agree arrangements on public health information requirements and information governance by September 2012
October 2012	Test arrangements for the delivery of specific PH services, in particular screening and immunisation by October 2012
October 2012	Test arrangements for the role of PH in Emergency Planning, in particular the role of the DPH and LA based PH by October 2012
October 2012	Ensure early draft of legacy and handover documents produced by October 2012
January 2013	Ensure final legacy and handover documents produced by January 2013
Jan – March 2013	Agree arrangements for LAs to take on public health functions – date for local determination
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.

2.3 The Telford and Wrekin Joint Strategic Needs Assessment (JSNA)

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 CCG.

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) is being used to inform the Health and Wellbeing Strategy.

As further background, the local JSNA has been successfully developed in partnership between NHS Telford and Wrekin and Telford and Wrekin Council since 2008; its population and development is managed through the Telford and Wrekin Joint Intelligence Unit. 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.

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. For example, the 2009 Telford and Wrekin JSNA included a series of recommendations and key messages for commissioners, structured around the PCT's priority health outcomes. These key messages were based on summaries of the nationally published evidence of effectiveness (including cost effectiveness) and evidence-based practice, including relevant NICE guidance. In addition, the key messages for commissioners were based on local intelligence defining that outcome, including health inequalities. During 2010/11, an audit of progress against the JSNA recommendations developed for public health commissioners was undertaken (as part of the annual Public Health Departmental Audit Programme) to evaluate the impact of this approach.

Plans have been agreed and work is already underway to create the next "refreshed" JSNA for Telford and Wrekin, 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. There has been a particular focus on improving the content and utility of the JSNA in relation to metrics and planning for social care. The plan is also to develop the JSNA 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. Taken together, the JSNA will underpin the new "Picture of Place" for Telford and Wrekin. As part of this, JSNA and Health and Wellbeing Strategy Development are being informed by national "best practice" guidance. The JSNA plan is delivering (and will continue to deliver) a suite of products, including:

- Population, socioeconomic and ethnicity profiles and forecasts (at population, locality and ward level)
- Benchmarking across metrics including for:
 - Economy/income (including an economic needs assessment)
 - Crime
 - Housing need
 - Environment
 - Social care delivery
- A learning and skills profile
- A labour force profile
- A carer profile

The systematic, consistent benchmarking process against the national JSNA data inventory led by the Council's Delivery and Planning Team and the PCT's Public Health Intelligence Team (through the Joint Intelligence Unit) is progressing well and will be completed by the end of February 2012. A mapping exercise is also being undertaken to align (where possible) this inventory benchmarking with the national Public Health Outcomes Framework, published in January 2012.

2.4 The Telford and Wrekin Health and Wellbeing Board

The Telford and Wrekin Shadow Health and Wellbeing Board have 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 Board subgroups for these two areas, in preparation for the formal shadow year of the Board. Telford and Wrekin Shadow Health and Well-being Board have received regular updates on the Telford and Wrekin JSNA, on the development of the Telford and Wrekin CCG and on the local Integrated System Plan (QIPP Plan) during 2011 and this will continue.

Through the regular attendance of its Chair (Dr Mike Innes), Telford and Wrekin CCG has played an active part in the development of the Telford and Wrekin Health and Wellbeing Board. Dr Innes has personally provided regular updates on the development of the CCG, to the Health and Wellbeing Board. Dr Innes is leading CCG involvement in the development of plans for joint commissioning arrangements with the Council; this will become one of the key functional determinants of the Board going forward. Dr Innes is also personally involved in the development of the Telford and Wrekin Health and Wellbeing Strategy.

2.5 Development of the Telford and Wrekin Health and Wellbeing Strategy

The Telford and Wrekin Shadow Health and Wellbeing Board approved its approach to further development of the Telford and Wrekin JSNA and Health and Wellbeing Strategy in December 2011. The next Health and Wellbeing Strategy workshop will be held on 21 March 2012; the key outcomes for the Strategy, as informed by the local JSNA, will be agreed at this workshop. The decision process will encompass the comprehensive list of wellbeing determinants - health, social care, educational and the "wider determinants" – as described above.

Following the March workshop, a review will be undertaken to further map action to deliver the key outcomes, through existing service and commissioning plans and to undertake a review of the assets involved. This will inform the development of key actions (including joint actions) in the strategy, to deliver the key outcomes for Telford and Wrekin. It is anticipated that a further series of local stakeholder events will inform this process.

2.6 Development of Telford and Wrekin HealthWatch

Telford and Wrekin Council has had responsibility for commissioning the Telford and Wrekin LINK service for a number of years. Locally, LINK has developed positively from the Council and NHS Telford and Wrekin perspective, evolving into an effective organisation over what is still a relatively short period of time. The Council is working closely with local LINK and other relevant organisations to ensure that LINK continues to function effectively through to April 2013. Whilst actively engaging LINK in planning to ensure that a new HealthWatch organisation is in place by April 2013, current LINK functions will remain in place until the new responsibilities created through passage of the Health and Social Care Bill are enacted. The Chair of the Telford and Wrekin LINK is a member of the Health and Wellbeing Board.

However, preparation has been hampered by the lack of national guidance, amendments to the Bill and the deferred implementation dates, though on balance the Council welcomes the most recent announcement to delay implementation to April 2013. As a result, the Council has made pragmatic, interim arrangements for the support of Telford and Wrekin LINK. The existing host provider, Staffordshire University, has made it clear that it will not extend its contract with the Council beyond end March 2012 (the original start date for HealthWatch). Given these circumstances, local commissioners have concluded (in discussion with legal and HR experts) that the best option for providing LINK with support during this interim period is for the Council to become the host for 12 months. This will involve a TUPE transfer of staff on the basis that the staff would TUPE on again to the successful HealthWatch provider. Taking this option will ensure that the work of LINK is not disrupted unduly, with no break in support and will ensure that the outcome of the HealthWatch tender exercise is not prejudiced through the selection of a new interim provider, which would take some time anyway.

In respect of HealthWatch, the Council was successful in its Pathfinder submission and is using the submission, based on a “network of networks” approach, as the basis for an emerging vision and specification for HealthWatch. The Council is discussing with LINK how best to use the £5k that has recently been released by the Department of Health to each successful Pathfinder Authority, to support community engagement and consultation about the vision and specification.

A report was presented to the Health and Wellbeing Board and the Council’s Cabinet in December 2011, outlining all the implications of NHS transformation and the new responsibilities being placed on the Council, including HealthWatch. A further report specifically on HealthWatch was discussed at the Health and Wellbeing Board on 22 February 2012, with an updated version being presented to the Council’s Cabinet meeting on 29 March 2012. The report provides members of the Board and Cabinet with an update on the functions of HealthWatch, the interim arrangements being put in place to support LINK and the procurement plan to ensure the Council delivers a HealthWatch organisation in line with national expectations. Copies of the Report and associated appendices (including the procurement plan) are available if required.

2.7 Services to be Commissioned by the NHS Commissioning Board: The Role of Telford and Wrekin Health and Wellbeing Board

This issue was discussed at the meeting of the Telford and Wrekin Health and Wellbeing Board on 22 February 2012, informed by a report then presented on the Board's governance arrangements during the formal shadow year (2012/13), encompassing proposals for a revised Terms of Reference. An option being considered was to extend the Terms of Reference, to include a statement to the effect that:

The Health and Wellbeing Board will have responsibility for overseeing all areas of health and social care commissioning activity for people of all ages, to ensure that commissioning priorities are in line with those identified in the JSNA and the local Health and Wellbeing Strategy

This commissioning activity includes all local services commissioned by:

- *Telford and Wrekin CCG*
- *Telford and Wrekin Council*
- *Telford and Wrekin CCG/Telford and Wrekin Council Joint Commissioning*
- *The NHS Commissioning Board – which will include any of the following services commissioned by the NCB and delivered locally:*
 - *GP services*
 - *Specialised services*
 - *Secondary dental care*
 - *General dental services*
 - *General ophthalmic services*
 - *Pharmaceutical services*
 - *Any services for the armed forces or offenders*

In addition, the Executive of the West Mercia PCT cluster has identified the need to include all local Health and Wellbeing Boards in its OD plan for 2012/13, with particular reference to the role of the PCT Cluster in delivering the local footprint of the NHS Commissioning Board.

2.8 Commissioning Arrangements in Telford and Wrekin

Healthy Lives, Healthy People^{vi} describes the range of services which Local Authorities will be responsible for commissioning from April 2013. 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 the 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. This work will continue under the relevant public health transition joint work stream (see Section 4 of this document.)

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 (which is now running in the Council's customer contact centre, as a pathfinder project for the "Cooperative Council"), the early years elements of the childhood obesity programme and the Winter Warmth scheme.

3. Delivering Public Health Responsibilities during the 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.

Delivery of public health responsibilities during the transition period and beyond is being and will continue to be guided and informed by the detailed guidance being provided locally by DH West Midlands (at PCT and/or cluster level). To date this guidance has included the checklists on the NCMP, sexual health, health check, screening, health protection and communication and engagement. To maximise local efficiencies in the planning process wherever possible, Shropshire County PCT and NHS Telford and Wrekin is using a shared project management approach to the development of the public health transition plans.

3.1 Health Protection

Although the transition checklist for health protection emerged too late to directly influence the content of this plan, work is well established on a West Mercia basis to address transitional requirements. This work will also provide the basis for agreement of the health protection legacy issues later in 2012/13.

Health protection support and services encompass:

- Preventative interventions, including screening and immunisation
- The management of routine “day to day” health protection issues in Telford and Wrekin by the Health Protection Agency (in future, Public Health England)
- Joint planning for and response to biological, chemical, radiological and environmental threats with the Health Protection Agency (in future, Public Health England)
- Out of hours arrangements

It is anticipated that current arrangements for immunisation, screening and emergency planning will continue during the transition period; in Telford and Wrekin, some of these public health services are already based on a Shropshire, Telford and Wrekin or a West Mercia footprint. Local QA arrangements for screening services are summarised in paragraph 3.8 of this document.

Detailed 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. Since submission of the previous version of the public health transition plan, the Board of the West Mercia PCT cluster has publically agreed the establishment of a Board subcommittee to oversee transition to the local footprint of the National Commissioning Board. The Terms of

Reference of this Subcommittee encompass development and implementation of arrangements for those public health functions which will be led by the West Mercia NHS Commissioning Board.

With specific reference to screening, a considerable amount of work has already been completed, at the direction of the four DsPH, by the West Mercia Public Health Network screening leads. The draft report “West Mercia NHS Cluster Screening Programmes: Future Operating Model” (available on request) has been shared with the screening lead for West Midlands, who commended the report as good practice. The report details current screening programmes across West Mercia (including an overview of budgets and contracting arrangements), summarises current public health leadership and capacity and proposes an operating model under the NHS Commissioning Board (including lead Director arrangements). This report is currently being updated to reflect the anticipated transition planning requirements for screening (Reference: NHS Midlands and East, letter from Professor David Walker, 10 February 2012). It is anticipated that the report will then be presented to the West Mercia PCT Cluster Board NHS Commissioning Board subcommittee. Similar approaches are in hand (and draft plans available) for immunisation and emergency planning.

Plans are also being put in place to test the planned screening, immunisation and EPRR arrangements, as required by October 2012. (For further information on EPRR – see section 3.2 below.) Although detailed plans are not yet available, working groups have been established and will report back by the end of May 2012. It is anticipated that testing will be enacted at West Mercia cluster level. The DPH for Worcestershire has recently developed some scenarios to support this approach, on behalf of the cluster.

In terms of infection control, the NHS Telford and Wrekin have established effective strategic and operational arrangements with Shropshire Community Health NHS Trust and it is anticipated that these will continue during the transition period. Any move to use local resources to establish Public Health England, beyond what was signalled in the original public health finance return for Telford and Wrekin, could destabilise local infection prevention and control services. This issue is currently being examined, based on the announcement of the shadow allocation for Telford and Wrekin. It is also 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.

3.2 EPRR Arrangements

Telford and Wrekin Council is aware that the Secretary of State and DH Ministers agreed the Health Emergency Planning Response and Resilience (HEPRR) model, described below, in December 2011 (subject to the passage of the Health and Social Care Bill.)

The Council’s emergency planning officers already work in close partnership with NHS Telford and Wrekin through the PCT’s lead officer; the team is aware of the need to ensure continuity of these arrangements with the Council’s new health partners, whilst also taking on board the new health emergency planning responsibilities.

The Local Resilience Forum is West Mercia-wide (Telford and Wrekin, Shropshire, Herefordshire and Worcestershire) and the Council is an active member within this, represented at the most senior level by the Council’s Managing Director, supported by the resilience team leader (who works to the

Council's Assistant Director: Law, Democracy and Public Protection.) Our emergency planning arrangements will be developed to ensure that:

- The local health provider organisations have a nominated accountable officer for EPRR
- The DPH assumes lead responsibility for planning and co-ordinating the response to public health incidents in the Local Authority area, supported by the Council's Resilience Team
- The DPH, supported by the Council's Resilience Team, will ensure plans are in place across all local health organisations to respond to incidents and emergencies
- The Council and DPH, along with the other Councils and DsPH in the West Mercia LRF area, will agree a lead DPH to co-ordinate public health input into emergency planning and represent DsPH on the LRF

The Council is aware that:

- The new health-related EPRR arrangements will formalise existing health sub-groups of LRFs, by creating a Local Health Resilience Partnership (LHRP, of which there are currently six national pilots) – led by the LRF-lead DPH and an NHS Commissioning Board appointed lead Director. The accountable emergency leads for each NHS provider organisation, together with the lead from Public Health England and local Ambulance Trusts, will also be members of the LHRP, as taken forward by the LRF
- There are expectations that the new system will be tested by October 2012; plans are being developed to meet this requirement, as described in paragraph 3.1. It is currently anticipated that this testing will be led by the West Mercia PCT cluster lead Director for EPRR (Dr Leigh Griffin)

3.3 The Provision of Healthcare Public Health Advice to the Telford and Wrekin Clinical Commissioning Group

The DH draft guidance on healthcare public health advice to CCGs issued on 23 February 2012 has been circulated within the PCT and Council and will inform the discussions already established between the Telford and Wrekin CCG Chair and DPH. It has not been possible to prepare and agree an audit of (and plan for) public health support arrangements for Telford and Wrekin CCG in response to this draft guidance, in time for this Public Health Transition Plan. However, the initial impression is that much of the type of support described in the guidance is already being provided by senior members of the Telford and Wrekin public health team, to the CCG. Examples include:

- A series of presentations of the Telford and Wrekin JSNA to the CCG
- Significant levels of advice and support from senior members of the public health team for development of the CCG operating plan for 2012/13
- Public health support to ensure that the JSNA systematically informed the CCG prioritisation/ disinvestment processes and QIPP development scheme for 2012/13

- In relation to the above, provision of a systematic benchmarking exercise against national data inventory metrics
- The provision of practice-level intelligence to inform the local GP incentive scheme
- The provision of local MOSAIC population segmentation profiles to inform CCG-led patient and public engagement workshops
- A carers needs assessment
- Public health support in relation to complex individual commissioning decisions

However, it is clear that there is insufficient capacity in the PCT public health team to deliver (going forwards) at the level (PH specialist per capita) expected in the draft guidance. This issue had already been anticipated through the West Mercia Public Health Network, supported by some early mapping in relation to some of the elements of public health commissioning support. This work will be developed further to inform options to provide some (or possibly all) of the public health offer to CCGs on a West Mercia basis.

3.4 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 (involving the school nursing, child health and health improvement teams). This commissioning arrangement is part of the block contract with the Trust, which it is anticipated will continue beyond April 2013. The 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. In line with the guidance for the NCMP, the Telford and Wrekin NCMP Partnership Steering Group is drafting an operational document, capturing the roles of the delivery partners, which will underpin a smooth transition during 2012/13 and beyond.

As further background and assurance, public health staff work closely with the Shropshire Community Health Services' School Nursing Service to, for example, review and develop invitation letters for parents and schools (these are signed off by the DPH) and review and develop results letters for parents (also signed off by the DPH.) The current service specification ensures:

- The quality assurance of measurements and staff training
- The quality assurance of results letters
- The delivery of results to parents within six weeks of the measurements
- Administration support within the Child Health Information Service to process all results letters
- The provision of regular updates on coverage and results
- That the programme is completed by 31 July each year

- That the results for all children are collated and forwarded to the public health intelligence team, for interpretation, by the beginning of August each year (in advance of the deadline for forwarding to DH)

Leading on from above, key actions for the transition period include:

- Sign off of operational guidelines
- Secure funding for continued local delivery of the programme
- Through the relevant workstream, ensure continued access by public health staff to the relevant health datasets going forward
- Maintenance of existing performance management arrangements

3.5 The NHS Health Check Programme

In terms of its national ranking, Telford and Wrekin Health Check is currently one of the best performing programmes in the country.

The programme 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.

Table 2 summarises the current position and compliance against the public health transition checklist for Health Check.

Table 2: Assurance Checklist for Telford and Wrekin Health Check

Criterion	Expectation of PH Transition Plan	NHS Telford and Wrekin Position Statement
Current staffing	Outlines current staff involved in commissioning / supporting NHS health checks providers	<ul style="list-style-type: none"> • Lead commissioner = consultant in public health medicine (at least 0.1 wte) • 1 PCT programme manager (0.4-0.6 wte), moving to clinical programme manager support • Range of frontline provider staff as per the local delivery model (including health trainers)
Current funding	Current funding of programme – amounts and funding source	<ul style="list-style-type: none"> • Anticipated spend for 2011/12 is ~£0.5 million (which represents an agreed under spend relative to budget, as agreed by the PCT) • The predicted Health Check spend for 2012/13 is £638,000K encompassing a full clinical risk management programme • All necessary PCT funding secured • Significant future risk due to methodology used in 2011 national PH costing exercise (as detailed elsewhere in this document)
Current commissioning and contractual arrangements IT AQP GP LES	Outlines current commissioning and contractual arrangements for programme including IT – data extraction, programme management etc, information sharing arrangements Specifies alternative providers used - contract value and when contract expires GP LES contract value and expiry date	A range of contractual arrangements, including but not limited to: <ul style="list-style-type: none"> • General practice (two x LES; total value > £300k) • Community pharmacist providers • Point of care testing equipment • Data extraction and management • Marketing Full details including contractors, contract values, start dates, expiry dates and notice periods are all available on request

<p>Performance</p> <p>Current achievements</p> <p>Plan to achieve 2012/13</p>	<p>Outlines current performance, recovery plans to tackle underperformance. Plan in place to achieve DH requirement for first year full roll out by March 2013</p>	<p>Performance at 23/2/12:</p> <ul style="list-style-type: none"> • Performance is better than national expectations • Full roll out achieved • 5th best performance at national level on the Health Check offer (26% offered) • 11th best performance on percentage received (12%) • Total uptake 46% against a notional target of 50%. Marketing plan in place; due to commence March 2012
<p>Future arrangements</p> <p>Staffing</p> <p>Funding</p> <p>Contracts</p> <p>Information sharing</p> <p>Quality Assurance</p>	<p>Outlines destination of staff, funding requirement for full rollout, arrangements for transfer/novation of contracts to LA as appropriate. Approach to commissioning/procurement of contracts which fall due in the transition period. Commissioning arrangements within LA including how LES will be managed. Information sharing for performance management and monitoring following transition – how is this being addressed?</p> <p>Quality assurance processes in place: NHS Health check should be compliant with Best Practice Guidance published in April 2009</p>	<ul style="list-style-type: none"> • Public health commissioning and programme management leads expected to transfer with PH function to Council • Health Check contractual arrangements included in the transitional plans for all public health contracts to local authority • Re: information sharing: this is a significant transition risk for Health Check, which will be picked up through the relevant joint transition work stream • Management and monitoring of the separate contractual elements of the programme will be by the commissioning and programme management staff • High level strategic monitoring of the Health Check programme has been through NHS Telford and Wrekin Board to date; will be through the cluster Board during 2012/13 and the Health and Wellbeing Board following transition (subject to agreement) • The QA processes in place meet published best practice guidance. Further development of quality assurance process is planned for 2012/13 (see below)

Transition Risks	Risks identified in the context of robust overall approach to risk management. Mitigations outlined	<ul style="list-style-type: none"> • Financial- as already described. National public health budgets set on historic spend during development phase of the local Health Check programme. Historic spend does not equate with either current or future investment needed for Health Check in Telford and Wrekin (some of which has already been agreed by the PCT). Issue has already been raised through 'public health shadow allocation exercise' consultation and response • Data - flows, controls, and confidentiality assurance will need to be agreed between general practices, other health providers and the Council. This is a nationally recognised risk area and applies to other issues outside the Health Check programme
DH requirements	<p>By March 2013 achievement of the national target:</p> <ul style="list-style-type: none"> • 20% of eligible cohort offered and NHS health Check in 2012/13 and each year thereafter, on a 5 year rolling basis • 50 % uptake of NHS health checks offered <p>Yes / No: Commissioner has appropriate quality assurance arrangements in place for the first full year of the national Health Check programme, 2012/13.</p>	<p>Achieved</p> <p>Current performance 46% (see above)</p> <p>Yes- appropriate to stage of development of programme. Further developments are in hand to ensure increased robustness of quality assurance arrangements. These developments will draw upon 'Quality Assurance for NHS Health Checks Commissioning Guidance' (published 27/1/12) and improvements expected in local performance monitoring information systems (guidance expected April 2012)</p>

3.6 Joint Commissioning Arrangements for Substance Misuse, Alcohol Misuse, Sexual Health Services and the Elements of Children and Young People's Commissioning included in the Public Health Transition

As already summarised elsewhere in this document, joint commissioning arrangements are already established for these services in Telford and Wrekin; there is an established Telford and Wrekin PCT Director lead for joint commissioning.

These arrangements will be subject to change during the transition period. Telford and Wrekin Council is aware of the new commissioning responsibilities that the Health and Social Care Bill will place upon Local Authorities and its starting point is to include these areas of responsibility within the new local joint commissioning arrangements, currently under discussion with Telford and Wrekin CCG. In this context, Telford and Wrekin Council and CCG are working jointly to agree future commissioning arrangements across a range of health and social care services, within the context of wider discussions taking place on a West Mercia basis in relation to commissioning support services.

3.7 Other Public Health Functions

In addition to the specific services described above, a wide range of other health improvement and preventive services are led and/or commissioned in Telford and Wrekin, by health improvement leads in the PCT public health team. This includes but is not limited to:

- Smoking cessation services, as part of the West Midlands tariff-based programme, which has been extremely successful in Telford and Wrekin
- Obesity prevention for children, young people and adults: a range of healthy eating, nutrition and physical activity programmes
- Obesity management services for children, young people and adults: the "Why Weight?" pathway
- Breastfeeding support
- Accident prevention
- Mental health promotion
- Health through Warmth

It is anticipated that these arrangements will continue during 2012/13, with commissioning staff transferring to the Council as part of the public health transition from 2013/14 (subject to budget).

There is no specialist dental public health expertise within the PCT public health team. Advisory and reactive support is available from and provided by NHS Worcestershire. There is a relatively small budget with which to commission dental health promotion services. Work in relation to fluoridation has been led by NHS West Midlands (across a wider footprint than Telford and Wrekin); it will be important to establish legacy arrangements for this work going forward. The DPH also oversees and

reports the local programme of infection control audit in dental practices, as part of her Director of Infection Prevention and Control role.

There is a close working relationship between public health and medicines management in Telford and Wrekin, across a number of strategic and operational levels. Examples include the public health expert support provided for the Telford and Wrekin Pharmaceutical Needs Assessment; close working on local antibiotic prescribing in the context of HCAI; and frontline delivery of a number of public health programmes (including smoking cessation and Health Check) through local pharmacies. However, the receiving organisation for the PCT's Medicines Management Team has not yet been finally determined.

3.8 Quality Assurance of Public Health Services (Clinical Governance)

There are detailed services specifications in place within provider contracts for all services commissioned by the PCT public health team (the providers including Shropshire Community Health Services NHS Trust, Shrewsbury and Telford Hospital NHS Trust, South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Telford Mind, My Time, ICE, Lloyds Pharmacy, Quit Now, Malling Health and Pinpoint.) The service specifications reference all relevant NICE guidance and other national quality standards in the quality section of the specification (which is itself based on national NHS contract templates.) The service specification documents also detail quality standards and metrics. There are regular contract and performance review meetings between the public health commissioner and provider leads, to monitor quality and performance issues and service developments in the context of these contractual requirements.

Public health commissioners either lead or are members of a range of commissioning partnerships, which oversee and assure the commissioning of quality and evidence based services. The partnerships encompass (but are not limited to) tobacco control, obesity, breastfeeding, mental health and suicide, substance misuse, older people and long term conditions. Any quality and/or performance issues which remain unresolved between public health commissioners and provider leads at contract review meetings are escalated through the established contractual performance processes. It is not anticipated that this general approach and arrangements will change during the transition year or following migration into the Local Authority. In addition, the Board of NHS Telford and Wrekin receive assurance on the quality aspects of public health services through its Quality, Performance and Resources subcommittee, including assessment with respect to relevant NICE public health and clinical guidance.

With regard to screening, there are PCT-led strategy groups for the five adult screening programmes, with quality and performance issues routinely considered as standing agenda items at all review meetings. Any quality and performance issues are escalated through the established contractual performance processes. Full service specifications for the antenatal and newborn screening programmes are incorporated within the SaTH contract; review arrangements for these programmes is led by the Shropshire Antenatal and Newborn Screening Committee, which reports to the Maternity Commissioning Partnership. Any serious screening risks have been and would be recorded in the PCT Commissioning Risk Register.

Following direction from the DPH, there was also a review of the local implementation of NICE public health guidance during 2011, encompassing 22 pieces of NICE public health guidance. The outcome of this review process will inform development of the update, implementation and review programme during 2012/13.

3.9 Sustainable Development Management Plan (SDMP)

Based on the feedback received on the first draft public health transition plans, it is understood that the PCT Sustainable Development Management Plan is not directly related to the public health transition plan (Reference: NHS Midlands and East, letter from Professor David Walker and Dr Rashmi Shukla, 2 February 2012). The expectation communicated in this feedback was that progress on the SDMPs should be reported in the Integrated System Plan; this has been communicated to the System Plan leads for West Mercia.

As further background, the Telford and Wrekin PCT Sustainable Development Management Plan was approved by the Quality, Performance and Resources subcommittee of the PCT Board (through delegated authority) at its meeting on 23 March 2010.

3.10 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} and local government transition guidance on public health workforce issues^{ix}.

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.

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.

As part of the ongoing communication and engagement process with staff, Richard Partington, Telford and Wrekin Council's Managing Director and Paul Taylor, Assistant Director, attended a recent Public Health Departmental Meeting to introduce themselves and to listen to staff views on the proposals for public health and the transition.

A series of meetings with Unions and Staffside representatives have been scheduled in to the Transition Plan which will build upon the already good working relationship developed over many years.

3.11 Governance Arrangements

For the NHS, the West Mercia Integrated 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 already stated in this Plan, 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 transition Project Team and reviewed monthly (see Section 4).

4. Leadership, Management and Delivery of the Public Health Transition: Programme Management Arrangements

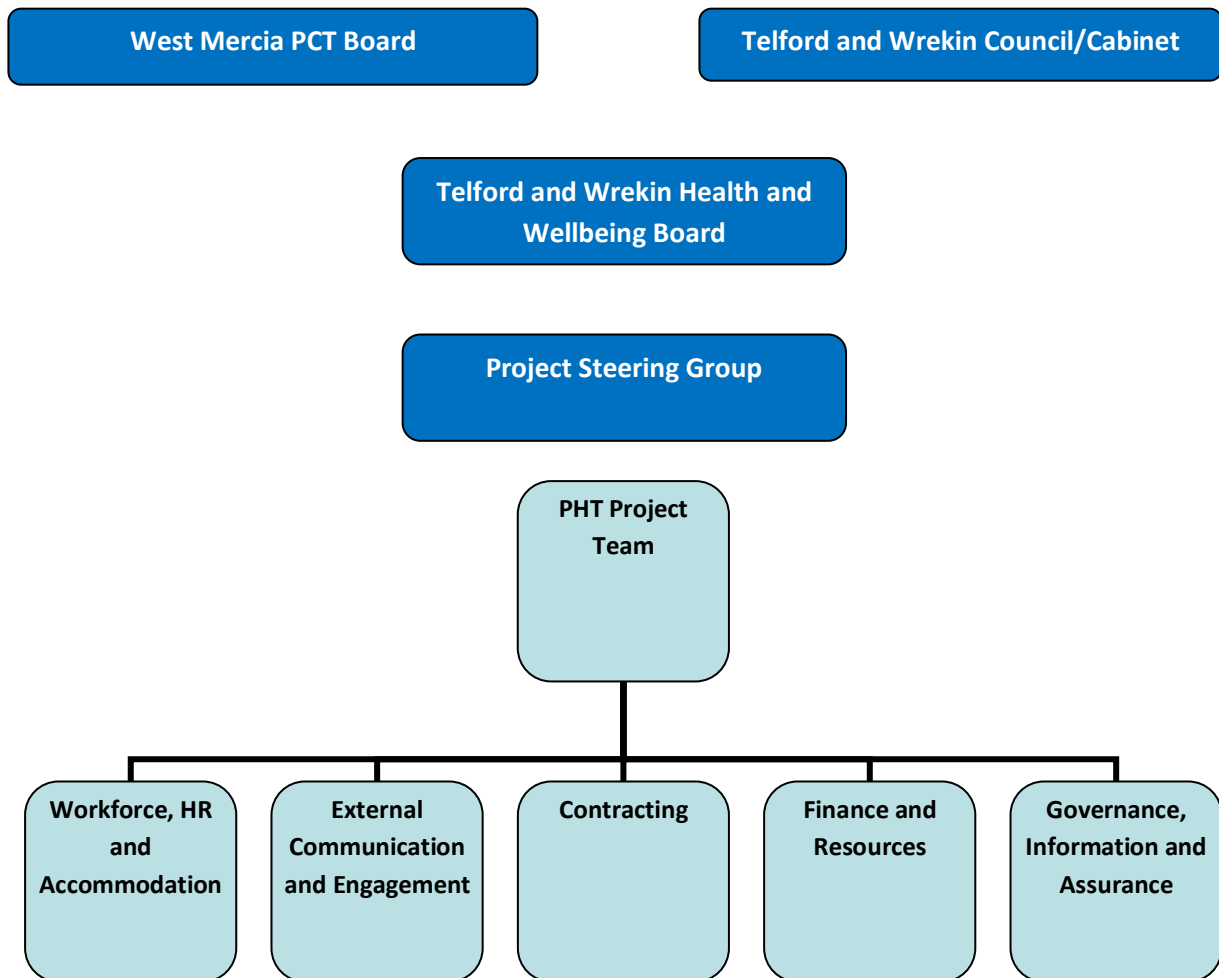
4.1 Structure and Approach

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 Council Cabinet. Programme leads will report progress to the Steering Group, membership of which includes the Managing Director of Telford and Wrekin Council, the DPH and the Managing Director of NHS Telford and Wrekin. The Project Team will be supported by a number of workstreams, tasked with development and implementation of relevant sections of the PHT project plan, following its approval (see Appendix 1 and Appendix 2).

In addition, the Chief Executive of West Mercia PCT Cluster has established a regular meeting with all four cluster DsPH to receive assurance on the public health transition. The PCT Cluster Director of HR is a member of this group. There has already been active and personal engagement with PCT public health staff by both the PCT Cluster Chief Executive and the Telford and Wrekin Council Managing Director; similar arrangements are planned going forward.

At its meeting on 9 February 2012, the Telford and Wrekin Public Health Transition Steering Group agreed the details and joint membership of the project structure, down to work stream level (and including the timing and frequency of meetings). Details are included in Appendix 3. With reference to the specific assurance being sought about the transition arrangements, this structure will capture both public health information requirements and governance and staff transfer. The HR work stream will ensure that the programme is taken forward in accordance with the principles of the Public Health HR Concordat. Other work will continue in parallel – for example, development of the vision for the public health function and outcomes and legacy issues. The Steering Group will continue to meet on a monthly basis, receiving regular Progress Status Reports (PSRs – see Appendix 4) from each work stream and from the Project Team (which it is anticipated will meet on a fortnightly basis.) The Project Team will establish and lead the local risk register for the transition and will include a risk-based report in its regular update to the Steering Group.

Diagram 1: Telford and Wrekin Public Health Transition: Project Structure and Reporting Arrangements



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 (national milestone included in Table 1)
- Identifying and resolving all issues in relation to facilities, estates and asset registers
- Developing the respective elements of the public health legacy document during 2012/13, as part of the PCT legacy process (due March 2013) (Milestone included in Table 1)
- Addressing other areas of responsibility which will emerge from national guidance released during 2012/13

4.2 Benefits Realisation

The current position with planning in relation to the vision for public health (outcome and function) in Telford and Wrekin has been described earlier in this Plan. As the full vision for integrated public health in Telford and Wrekin is developed over coming months, a full benefits realisation plan will be agreed.

In terms of financial benefits, the apportioned PCT management costs savings target has already been realised from within the PCT public health team. This has had a significant impact on capacity, although essential PCT public health services are still being delivered – indeed, current performance across the key public health metrics in Telford and Wrekin is arguably the best in the PCT cluster. As was already signalled back during 2011, further significant challenges to the future local cost base of the public health function (and commissioned public health services) arise due to the methodology used for the August 2011 public health costing exercise. For example, there have been significant (planned) increases in PCT public health budgets for smoking cessation and Health Check services during 2011/12, which were not accounted for in the exercise. Further financial analysis following the announcement of the shadow public health budget allocation for Telford and Wrekin is currently in hand, jointly between the PCT and Council. In this context, it is unlikely that the public health transition programme will realise any immediate cost benefits. There may be some financial benefits in the future, across the health and social care community, arising from the joint approach to commissioning and the co-location of public health (with the CCG).

4.3 Interdependencies

There are interdependencies within the transition plan which will affect progress and action required. These include:

- The Health and Social Care Bill being passed and any amendments made to the original legislation
- That other local and national bodies are authorised/established as planned and on schedule (Clinical Commissioning Groups, the NHS Commissioning Board, HealthWatch England, Public health England)
- That public health function transfer from the NHS to the Local Authority as agreed
- The continued engagement of the CCG, LINKs/HealthWatch and the PCT Cluster
- That public health finances are agreed on schedule; the PCT and Council are currently working together to understand the implications of the shadow public health allocation for Telford and Wrekin

4.4 Public Sector Equality Duty

Through its Workforce and HR Workstream, the public health transition will take place with due regard to the Public Sector Equality Duty through the Equality Delivery System, with particular reference to the Goal in relation to empowered, engaged and well supported staff. NHS Telford and

Wrekin (and Telford and Wrekin CCG) have already adopted the Equality Delivery System. Some of the specific outcomes of the Duty are already, directly or indirectly, related to the basic public health approach and practice (needs assessment, health inequalities, healthy workforce etc.); public health-led work in Telford and Wrekin features in the draft baseline assessment completed against the framework. The shadow Health and Wellbeing Board has also received a report on the requirements of (and its role in) the Equality Delivery System.

4.5 Communication and Engagement

The transition programme will ensure that all relevant stakeholders are effectively engaged in the public health transition process. Work is currently underway to complete our Communications and Engagement Plan – in line with the national milestone (Table 1).

In advance of work commencing under the auspices of the Communications and Engagement Workstream, the Project Team has already considered some of the key communications and engagement issues which will need to be taken into account going forward.

The following key stakeholders will be directly involved in the public health transition through governance arrangements and will contribute to the design of the operating model for the new public health system. These include:

- Council: Cabinet, Chief Officers
- PCT Cluster Board, Chief Executive and Executive Team
- Public health staff (both NHS and Council)
- The Clinical Commissioning Group

Local communications will target stakeholders to provide them with information about the public health transition and an opportunity to comment on the developing vision for the new public health system as it develops. Communications will be:

- **Timely:** a schedule of routine communications to different groups of stakeholders will be set out to ensure people are kept up to date
- **Flexible:** a range of mechanisms will be deployed in the most flexible and responsive way to ensure that stakeholders receive communications in ways that most suit their needs
- **Consistent:** the project team will communicate the same core messages to all project stakeholders
- **Positive:** project benefits will be emphasised through communications
- **Two-way:** mechanisms will be put in place to ensure that communication is two-way, allowing stakeholders views, concerns and observations to be considered as the project moves forward

The range of communications mechanisms to be used will include:

- Newsletters
- Verbal briefings - both internal and external to the public health teams
- Websites – both the Council and NHS Telford and Wrekin websites will be used to host newsletters and to advertise forthcoming engagement events
- Intranet – for example, for staff newsletters
- Other formal meetings and networks – for updates
- Presentations of key milestones progress – through the project hierarchy
- Member development programmes – may be developed as part of the project (subject to local resources) and would be used to advise Elected Members about a range of health and wellbeing issues, including the public health transition
- Events – have already been held and will continue to be run for a wide audience of stakeholders - arranged at key milestone stages
- Traditional media – local newspapers and radio will be used when appropriate. Spokespeople will be agreed and will deliver consistent and agreed messages

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 for senior managers, officers and members from a number of sources
- The Health and Well-being Board has received regular updates
- Other specific stakeholder events including patients, public, providers of Public Health services, contractors and Public Health England (PHE)

The communications strategy is already under development (Appendix 5) and further work will be led by the PHT workstream, involving both the PCT and Council communications leads and other resources.

4.6 Self-Assessment Checklist for Transition

The self-assessment checklist (Midlands and East SHA Cluster; Assessment of Public Health Transition Plans, January 2012/13) is provided for Telford and Wrekin as Appendix 6 to this document.

5. Appendices

Appendix 1	High Level Project Plan - Milestones
Appendix 2	Draft Workstream Responsibilities
Appendix 3	Workstream Lead Officers and Programme Schedule
Appendix 4	Public Health Transition Project - Workstream Progress Status Report
Appendix 5	Communication and Engagement Strategy
Appendix 6	Self-Assessment Checklist for the Public Health Transition Plans: Telford and Wrekin Self-Assessment

6. 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} <http://www.dh.gov.uk/health/2012/01/public-health-workforce> (January 2012)