

HEALTH SCRUTINY COMMITTEE

**Minutes of the meeting of the Health Scrutiny Committee held on Wednesday,
14th March 2012 at 6.00 p.m. in the Civic Offices, Telford, Shropshire**

PRESENT:

Councillors D. White (Chairman), V. Fletcher, J. Seymour, C. Turley. Scrutiny Co-optees, D. Davies, J. Gulliver, R. Shaw.

Also Present: Cllrs. G. Green, J. Greenaway (Children & Young People Scrutiny Committee); Kate Race, Development Manager Autism West Midlands; Jessica Cook, Research Manager Autism West Midlands; Michael Bennett, Lead Joint Commissioning and Contracting Manager; Sara Heath, Autonomy Shropshire; Karen Kalinowski, Assistant Director Care & Support; Richard Smith, Access & Enablement Manager; Stephanie Jones, Scrutiny Group Specialist.

HSC-17 MINUTES

RESOLVED - The minutes of the previous meeting held on 14th November 2011 be agreed as an accurate reflection of the meeting and signed by the Chairman.

HSC-18 APOLOGIES FOR ABSENCE

Cllr. J. Loveridge

HSC-19 DECLARATIONS OF INTEREST

None

HSC-20 AUTISM WEST MIDLANDS AND AUTISM STATUTORY GUIDANCE

Kate Race, Development Manager, and Jessica Cook, Research Manager, briefed members on the work of Autism West Midlands. A briefing note on the Autism Statutory Guidance issued in 2010 had been circulated to members.

Autism West Midlands (AWM) is a registered charity providing specialist autism care and support to people in the West Midlands and works with nationally and regionally to support the development and implementation of Autism strategies.

Autism Spectrum Conditions (ASC) are very complex and range from high functioning conditions to a requirement for full-time, one-to-one support. The Autism Act 2009 was the first disability specific legislation. The statutory guidance issued in 2010 set out clear guidelines for local authorities and health bodies and aimed to close gaps in services. AWM was working to address issues in several key areas:

- Training – awareness training for health and social care workers and for other staff in key roles e.g. GPs, practice managers and receptionists, police etc. Specialist training for assessors so they ask the right questions to diagnose conditions and assess needs.
- Diagnosis and assessment – there is an issue with autism going undiagnosed or misdiagnosed so that individuals do not access support or are directed to the wrong kind of support which is not in their interests and can be unnecessarily costly

for the authority. There was a lack practitioners in the region qualified to diagnose autism – only 2 in the West Midlands. AWM and Birmingham University are working to secure funding for a regional Autism Diagnostic and Assessment Centre, drawing on experts and qualified professionals from across the region, to provide pre- and post-diagnosis support. Further updates on this would be provided to members.

- Employment – work with partners and businesses to help people with autism – especially Aspergers and higher functioning conditions – into work. 85% of adults diagnosed with autism are not in full-time paid employment.
- Transition – training transition teams to ensure young people are referred for assessment once they reach adulthood. Many individuals are not diagnosed until adulthood and miss out on key stages of support.
- Criminal justice system – a disproportionate number of people end up in the criminal justice system because of autism linked behaviour. Awareness training is being given to the police to help them recognise the condition and deal with individuals appropriately. In some areas people carry “Attention!” cards to let the authorities know they have been diagnosed with autism.
- Data gathering – work with Birmingham City Council to map provision and identify which individuals are accessing different types of support so that outcomes can be monitored over time. The data recorded will inform future commissioning and service configuration decisions.

A Regional Autism Implementation Board made up of 14 West Midlands Authorities, including Telford & Wrekin, meets quarterly to share information and ideas. The Board had flagged up employment as a key issue.

The key message was that early identification of ASC and the right preventative support leads to better outcomes for the individual and can save the authority money.

Following the presentation there was further questioning and discussion about various points. The following further information was given:

- Start-up funding for the regional diagnostic and assessment centre was being agreed and it was hoped the centre would be open within 12 months. Commissioning leads had been supportive and there had been discussions about releasing experts to the centre to pool expertise. Work was being done to show the cost-benefit of diagnosis and early intervention support. The centre would be a research facility and models were being developed for authorities to do their own research. There would be sign-posting to other services. Alternative sources of funding were being looked at but funding remained an issue with cuts to public health budgets. Local authorities would be able to buy into the service – further information about services would be provided.
- Members raised the issue of ASC not being recognised or diagnosed in school so that children with autistic linked behaviour are labelled as naughty and disruptive and miss out on the right support. The Autism Act does not cover children. AWM was lobbying for this to be changed in future. There was a need for more awareness training with teachers and GPs and to have clear referral paths.
- A member asked whether there were people who choose not to have a diagnosis

and what is being done to help them. KR replied that decisions about diagnosis remain a personal choice and this has to be respected. There was a far greater number who do want a diagnosis but cannot get one and therefore cannot access support and this was one of the reasons for the diagnostic and assessment centre.

HSC-21 TELFORD & WREKIN ALL AGE AUTISTIC SPECTRUM
CONDITIONS STRATEGY

Michael Bennett, Lead Joint Commissioning and Contracting Manager, gave a presentation highlighting the key elements of the Telford & Wrekin All Age Autism Spectrum Conditions Strategy as circulated to members. The presentation summarised the local context, key priorities for adults and children, the self-assessment and progress to date. Key priorities had been identified as training and needs analysis.

Addressing concerns about the loss of the Aspergers' Senior Practitioner post, members were informed that the rationale in the new structure was to embed skills and knowledge across the team to provide a more consistent approach across the service. The specialist post had been extended to transfer skills during the transition and was involved in staff training. A skills audit had identified two members of staff with Autism degrees who would become part of a virtual team. The Council had commissioned training for all front-line staff. Champions had been identified across the Council to raise awareness and transfer knowledge to other service areas such as housing, employment etc.

The Evaluating Progress self assessment framework had been used to measure progress against 7 quality outcomes for adults and had also been applied to children. A number of gaps in service had been identified and were shown in section 11 of the Strategy. The development of pathways and the need to do more work with parents and teachers had also been flagged up.

It was emphasised that although there had been progress, this work was in the very early stages and it would take time for the new structure to bed-in and for the plans to be implemented. Some non-recurring development funding had been identified for this year, but no new money was available and the service must be delivered within existing resources.

The Draft Strategy was out for consultation and once finalised would go to the Council's Cabinet and full Council for ratification.

Following the presentation there was further questioning and discussion. Members were particularly concerned about children and young people with autistic conditions who are not diagnosed and are not eligible for support. Members heard from a parent of a child with autism who was present at the meeting about the difficulties parents face in getting a diagnosis. In this particular case, support had only been put in place when the parent had pushed the case to a tribunal. There was also concern that young people disappear out of the system at 16+ and without the necessary support could reappear later in hospital, mental health services or the criminal justice system. The following points were made in response:

- The Young People Transition & Enablement team had been moved from CYP to adult services to align the service with adult care. This included the old 16+ team which supports care leavers. Workshops were being held to develop clear transition pathways from CYP through to adult services.
- It was recognised that schools have a key role to play in recognising autistic conditions so that children can be diagnosed and statemented and are not labelled as naughty and disruptive. Children with autistic conditions may have different behaviour which leads to bullying and harassment. The transition team was working with Deputy Heads to reach into schools and identify a champion in each school. The intention was to work with teachers and parents to map the needs of children down to age 14. The Autism Act did not cover education and the legislation made this challenging. The transition team was taking an enabling approach to put the right support in place for the long term. Members suggested that governors could provide another route into schools and could play a monitoring role.
- An audit had flagged up the need for more training with the probation service and magistrates and this was happening in Telford & Wrekin and Shropshire.
- It was acknowledged that low level preventative services can make a big difference and are cost effective, and that voluntary groups have their own energy. However, funding was an issue as there was no new money for autism and from the commissioner's point of view voluntary groups did not have the required governance or accountability structures to enable them to access public money. Support could be provided to help voluntary groups to become formally established.
- Sara Heath from Autonomy commented that there is a diagnostic service in Telford & Wrekin but that it is not specifically commissioned. There are clinicians with a good understanding of autism but there is an issue with capacity.
- There had been some slippage on the Implementation Plan because the lead officer had left, but the vacancy had now been filled and it was hoped that most actions could be pulled back on track although there may be some that would be behind. The plan would be updated.

HSC-22 AUTONOMY SHROPSHIRE

Sara Heath presented members with information about Autonomy Shropshire. Autonomy was an independent voluntary self-help and social group for young people and adults with Asperger's Syndrome (AS) and high functioning autism spectrum conditions (HFCs). The group was set up about 8 years ago and was run by Sara and her son who had been diagnosed with autism age 14. The group was not for adults with learning difficulties who were eligible for support and filled a gap in provision for people who were not eligible.

AS was complex and not well-understood. Characteristics are poor communication and social skills, rigid thought patterns and behaviour, sometimes associated with alcohol problems, but often with special talents and potential. This made it a challenge motivating people to attend social events and they would only return if they really got what they wanted.

Autonomy provides advice and support, mentoring and advocacy, a telephone help line, a bi-monthly newsletter, a website with a photo-gallery, regular social activities and outings such as pubs, folk evenings, bowling, chess and board games.

There were around 185 members across Shropshire and Telford and Wrekin and membership was increasing. The Telford pub socials attracted upward of 20 each month, and upward of 15 in Shrewsbury.

Activities helped members to learn communication and social skills and appropriate behaviour, engendered a sense of community and, importantly, enabled people to make friends. Most people with AS live with their parents and the group provided respite for carers knowing their child is safe, happy and enjoying themselves. The social events also helped to increase the public's understanding about AS – incidents which were interpreted as inappropriate behaviour could be explained as AS linked.

The low level support provided was key to enabling people to live fulfilling lives and preventing them from slipping into mental health services or into the criminal justice system.

Autonomy Plus+ Training had been set up as a social enterprise which drew on the skills and experience within the group to provide training in autism and AS. This included professional training and personal insights into living with the condition. Trainers were charged out at the going rate and the profit was used to fund social activities so they could remain free of charge to members.

The annual budget was less than £2,000 which came from grants, donations and training. A grant from Shropshire Council had been used to fund Autonomy for Women.

The group was developing pre- and post-diagnostic support. Pre- diagnostic assessments were offered in Telford and Wrekin, but the services were embryonic and there was less provision than in Shropshire.

Members considered all the information that had been provided, and agreed a number of recommendations relating to the Autism Strategy and Action Plan.

RECOMMENDED

- **That the CYP Scrutiny Committee should look at the children's autism strategy in more detail.**
- **That commissioners should look at what support, financial or otherwise, could be provided to voluntary organisations to help them deliver low level support services.**

- **That commissioners should look at utilising low level support providers to help give staff appropriate hands-on training.**
- **That autism mapping and needs analysis information gathered must feed into the Joint Strategic Needs Assessment.**
- **That a progress report will be brought back to the Health Scrutiny Committee within 12 months of the meeting in March 2012.**

HSC-23 FORWARD PLAN

Members noted the date of the next meeting on 1st May which would be to look at the Health & Wellbeing Board, HealthWatch and the transition of Public Health. The Chairman of the Telford & Wrekin Clinical Commissioning Board would also be invited.

Members discussed scrutiny of Quality Accounts. All NHS Trusts and Foundation Trusts are required to publish annual Quality Accounts and have a duty to consult with Scrutiny Committees. There were four Quality Accounts relevant to the Telford & Wrekin Health Scrutiny Committee: the Shrewsbury & Telford NHS Hospital Trust (SaTH), the Community Trust, the West Midlands Ambulance Service (WMAS) and the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). Each organisation has their own timetable for consulting on the Quality Accounts, but the drafts were due out for consultation from April onwards, prior to publication in June. Members agreed that scrutiny of all Quality Accounts would require a large amount of time and resource and therefore prioritised the work as follows:

- Sub-group meetings would be set up to look at the SaTH and Community Trust draft Quality Accounts and to formulate a response.
- The SSSFT draft Quality Account would be circulated to members to decide whether a response would be made.
- The Committee had no overriding concerns about the WMAS and would therefore not respond to the Quality Accounts.

The Chairman drew the members' attention to a discussion at the West Midlands Regional Health Scrutiny Chairs' meeting which he had attended the previous day. It had been reported that a CfPS Health Accountability meeting had been held on 12th March to look at the role of scrutiny in the new health arrangements, and what should be included in the regulations and guidance from the Bill. The Chairman from Warwickshire Council had attended the meeting to represent the West Midlands network. A response had been drafted and individual authorities were asked to consider and support the comments which would then be submitted to the CfPS and Department of Health on behalf of the West Midlands network authorities. The response would be to inform the draft regulations and guidance which would then go out for consultation.

The comments from the meeting were tabled and discussed. Members supported the comments and agreed that the Scrutiny Officer would confirm with that the Telford & Wrekin Health Scrutiny Committee supported the submission of the response.

Cllr. Fletcher brought up a suggestion which she had made at the previous Scrutiny Management Board meeting to look at Ophthalmology Services. Problems had come to her attention with very long waiting times at the clinic with no refreshments, issues with transport, and a recent press report about claims that waiting times had led to people going blind. Members agreed that this should be referred to the Joint Health Overview & Scrutiny Committee to look into.

RESOLVED

- **That the Committee support the West Midlands Health Scrutiny network response to the scrutiny regulations and guidance from the Health & Social Care Bill.**
- **That Ophthalmology Services be referred to the Joint Health Overview & Scrutiny Committee for investigation.**

The meeting ended at 8.40 p.m.

Chairman:

Date:

TELFORD & WREKIN COUNCIL

CABINET - 29 MARCH 2012

SHADOW HEALTH & WELLBEING BOARD GOVERNANCE

REPORT OF ASSISTANT DIRECTOR - SOCIAL CARE SPECIALIST

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report considers the proposed terms of reference, membership and governance arrangements for the Telford and Wrekin Shadow Health and Wellbeing Board, following the duties placed on the Local Authority in the Health and Social Care Bill, which is currently passing through the parliamentary process.

2. RECOMMENDATIONS

- 2.1 **Agree the proposed terms of reference for the Shadow Health and Wellbeing Board**
- 2.2 **Agree the proposed membership, including Cabinet Member representation.**
- 2.3 **Agree that the Shadow Health and Wellbeing Board is set up as an ‘arms length’ committee of the Local Authority, until the Board becomes a statutory committee of the Local Authority in April 2013, assuming the Health and Social Care Bill becomes law.**
- 2.4 **Agree that meetings will be held in public from April 2012, although the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.**
- 2.5 **Note the proposed structure of the Shadow Board, subject to further engagement and consultation with providers, service users and stakeholders.**

3. SUMMARY IMPACT ASSESSMENT

| | | |
|---|---|--|
| COMMUNITY IMPACT | Do these proposals contribute to specific Priority Plan objective(s)? | |
| | Yes | - Improved lives for all - Vulnerable children and adults are protected |
| | Will the proposals impact on specific groups of people? | |
| | Yes | Borough wide |
| TARGET COMPLETION/DELIVERY DATE | Shadow Board: April 2012 to April 2013 | |
| FINANCIAL/VALUE FOR MONEY IMPACT | Yes | There will be some costs associated with the establishment and support of this new committee but these are likely to be minimal and contained within the existing resources available. |
| LEGAL ISSUES | Yes | The Health & Social Care Bill, in its current form, proposes a duty for the Local Authority to establish a Health & Wellbeing Board with associated statutory responsibilities to draft a Health & Wellbeing strategy The Bill is still being debated in Parliament and may be subject to further change before it is enacted. |
| OTHER IMPACTS, RISKS & OPPORTUNITIES | Yes | Such transformational change inevitably will have significant risks for the commissioning and delivery of health and care services at a local level. However, the recommendations set out can effectively mitigate these risks and provide opportunities to provide better outcomes for local people through the establishment of the Shadow Health and Wellbeing Board. |
| IMPACT ON SPECIFIC WARDS | Yes | Borough Wide |

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

- 4.1 The government has set out a new vision for the leadership and delivery of health and care services. The White Paper, 'Equity and Excellence: Liberating the NHS' published in 2010, set out the government's vision for the future of a transformed NHS. Since then there have been numerous public consultations and a listening exercise on specific aspects of transformation that have helped shape the Health and Social Care Bill which is currently passing through the parliamentary process. The Bill assuming it becomes law will put in place the statutory requirements for such large scale change.
- 4.2 The legislation will place a statutory responsibility on the Council to set up a Shadow Health and Wellbeing Board and accompanying joint health and wellbeing strategy by April 2012 to strengthen democratic legitimacy and ensure that commissioning is joined up across the NHS, social care and public health.
- 4.3 The Board will take on its full statutory role from April 2013 and have a strong role in the development of local commissioning plans, responsibility for promoting joint commissioning and health and social care integration and a lead role in local public involvement.
- 4.4 Appendix 1 sets out the proposed Terms of Reference of the Shadow Board, detailing the aims, objectives, membership, meetings structure and accountability.
- 4.5 It is proposed that members of the Shadow Board will initially comprise representatives from the Clinical Commissioning Consortium, NHS Cluster, Council and LINKS. The core members proposed are:
 - Cabinet Member responsible for wider Health Services and Deputy Leader TWC (Chair)
 - Cabinet Member for Adult and Social Care
 - Cabinet Member for Children, Young People and Families
 - Director responsible for Adult Social Care
 - Director responsible for Children's Services
 - Director of Public Health
 - Managing Director NHS Telford and Wrekin/NHS Commissioning Board representative (when established)
 - Chair of Telford and Wrekin Clinical Commissioning Group
 - Non Executive Director from Clinical Commissioning Group
 - Chief Operating Officer CCG – (awaiting confirmation)
 - Representative of local Healthwatch/LINKs
 - Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate

Attendance and support from such other persons according to the agenda, including:

- Assistant Directors responsible for Commissioning (AD Care & Support for Adults plus AD Family & Cohesion for Children)
- Assistant Director: Social Care Specialist
- Director of Commissioning Intelligence
- Director of Integrated Care

4.6 The Health and Social Care Bill states that '*the Health and Wellbeing Board is a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government act 1972*'. As the Bill has not yet passed through parliament, it is proposed that in Telford and Wrekin, the Shadow Health and Wellbeing Board be an 'arms length' committee of the council until April 2013, when it will become a legal committee, following agreement by Full Council. It is also proposed that meetings will be held in public from April 2012, although the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.

4.7 During the Shadow year, formal decision making and recommendations regarding the Shadow Health and Wellbeing Board work, will therefore be subject to ratification by:

- Telford and Wrekin Council's Executive (Cabinet)
- NHS Cluster Board
- Telford and Wrekin Clinical Commissioning Consortium Board

4.8 The Shadow HWB will have a link to the overarching Telford and Wrekin Local Strategic Partnership but will also very much function in its own right as it moves to full formal status. There will be a need to ensure flexibility of membership during the transition period as its shape and role firms up with an ability to make recommendations to all relevant partner agencies.

4.9 The Shadow HWB will work closely with the Children and Families Board, and existing adult partnership boards, during the shadow year in order to ensure the focus on the improved health and wellbeing outcomes for the whole population of Telford and Wrekin. The relationship between these Boards will be reviewed during the year.

4.10 A wide range of joint commissioning and other partnership groups exist, which were developed to inform previous strategic health and

wellbeing joint arrangements, including, for example: the Adults Learning Disability Partnership Board; Carer's Partnership Board; PODS (Parents Opening Doors); Teenage Pregnancy partnership group; Long Term Conditions (health specific). It is recognised that the number of such groups is difficult to administer within available resources.

- 4.11 It is proposed that views are sought regarding the representation on the Board, future sub structure and appropriate future methods of engagement, with Stakeholders (Providers, Service Users, Carers, Patients, Other Agencies, including the voluntary sector). These will be developed during the shadow year and will be agreed following consultation and engagement with these groups.
- 4.12 Healthwatch will have a key role to play in this engagement. Their key functions will be:
- Gathering views and understanding the experiences of patients and the public
 - Making people's views known.
 - Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized
- 4.13 It is proposed that an Officer Executive Group operates beneath the Shadow Board which will be responsible for agenda setting, JSNA and JHWBS development, performance management and links with joint commissioning plans.
- 4.14 The contents of this report have been discussed by the Shadow Health and Wellbeing Board at its meeting on 22 February and the Board supports the recommendations.

5. PREVIOUS MINUTES

- 5.1 NHS Transformation – Implications for T&W Council – Cabinet 22nd December 2011.

6. BACKGROUND PAPERS

- 6.1 The White Paper, *Equity and Excellence: Liberating the NHS*
- 6.2 The Health and Social Care Bill

**Report prepared by Clare Hall-Salter, Partnership and Planning Manager
Telephone: 01952 382016**

Appendix 1 Telford and Wrekin Shadow Health and Wellbeing Board (SHWBB)

Terms of Reference

Date: Amended March 2012

Background

The White Paper *Equity and excellence: liberating the NHS*, published in 2010, set out the Government's strategy for the NHS. The consultation document, '*Local democratic legitimacy in health*', gave further information on proposals for increasing democratic legitimacy in health and included the proposed establishment of local Health and Wellbeing Boards. The *Health and Social Care Bill*, currently passing through the parliamentary process, sets out the establishment, functions and supplementary information relating to the Boards. The legislation will place a statutory responsibility on the Local Authority to set up a Shadow Health and Wellbeing Board and accompanying joint strategy by April 2012. The Board will take on its full statutory role from April 2013.

Four important areas to be highlighted are:

- The transfer of commissioning to GPs
- The abolition of primary care trusts and strategic health authorities
- Transferring the public health budget and responsibility to local authorities
- Giving local authorities the responsibility to promote integration and partnership by working through statutory health and wellbeing boards.

Aims

1. The Shadow HWBB is responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper *Equity and excellence: liberating the NHS*. Principally, guiding and overseeing:
 - a. The ongoing development of the joint strategic needs assessment (JSNA)
 - b. Developing a high-level joint health and wellbeing strategy (JHWBS), based upon the findings of the JSNA
 - c. The establishment of sound joint commissioning arrangements
 - d. The development of HealthWatch forums for public and patient engagement and involvement
 - e. The transfer of Public Health responsibilities and arrangements to the local authority
2. The Shadow HWBB aims to develop a model for an established HWBB, in conjunction with the Health and Social Care legislation that will enact proposals set out in the government's Health White Paper. It will provide a key forum for public accountability of NHS, social care for adults and children and other commissioned services that the Shadow HWBB agrees are directly related to health and wellbeing in Telford and Wrekin.
3. The Shadow HWBB has a duty to encourage integrated working between local health, social care and health-related commissioners.
4. The Shadow HWBB will have a link to the overarching Telford and Wrekin Local Strategic Partnership but will also very much function in its own right as it moves to full formal status. We will need to ensure flexibility of membership during the transition period as its shape and role firms up with an ability to make recommendations to all relevant partner agencies. The Shadow HWBB will work closely with the Children and Families Board, in addition to the existing adult partnership boards, during the shadow year in order to

ensure the focus on the improved health and wellbeing outcomes for the whole population of Telford and Wrekin.

5. Formal decision-making responsibility will continue to rest with the Council's Executive and the relevant governance bodies of the local health services until new legalisation is enacted. Transitional governance arrangements are key in establishing the Shadow HWBB, given that HWBB will assume their statutory responsibilities from April 2013.

Objectives

1. To lead on the development of a Telford and Wrekin Joint Health and Wellbeing Strategy (JHWBS) for residents which drives health improvement, plans to deliver this strategy and keeps the implementation of these plans under review.
2. Through the JHWBS, to oversee a commissioning programme of service and/or pathway redesign to better meet the needs of patients and service users and to deliver improved outcomes. Successful delivery of this will be dependent on the HWB developing effective management mechanisms with both primary care and secondary care providers where relevant or appropriate.
3. To link into the Local Strategic Partnership, making recommendations to the Council's Executive, NHS Cluster Board, and the Clinical Commissioning Consortium Board until April 2013, when the Health and Wellbeing Board becomes a statutory body. The function of the Shadow HWBB can be reviewed throughout the transition period, as learning takes place.
4. To analyse the priorities for deployment of health and care resources in the area based on information collected through the JSNA and other sources.
5. To consider options and opportunities to maximise the impact of aligning the deployment of resources of the health and care agencies in the area on agreed priorities. This will include the joint commissioning of health and social care services for children, families, and adults in Telford and Wrekin, to meet identified needs and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.
6. To oversee the development of this proposed joint commissioning activity, ensuring any proposed activity is aligned with local priorities and levels of need and is undertaken within available resources. To consider options for joint commissioning and procurement between relevant organisations to support this work.
7. To oversee all areas of health and social care commissioning activity for people of all ages, to ensure that commissioning priorities are in line with those set through analysis of the JSNA and the local JHWBS. This commissioning activity includes all local services commissioned by Telford and Wrekin CCG, Telford and Wrekin Council, Joint Commissioning CCG/Council and NHS Commissioning Board, which could include local: specialised services; secondary dental care; general dental services; GP services; general ophthalmic services; pharmaceutical services; any services for the Armed forces or Offenders; and other primary care.
8. To consider options for the development of HealthWatch and establish relevant joint working groups in order to undertake this work, ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place.

9. To consider appropriate arrangements for the transfer of Public Health responsibilities to Telford and Wrekin Council, and to propose and consider relevant governance and organisational structures to support this work.
10. To keep under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.
11. To identify and act upon changes that may be required following new legislation to establish a formal Health and Wellbeing Board to replace the Shadow HWBB.
12. To propose recommendations regarding this work, and to report regularly on progress to:
 - a. Telford and Wrekin Council's Executive (Cabinet)
 - b. NHS Cluster Board
 - c. Telford and Wrekin Clinical Commissioning Consortium Board
13. To ensure that the Shadow HWBB works to promote the achievement of the objectives of the organisations represented on the Board, including the establishment of the Council's new health improvement responsibilities.

Membership

Members of the Shadow Board will initially comprise representatives from the Clinical Commissioning Consortium, PCT, Council and LINKS. The core members are:

- Cabinet Member responsible for wider Health services and Deputy Leader TWC (Chair)
- Cabinet Member for Adult and Social Care
- Cabinet Member for Children, Young People and Families
- Director responsible for Adult Social Care
- Director responsible for Children's Services
- Director of Public Health
- Managing Director NHS Telford and Wrekin/NHS Commissioning Board representative (when established)
- Chair of Telford and Wrekin Clinical Commissioning Group (CCG)
- Non Executive Director from Clinical Commissioning Group
- Chief Operating Officer CCG – (awaiting confirmation)
- Representative of local Healthwatch/LINKs
- Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate

Attendance and support from such other persons, according to the agenda, including:

- Assistant Directors responsible for Commissioning (AD Care & Support for Adults plus AD Family & Cohesion for Children)
- Assistant Director: Social Care Specialist
- Director of Commissioning Intelligence
- Director of Integrated Care

This reflects the proposed membership in the Health and Social Care Bill but will need to evolve as we develop the breadth of relevant service input and NHS structures change- but we must keep membership at a manageable level to do business.

The members of the Board will be advised and supported by officers from the local authority and PCT.

Members agree to share all relevant information and data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

Meetings

The Shadow Health and Wellbeing Board will meet bi-monthly from April 2012. Dates and times of meetings will be agreed and published in advance.

Agendas and supporting papers will be issued at least five clear days before each meeting and action notes will be produced, confirmed as a true record of the meeting and signed by the Chair.

Members of the public, and press will have access to the meetings from April 2012.

Quorum of one quarter is required (the minimum number of members that need to be in attendance before decisions can be taken). It should be noted that the Shadow Board will not have formal decision making powers until April 2013.

Declaration of Interest

Any interests in item(s) on the agenda should be declared at the start of the meeting.

Access to Information

Meetings of the Shadow Board will be held in public, although the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.

The agenda and papers for meetings of the Board, except for any documents that may disclose confidential or exempt information, will be made available for public inspection five days before the meeting.

Reporting Mechanisms/Accountability

The Shadow Health and Wellbeing Board will regularly update the Telford and Wrekin Local Strategic Partnership with its progress and specific contributions to achieving the vision and priorities of Telford and Wrekin.

The actions of the SHWBB will be subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.

The Board will review its structure, membership and activities in response to further guidance during the shadow year.

TELFORD & WREKIN COUNCIL

CABINET – 29 MARCH 2012

LINK and HEALTHWATCH TRANSITION

REPORT OF ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report provides information about the new responsibilities that will be placed on the Council by the Health & Social Care Bill, in respect of Healthwatch, subject to the Bill's passage through parliament and describes the functions of a local Healthwatch.
- 1.2 It sets out the procurement process for a local Healthwatch, the high level options for Healthwatch organisation and the interim arrangements to support LINK through 2012/13 given the announced delay in Healthwatch implementation to April 2013

2. RECOMMENDATIONS

2.1 Members note new responsibilities that will be placed upon the Council to commission a local Healthwatch subject to the passage of the Health & Social Care Bill

2.2 Members support the preferred option of developing a T&W specific Healthwatch, working closely with T&W LINK and other stakeholders, to build on the Pathfinder proposal

2.3 Members support the proposed interim support arrangements for T&W LINK

2.4 Members delegate responsibility to the Assistant Director - Care & Support in consultation with the Lead Cabinet member and the Assistant Director – Law, Democracy & Public Protection to award the contract in respect of NHS Complaints Advocacy

3. SUMMARY IMPACT ASSESSMENT

| | | |
|---|---|---|
| COMMUNITY IMPACT | Do these proposals contribute to specific Priority Plan objective(s)? | |
| | Yes | <ul style="list-style-type: none"> - Improved lives for all - Vulnerable children and adults are protected |
| | Will the proposals impact on specific groups of people? | |
| | Yes | The proposals impact on people of all ages who use health services and more specific groups of patients and service users who receive on-going support through or for part of their adult life |
| TARGET COMPLETION/DELIVERY DATE | <i>April 2013 (see key milestones in report)</i> | |
| FINANCIAL/VALUE FOR MONEY IMPACT | Yes | The Council currently receives funding through the formula grant to commission host support for our local LINK provided by Staffordshire University. The Council's base budget for funding this service is £114k per annum. This funding is not ringfenced and will continue to be channelled through the formula grant allocation. The Department of Health will allocate additional ongoing funding to local authorities for the expanded HealthWatch functions through the Learning Disabilities & Health Reform Grant from monies currently given to the NHS to fund their Patient Advice and Liaison Services (PALS) and Independent Complaints Advocacy Service (ICAS). Exact amounts of additional funding will be announced at the end of 2012. However, a minimum additional allocation of £20,000 has been established by DH. |
| LEGAL ISSUES | Yes | <p>The local Healthwatch body will be procured by the Council in accordance with its Financial Regulations and Contract Procedure Rules.</p> <p>In respect of interim support arrangements (see paragraph 4.20 <i>et</i></p> |

| | | |
|---|-----|--|
| | | seq) staff will be transferred upon existing terms and conditions of employment The Health & Social Care Bill is still being debated in Parliament and may be subject to further change before it is enacted. |
| OTHER IMPACTS, RISKS & OPPORTUNITIES | Yes | Any other risks and opportunities will be appropriately managed and reported if necessary. |
| IMPACT ON SPECIFIC WARDS | No | Borough-wide impact |

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 Healthwatch will assume responsibility for existing Local Involvement Network (LINK) functions and assume new responsibilities. Local Authorities will have a statutory responsibility for commissioning Healthwatch. A previous report to Health & Wellbeing Board and Cabinet set out a set of principles for Healthwatch which are attached as Appendix 1

4.2 Recent statements of intent from the Department of Health confirm that Healthwatch:

- will be the independent consumer champion for the public-locally and nationally – to promote better outcomes in health for all and in social care for adults.
- will be representative of diverse communities. It will provide intelligence – including evidence from people’s views and experiences – to influence the policy, planning, commissioning and delivery of health and social care. Locally, it will also provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services.
- will have credibility and public trust through being responsive and acting on concerns when things go wrong, and operating effectively and efficiency.
- will comprise Healthwatch England and local Healthwatches.
- Healthwatch England will be a committee of the Care Quality Commission (CQC) – however this is subject to amendments through the parliamentary

process because of some concerns that Healthwatch could be excessively dictated to or be steered by CQC.

- local Healthwatches will be statutory organisations which will be funded through and accountable to local authorities. They will link with Healthwatch England (HWE) for advice and support, and so that they can raise serious concerns with the Care Quality Commission.

What will local Healthwatch look like?

4.3 Local Healthwatch will be a “body corporate” which means that it will have legal authority to carry out its functions and will be subject to the Freedom of Information Act, equalities legislation and the Data Protection Act.

4.4 It will:

- be a community organisation, open to all, using the voices and experiences of the people it serves to encourage high standards of health and care provision and to challenge poor services.
- be able to enter and view all publicly funded health and social care services either as unannounced spot checks or at agreed monitoring visits. It will report on its findings.
- act to promote the voice of local service users and carers in the commissioning of services and, in doing so, champion equality of health and care access and provision. The chair of a Local Healthwatch organisation will have a seat on the local authority Health and Wellbeing Board ensuring there is a route to influence decisions about local service provision.
- be led by experienced volunteers, equipped to be effective participants, it will also be able to appoint its own staff to carry out specific roles and will operate as an independent organisation.

Healthwatch functions

4.5 There are a number of key functions emerging for local Healthwatch which build on the existing LINK functions. They are:

- Gathering views and understanding the experiences of patients and the public
- Making people’s views known.
- Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized
- Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)

- Providing advice and information (signposting) about access to services and support for making informed choices
 - Making the views and experiences of people known to Healthwatch England (and to other local Healthwatch organisations) and providing a steer to help it carry out its role as national champion
- 4.6 Our local Healthwatch will have to meet specific criteria to deliver these functions that will be set out in the service specification (draft service specification – Appendix 2) and the contract that is let with the successful local provider.
- 4.7 In addition to the above functions and the LA's current responsibility to commission Social Care Complaints Advocacy, we will have a new responsibility to commission NHS Complaints Advocacy. This may or may not be commissioned from local Healthwatch.
- 4.8 However, Local Healthwatch will:
- Make arrangements for supporting local people with any complaints they may wish to progress in relation to NHS service provision either through:
 - a directly provided complaints advocacy service; or
 - referral to a third party contracted by the local authority expressly for these purposes
- 4.9 Local Authorities have found themselves in a difficult situation as the legislation has not yet been passed and is unlikely to complete its passage through Parliament until May 2012 at the earliest. Councils were being urged to proceed to plan on the basis of having a local Healthwatch in place by October 2012 until very recently, without any significant national guidance. However the government announced on the 3rd January 2012 that the implementation date for Healthwatch had been put back from October 2012 to April 2013 (having already postponed implementation from April 2012 to October 2012 as a result of the "listening" exercise).
- 4.10 T&W Council in conjunction with our local LINK put in a submission during 2011 to become a Healthwatch pathfinder. This was accepted and the government have just announced that £5,000 will be made available to the Council in 2011/12 to help explore further a vision for our new Healthwatch organisation that will build on the good work already undertaken by our local LINK and develop further a "network of networks" approach through which people's views can be fed into Healthwatch as it evolves. In addition the government have announced funding for Local Healthwatch in 2012/13 – £3.2m nationally, to be allocated locally through the Learning Disabilities and Health Reform Grant to cover costs relating to staff recruitment/training, office set up costs and branding ahead of Healthwatch becoming fully operational from 1 April 2013. However the funding available for 2013/14 and beyond will not be announced until later in 2012.

Healthwatch procurement process.

- 4.11 Work is already underway with T&W LINK and other stakeholders, as part of the T&W Healthwatch Pathfinder, to develop a specification for T&W Healthwatch to meet the new requirements placed on the Council to commission a local HealthWatch and a NHS Complaints Advocacy Service to be operational from the recently announced new date of 1st April 2013.
- 4.12 The recently announced delay in implementation date for local Healthwatch is helpful given the lack of detailed government guidance and the fact that the Council would have otherwise had to commence a procurement process ahead of the Health & Social Care Bill having completed its passage through parliament and release of more detailed guidance.
- 4.13 We will now be working to a revised procurement timetable (See Appendix 3) to develop a detailed specification for Healthwatch over the next 3 months, with an appropriate consultation period built in with LINK and other stakeholders. The specification needs to be agreed by council by early June 2012 to allow a procurement process to be completed by December 2012, allowing 3 months for TUPE consultation and the Healthwatch provider to have everything in place for April 2013.
- 4.14 Health Scrutiny Committee have requested that consultation with the committee be built into the timetable for agreeing the specification of the HealthWatch contract, and officers would support this request. We are planning to undertake a series of consultations as part of the pathfinder developments anyway and we will fit the scrutiny request into this consultation programme.
- 4.15 It is already clear that the preferred option (supported by LINK) is to have two quite separate procurement processes, one for a local Healthwatch and the other for a NHS Complaints Advocacy service running on a parallel basis.
- 4.16 Cabinet on the 22 December 2011 approved delegated responsibility to the Assistant Director of Care & Support, the lead cabinet Member and the Assistant Director Law, Democracy and Public Protection to award the contract in respect of Healthwatch but we will need additional approval for the NHS Complaints Advocacy contract.

High level options for a future local T&W Healthwatch organisation.

- 4.17 In respect of the options for a local Healthwatch provision, officers have considered a number of options as outlined in Appendix 4
- Option 1 – A T&W specific, single Healthwatch organisation (including both the volunteer aspects and paid support staff)
 - Option 2 – A T&W specific Healthwatch organisation (volunteers) and a separate support organisation

- Option 3 – A jointly (with Shropshire County) commissioned Healthwatch volunteer organisation, supported by the same Healthwatch support organisation.
 - Option 4 – A jointly commissioned service consisting of separate local Healthwatches for T&W and Shropshire supported by a single support organisation.
- 4.18 At this point in time officers have not entered into discussions with Shropshire County about the feasibility of a joint commissioned approach and Health & Wellbeing Board on the 14 December 2011 and 22 February 2012 indicated it's preferred option was for a T&W specific solution. This of course would not rule out two local Healthwatches working in close partnership on a number of issues which are of pan T&W/Shropshire interest.
- 4.19 Officers consider either Option 1 or 2 to be acceptable and suggest putting the specification out to tender on this basis. This will allow as much flexibility as possible and encourage providers to respond with solutions which build on the network of networks we have proposed .
- 4.20 On the 1 March 2012 the government tabled amendments to the Health and Social Care Bill to make clear to local authorities, which will be under a statutory duty to commission an effective and efficient local Healthwatch organisation, that they will have some choice over the local organisational form that Healthwatch takes. Whilst having some flexibility key requirements are local Healthwatch organisations:
- must be corporate bodies carrying out statutory functions
 - must be not-for-profit organisations (new)
 - must be able to employ staff and (if they choose) be able to sub-contract statutory functions

T&W LINK interim support arrangements

- 4.21 The Council was responsible for funding and commissioning the support for T&W LINK when it was created. A contract was let with Staffordshire University to provide LINK with paid officer and other organisational support, which was subsequently extended with council approval to 31 March 2012, the original end date set by government for transfer of existing LINK functions to a local Healthwatch organisation.
- 4.22 As a result of the initial delay in implementation to October 2012 our commissioners approached Staffordshire University about carrying on providing support up to this new date, but they have made it clear through formal notification that they will not provide the service beyond 31 March 2012. As a result of the recent announcement, putting back local Healthwatch

implementation to April 2013, we now need to establish new support arrangements for T&W LINK for a 12 month period.

- 4.23 Legal and HR advice has established that there would be TUPE responsibilities (the support service consists of 4 staff, 2 of whom are likely to have TUPE rights) and there are a small number of additional staff undertaking project work on a time limited basis. Council HR officers are liaising direct with Staffordshire University to progress the TUPE arrangements which will need to be concluded in advance of the contract expiry date
- 4.24 Given these unusual circumstances our commissioners have concluded in discussion with legal and HR, that the best option for providing LINK with support in this interim period is for the Council to become the host for 12 months. This will involve a TUPE transfer of staff but 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 ensure that we do not prejudice the outcome of the Healthwatch tender through the selection of a new interim provider, which would take some time anyway.
- 4.25 The contents of this report has been discussed by the shadow Health & Wellbeing Board at its meeting on 22 February and the Board supports the recommendations.

5. PREVIOUS MINUTES

- 5.1 Cabinet Report – 22.12.2011 – NHS Transformation and Implications for the Council

6. BACKGROUND PAPERS

- 6.1 The White Paper, *Equity and Excellence: Liberating the NHS*
- 6.2 Healthwatch Transition Plan – Department of Health – 29 March 2011
- 6.3 Consultation on Allocation Options for distribution of additional funding for local authorities for local healthwatch, NHS Complaints Advocacy.....- Department of Health – 15 August 2011
- 6.4 Analysis of the Consultation on allocation options for distribution of additional funding for Local Healthwatch, NHS Complaints advocacy.....- Department of Health – 8 December 2011
- 6.5 Letter from David Behan, Director General for Social Care to Councils informing of new start date, funding for Pathfinders and start up costs – Department of Health – 3 January 2012
- 6.6 Letter from Lorraine Denoris, National Programme Director – Healthwatch Implementation, informing of support to LAs – Local Government Association – 17 January 2012

- 6.7 Letter from Kasey Chan, DoH Healthwatch Implementation Lead informing of release of Pathfinder support funding – DoH – 2 February 2012
- 6.8 Letter from David Behan, Director General for Social Care, Local Government and Care Partnerships informing of Government amendments to Health and Social Care Bill impacting on Healthwatch – 2 March 2012
- 6.9 Local Healthwatch: A strong voice for people – the policy explained – Department of Health – 2 March 2012

Report prepared by Paul Taylor, Assistant Director - Social Care Specialist
Telephone: 01952 381200 Email: paul.taylor@telford.gov.uk

Appendix 1.

Healthwatch T&W will adopt the following core principles:

- i) It must be independent and trusted in the local community
- ii) Leadership must be highly visible, respected and accountable to local people
- iii) It must be recognised as the statutory route for the public, patients, service users and carers to express views about health and adult social care
- iv) It must have a good understanding of local voluntary and community groups, and other public, patient, service user and carer networks
- v) It must engage those groups and individuals who want to contribute and allow them to express their aspirations and views
- vi) It must reach out to those groups and individuals who do not actively engage and enable them to express their aspirations and views
- vii) It must understand national NHS, public health and adult/transition social care policy
- viii) It must be able to interpret information about NHS, public health and adult/transition social care
- ix) It must be able to collect, consider and debate diverse opinions and develop a consistent narrative that articulates the most important issues clearly and consistently
- x) It must be able to take a strategic view of local NHS, public health and adult social care priorities whilst remaining sensitive to local issues, to ensure that services are appropriate to the particular communities they serve
- xi) It should develop excellent relationships with commissioners and providers of NHS, public health and adult social care services
- xii) It should provide a route to represent the opinions of groups and individuals to the Health & Well-being Board
- xiii) It must be authoritative and credible when representing public, patients', service users' and carers' aspirations and views
- xiv) It must be able to hold statutory organisations to account for addressing any issues raised
- xv) It must be able to help people to access information and signpost them to services, thus helping them exercise choice
- xvi) It must empower and facilitate people to speak out, including through NHS complaints advocacy
- xvii) It must effectively communicate its role and functions to the public, patients, service users and carers, and to staff in those services funded by the NHS, public health and social care
- xviii) It should be properly resourced, well-managed and operate transparently.

Appendix 2

| | |
|-----|---|
| 1 | Service Specification |
| 1.1 | Title of Service Healthwatch Telford & Wrekin |
| 1.2 | Vision Local HealthWatch will be the independent consumer champion for health and social care. Local HealthWatch will be representative of the diverse communities served by local government. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of publicly-funded health and social care. It will also provide information and advice to help people access and make choices about services as well as provide – directly or through an agreed third party arrangement – independent complaints advocacy to support people if they need help to complain about NHS services. Local HealthWatch will be a robust and credible player in the local health and social care economy by demonstrating that it has the appropriate level of skills and competencies required to deliver its statutory functions to the highest possible level. It will gain the trust of the general public as well as other health and social care stakeholder groups by being responsive and acting on concerns when things go wrong. It will operate effectively and efficiently so that the local authority can demonstrate value for money against an agreed set of outcomes <i>[insert local tailoring]</i> |
| 1.3 | Key Attributes Local HealthWatch will be: <ul style="list-style-type: none"> • Independent - a free-standing body which is respected for its independence and trusted by residents and stakeholders. • Clearly recognised – a body with a clear identity which is strong and distinctive from existing local organisations. It will embrace and utilise the local HealthWatch brand developed at national level. • User-focused – relentlessly championing the voice of the user in the health and social care system |

| | |
|-----|---|
| | <ul style="list-style-type: none"> • Inclusive – an organisation which finds ways to work with the many different patient and service user representative groups across the local authority area • Well-connected – able to signpost people to good quality information to help them make choices about health and social care; with access to established networks to gather comprehensive patient views. • Evidence based – a body which uses evidence to underpin its priorities and target its efforts • Technically competent – an organisation that can demonstrate the relevant skills and competencies required to deliver its functions • Influential – able to make an impact on the local commissioning of health and social care; complement other inspection regimes; and support patients and residents with signposting to information about the quality of local health services • Flexible – an organisation which can work in partnership with key decision-makers (including the local authority, Clinical Commissioning Groups and other bodies at strategic level) while still being able to listen to individual patient concerns, represent them effectively, and challenge those same decision-making bodies when necessary. • Self-aware – an organisation which actively seeks feedback on its own performance and critically assesses its strengths and weaknesses. • Accountable – working to a clear set of standards against which the local authority and the residents it serves can appreciate its success. • Good value for money – an organisation that makes the best use of its resources by seeking to avoid duplication with other bodies in the local authority area, and where possible, working creatively with them to deliver the most cost effective solutions to achieve its chosen priorities. |
| 1.4 | Who is Local Healthwatch for |
| | Local Healthwatch is for anyone who is legally entitled to access health or adult social care services in <i>[insert locality here]</i> or anyone who cares for or represents anyone who has access to health or social care services in <i>[insert locality here]</i> . |

| | |
|------------|---|
| | <p>HealthWatch has a duty to assist local health and social care commissioners and providers, and other community stakeholders, by providing feedback, research, and information on local people's views and experiences of health and social care, to improve services.</p> |
| 1.5 | Access to the Service |
| | <p>Local HealthWatch will be accessible to all, across the [insert locality] and will actively seek the views and experiences of local people, including 'seldom heard' groups, using a variety of media:</p> <ul style="list-style-type: none"> • Website and other Digital/ Online Services (including access to surveys) • Telephone (including out of hours contact) • Office Accommodation • Community Outreach Services • Mail Address (including a freepost facility where necessary) <p>Local HealthWatch will make full use of existing and well-established information and support systems and networks.</p> |
| 2 | Service Delivery |
| 2.1 | <p>Functions</p> <p>Function One: Gathering views and understanding the experiences of patients and the public</p> <p>Local HealthWatch will:</p> <ul style="list-style-type: none"> • Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care. • Seek the community's views about the current provision of health and social care (including use of high quality research) and use this to identify the need for changes or additions to services. • Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle <p>Function Two: Making people's views known</p> <p>Local HealthWatch will:</p> <ul style="list-style-type: none"> • Communicate the local community's views to health and social care |

commissioners in a credible and accessible fashion.

Function Three: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized

Local HealthWatch will:

- Give input to new or proposed services.
- Use the broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say
- Exercise their enter and view powers judiciously by working collaboratively with other inspection regimes

Function Four: Recommending investigation or special review of services via HealthWatch England or directly to the Care Quality Commission (CQC)

Local HealthWatch will:

- Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to the Care Quality Commission through Healthwatch England based on robust local intelligence.

Function Five: Providing advice and information (signposting) about access to services and support for making informed choices

Local HealthWatch will:

- Influence or provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them.
- Establish and maintain a database of existing local networks and support systems.

Function Six: Making the views and experiences of people known to HealthWatch England (and to other local Healthwatch organisations) and providing a steer to help it carry out its role as national champion

Local HealthWatch will:

- Ensure local intelligence gathering systems complement those established by HealthWatch England

Function Seven: NHS Complaints Advocacy

Local HealthWatch will:

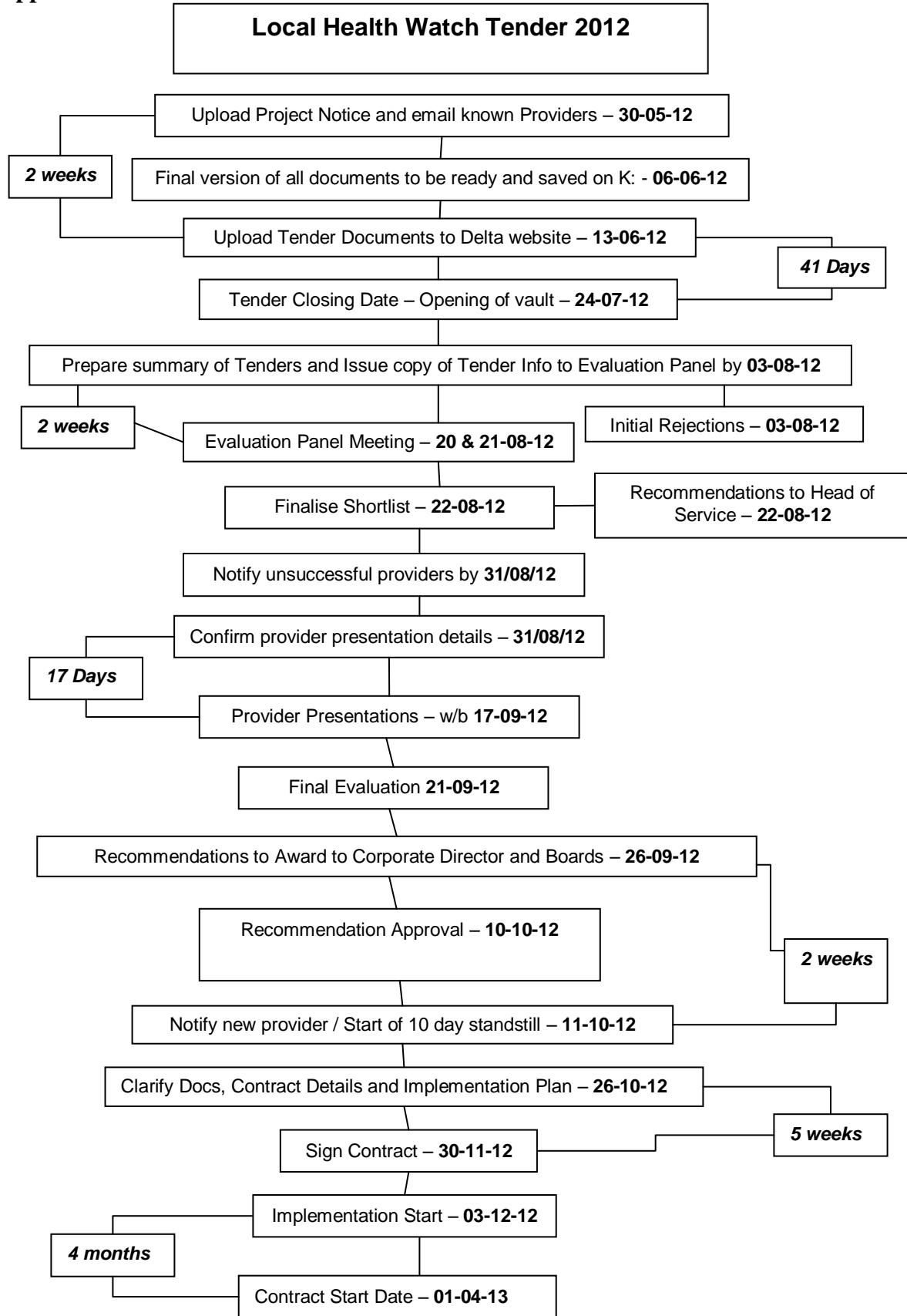
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|-------------------|--|
| | <ul style="list-style-type: none"> • <i>Make arrangements for supporting local people with any complaints they may wish to progress in relation to NHS service provision either through: <ul style="list-style-type: none"> ▪ a directly provided complaints advocacy service; or ▪ Referral to a third party contracted by the local authority expressly for these purposes </i> <p>• Accountabilities</p> <p>Local HealthWatch will be accountable to:</p> <ol style="list-style-type: none"> 1. Local service users and resident taxpayers in the local authority area 2. The commissioning local authority in terms of value for money 3. HealthWatch England in terms of quality standards: <p>Tools available to Local HealthWatch for ensuring accountability include:</p> <ul style="list-style-type: none"> • an annual meeting, open and accessible to local stakeholders/ members • an annual report • audited accounts available for public inspection |
| <p>2.2</p> | <p>Partnerships</p> <p>Local HealthWatch will:</p> <ul style="list-style-type: none"> • Work closely with the commissioning local authority, which will support HealthWatch in its role. • Represent local people through its role on the local Health and Wellbeing Board (e.g. to assist in developing the joint health and well being strategy). • Work closely with the national body, HealthWatch England, and the two will work together to deliver a strong public voice. • Foster a broad range of relationships with local health and social care commissioners and with provider agencies in the voluntary and private sectors (and hospitals). • Nurture partnerships with local service-user groups (and existing VCS networks) and other LHWOs to ensure high quality feedback and research. |

| | |
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| 2.3 | Outcomes |
| | <p>Local HealthWatch will make a positive contribution to the successful local achievement of outcomes set out in national frameworks for the NHS, primary care, adult social care and public health. Particular attention will be paid to:</p> <ul style="list-style-type: none"> • Improved patient and user experience). • Improved communication. • Improved satisfaction with health in local area. • Greater patient and public involvement in health and social care. • Strong relationship with commissioners and H&WBs. • Improved access to services. • Improved people's understanding of their rights (consumer champion). • High public Awareness/Profile of Healthwatch. • Good image/trust of Healthwatch with the public. |
| 2.4 | Resources |
| | The local authority will ensure that adequate resources are provided to Local HealthWatch in line with guidelines from the Department of Health and other key local decision makers (e.g. Health & WBs). |

| | |
|------------|--|
| 3 | Governance |
| 3.1 | Powers & Limitations |
| | <p>What powers will the group have to achieve its aims?</p> <p>Decision Making</p> <p>Participation</p> <p>Resource Management</p> |
| 3.2 | What is the legal status of the group? |
| 3.3 | How is the membership of the group defined? (e.g. board/associate/volunteer members). |
| 3.4 | How will the group be run? And what structures will exist? Arrangements for sub-committees and community Forums |
| 3.5 | Arrangements for sub-contracting work (e.g. for advice/guidance/advocacy). |

| | |
|------|--|
| 3.6 | <p>What specific duties and responsibilities will exist?</p> <p><i>[Nomenclature to differ by authority].</i></p> <p>Chair of the Executive Vice Chair Executive Members Associate Members Staff</p> |
| 3.7 | <p>What procedures will exist for managing group meetings?</p> <p>Executive Meetings General Meetings Sub Committees and Community Forums</p> |
| 3.8 | <p>What is the approach to dispute resolution?</p> |
| 3.9 | <p>What is the code of conduct for the group?</p> <p>Nolan Principles of Public Life</p> |
| 3.10 | <p>How will the group manage its money and assets? (financial and non-financial)</p> |
| 3.11 | <p>What is the groups approach to reporting, Communications and information sharing?</p> |
| 3.12 | <p>Amendments to the Constitution</p> |
| 3.13 | <p>Dissolution of the group</p> |

Appendix 3



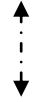
Appendix 3

2012 Bank and Public Holidays

| | |
|----------|---------------------|
| 06-04-12 | Good Friday |
| 09-04-12 | Easter Monday |
| 07-05-12 | May Day |
| 04-06-12 | Spring Bank Holiday |
| 05-06-12 | Diamond Jubilee |
| 27-08-12 | Summer Bank Holiday |

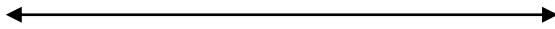
HealthWatch Model Options

National HealthWatch

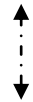


Local HealthWatch
(Provider)

Telford Council
(Commissioner)

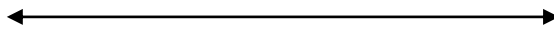


National HealthWatch



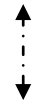
Local HealthWatch

Telford Council
(Commissioner)



Support organisation
(Infra Structure of Support)

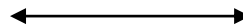
National HealthWatch



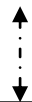
One HealthWatch operating
on a pan Shropshire Basis

Jointly commissioned service from Shropshire &
Telford Councils

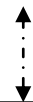
(noted Shadow Health & Well-being Board has
indicated that this is not a preferred option as at Board
meeting in December 2011)



National HealthWatch



Local HealthWatch
(Telford)



Local HealthWatch
(Shropshire)

Jointly commissioned service for
Shropshire and Telford



Support Organisation



TELFORD & WREKIN COUNCIL

CABINET – 29 MARCH 2012

PUBLIC HEALTH UPDATE

REPORT OF ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report provides an update on the proposals within the health transformation agenda relating to the transfer of Public Health responsibilities from NHS T&W to the Council.

1.2 The report explains what these responsibilities will be and the transition arrangements that are being put in place to ensure a smooth transition through a shadow year to April 2013 when the Council assumes responsibility for Public Health functions, subject to the Health and Social Care Bill completing its passage through the parliamentary process.

2. RECOMMENDATIONS

2.1 Members note the changes proposed in respect of Public Health responsibilities;

2.2 Members endorse the transition plan and approach being taken;

2.3 A further report is prepared for H&W Board and members by June 2012 to update on progress and seek approval for a local T&W Vision for Public Health.

3. SUMMARY IMPACT ASSESSMENT

| | | |
|-------------------------|---|--|
| COMMUNITY IMPACT | Do these proposals contribute to specific Priority Plan objective(s)? | |
| | Yes | - Improved lives for all - Vulnerable children and adults are protected |
| | Will the proposals impact on specific groups of people? | |
| | Yes | <i>Public Health responsibilities will cover the whole population but specific groups at risk of poor health will be targeted.</i> |

| | | |
|---|--|--|
| TARGET COMPLETION/DELIVERY DATE | <i>April 2013 (see key milestones in report)</i> | |
| FINANCIAL/VALUE FOR MONEY IMPACT | Yes | <p>A Public Health 2012/13 shadow budget of £7.773m for Telford and Wrekin has recently been announced. The Council and PCT are currently discussing the allocation to determine any need to make representations to the Government about the amount identified and the methodology used.</p> <p>The consideration of finance and resources is one of the planned key workstreams being undertaken to prepare for the transfer of Public Health responsibilities to the Council from April 2013. This along with the other work required to ensure successful transition will require a significant allocation of time from within existing staff resources by both organisations.</p> <p>A ringfenced public health grant will be paid to the Council from 2013/14 onwards to fund the associated day to day responsibilities .</p> |
| LEGAL ISSUES | Yes | <p>The Health & Social Care Bill, in its current form, proposes a duty for the Local Authority to improve the health of the population and this could have an impact upon future priorities of the Council.</p> <p>However, the Bill is still being debated in Parliament and may be subject to further change before it is enacted.</p> <p>The Public Health Outcomes Framework was published on the 23 January 2012 and is statutory guidance setting out the desired outcomes for public health and how these will be measured.</p> |
| OTHER IMPACTS, RISKS & OPPORTUNITIES | Yes | Any other risks and opportunities will be appropriately managed and |

| | | |
|---------------------------------|----|------------------------|
| | | reported if necessary. |
| IMPACT ON SPECIFIC WARDS | No | Borough-wide impact |

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 The White Paper, *Equity and Excellence: Liberating the NHS* published in 2010 set out the Government's vision for the future of a transformed NHS. This was followed by the publication later in the year of the White Paper, *Health Lives, Healthy People: Our strategy for public health in England*. The White paper set out proposals for a new era for Public Health with a commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, faster.

4.2 Subject to the Health and Social Care Bill completing its passage through the parliamentary process, the Bill abolishes the Health Protection Agency (HPA) and National Treatment Agency (Substance Misuse), places a duty on the Secretary of State to promote Public Health (PH) and creates Public Health England (PHE). PHE will focus on national resilience against things like flu pandemics and other health threats, as well as being a 'knowledge bank' for the best and most up to date evidence on behaviour change techniques and monitoring data. It will however have a local delivery function including responsibility (from the HPA) for the day to day management of any outbreak of communicable disease.

4.3 On the 20th December 2011 the Government published "The new public health system: summary" and a number of more detailed "factsheets" about proposals for Public Health (PH) in Local Government including:

- "Local Government leading for public health"
- "Local government's new public health functions"
- "The role of the Director of Public Health"
- "Commissioning responsibilities"
- "Public health advice to NHS commissioners"
- "Professional appraisal and support, and capacity building"

Local Government leading for public health

4.4 The Government states that it is returning responsibility for improving PH to local government for several reasons:

- Population focus – democratically accountable, understanding of environment in which people live, housing, green spaces, work and leisure

- Ability to shape services to meet local needs – direct contact with many residents, expertise in building and sustaining relationships with citizens and local service users
- Ability to influence wider social determinants of health – the conditions in which people are born, grow, live, work and age including the health system
- Ability to tackle health inequalities – social determinants of health already fall within LA's remit – housing, economic & environmental regeneration, strategic planning, education, leisure, public protection, fire and road safety, children & young people's services, etc

Local government's new public health functions

4.5 The Bill will confirm a new duty on LAs to “take such steps as it considers appropriate for improving health of the people in its area” and emphasises that LAs can do this in a number of ways:

- By commissioning a range of services – majority of responsibility devolved to local commissioning but some PH services will be commissioned by National Commissioning Board where they are deeply linked with clinical services or part of primary care contractual arrangements (e.g. national screening and immunisation programmes)
- By the way they operate the planning system
- Through leisure policy and
- Children's & Young people's services and
- Adult Social Care services

4.6 Stresses that political leadership is critical, in particular the “Cabinet lead for health”, but also engagement from all local political leaders. There is an expectation that LAs will wish to commission, rather than directly provide the majority of services (in line with “Open Public Services” White paper).

4.7 The Bill includes a power for the Secretary of State for Health to prescribe that LAs take certain steps in the exercise of public health functions (see Commissioning section below).

The role of the Director of Public Health

4.8 The Bill makes it clear that the Director of PH (DPH) will be responsible for exercising the LA's new PH functions. Each LA acting jointly with the Secretary of State via PHE will appoint an individual known as DPH to have responsibility for PH functions.

4.9 The DPH will be given appropriate status alongside Directors of Children's (DCS) and Adult Social Services (DASS). The Government are seeking an amendment to the Bill adding DPH to the list of Statutory chief officers in the LG & Housing Act 1989. Statutory guidance will then be issued on the responsibilities of the DPH including direct accountability between the DPH and the LA Chief Executive/Managing Director.

4.10 The Managing Director will have formal accountability for the ring-fenced grant delegated on a day to day basis to the DPH. The shadow budget, £7.773m for 2012/13 has just been released and officers from the PCT and Council are currently undertaking an exercise to establish whether we should challenge this allocation . There are concerns about the methodology being used to allocate the funding to LAs and the proportions of the existing total national budget that will go directly to PHE, the National Commissioning Board and Local Authorities.

4.11 Responsibilities include all the new PH functions listed below and production of an annual, published report on the health of the population. The DPH will also be a statutory member of Health & Wellbeing Board and act as lead officer for health and championing health across the whole of the LA's business, working together with DCS, DASS, NHS colleagues, criminal justice partners, Police & Crime commissioners and local communities.

4.12 A specialist trained DPH will be required as set out in the Faculty of PH standards to meet the multi-disciplinary nature of PH, but not limited to medicine. LAs will be expected to support the professional appraisal and development of DPH and PH staff. New DPH appointments will need to involve Public Health England. A PH Workforce Strategy will be published in due course.

Commissioning responsibilities

4.13 LAs will be responsible for (* mandatory services):

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- PH services for children and young people aged 5-19 (NHS Commissioning Board will have responsibility for PH commissioning for services for children under 5 – to be reviewed in 2015 with view to unifying responsibility within local government)
- National child measurement programme*
- Interventions to tackle obesity
- Locally led nutrition initiatives
- Increasing levels of physical activity
- NHS health check assessments*
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives in workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

- Comprehensive sexual health services*(including testing and treatment for sexually transmitted infections and contraception outside of the GP contract and sexual health promotion and disease prevention)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The LA role in dealing with health protection incidents, outbreaks and emergencies*
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks
- Ensuring NHS commissioners receive the PH advice they need in respect of strategic planning, procuring services and monitoring & evaluation*

4.14 A provisional decision has been taken to remove abortion provision from LA commissioning responsibility and place with Clinical Commissioning Groups (CCGs).

4.15 The list of commissioning responsibilities is not exclusive and LA may choose to commission a wide variety of services under their health improvement duty.

Transition Arrangements

4.16 A number of guidance documents have been published by the DH in conjunction with the Local Government Association to support the transition process in general and staff transfer in particular. They include Public Health Human Resource Concordat (November 2011), Public Health workforce issues – Local government transition guidance (January 2012) and Public Health transition planning support for primary care trusts and local authorities. A number of issues are still to be resolved at a national level and will be subject of further clarification in due course. TUPE regulations will apply to the transfer of Public Health staff from the NHS to LAs.

4.17 PCT Clusters had to submit a draft PH Transition Plan co produced with Local Authorities to the Strategic Health Authority Cluster by 18 January 2012. A copy is attached as **Appendix 1**. The Plan was rated “green” by the SHA and a further version had to be submitted by the 9 March 2012 (see 4.23).

4.18 The plan sets out our local approach to PH transition, including operation of the PH system during the shadow year – 2012/13, preparation for April 2013 and clear local transition milestones. A Project structure (**Appendix 2**) has been established overseen by a Project Team made up of Senior Officers from the Council and NHS T&W

4.19 Five key workstreams have been identified – Workforce/HR & Accommodation, External Communication & Engagement, Contracting, Finance & Resources and Governance/Assurance & Information systems.

4.20 In addition there is a requirement for T&W Council to set out our vision for PH stating how the Council will use its new responsibilities and resources to put health and wellbeing at the heart of everything we do with the aim of helping people lead healthier lives, both mentally and physically.

4.21 Key PH planning and assurance milestones are:

| Date | Actions |
|----------|---|
| Q4 11/12 | <p>Agree local transition plan taking account of checklist (See Appendix 3) by March 2012.</p> <p>Develop a communication and engagement plan, first draft produced by March 2012.</p> |
| Q1 12/13 | <p>Agree approach to development and delivery of the PH vision by June 2012.</p> |
| Q2 12/13 | <p>Agree arrangements on PH information requirements and information governance by September 2012.</p> |
| Q3 12/13 | <p>Test arrangements for the delivery of specific PH services, in particular screening and immunisation by October 2012.</p> <p>Test arrangements for the role of PH in Emergency Planning, in particular the role of DPH and LA based PH by October 2012.</p> <p>Ensure early draft of legacy and handover documents produced by October 2012.</p> |
| Q4 12/13 | <p>Ensure final legacy and handover documents produced by January 2013.</p> |
| In 12/13 | <p>Agree arrangements for LA to take on PH functions, staff and contracts/legal agreements on a date to be locally determined.</p> <p>Agree arrangements for the transfer of PH functions, staff and contracts/legal agreements currently held in SHAs that are expected to transfer to PHE on a date to be locally determined.</p> |

4.22 Richard Partington, Managing Director has had a meeting with the Public Health Team as part of the staff engagement process in the transition plan.

4.23 An updated version of the Transition Plan had to be submitted to the SHA Cluster by the 9 March. The Cluster indicated this version of the plan needed to demonstrate the Council's engagement in and commitment to Public Health. We were asked to include statements on:

- The council's vision for PH
- Emergency planning arrangements in light of PH transition
- Plans for Joint commissioning arrangements in respect of PH related commissioning
- Healthwatch development
- Progress on development of T&W's Health & Wellbeing Strategy

- Role of T&W's Health & Wellbeing Board in relation to local services which will be commissioned by the NHS Commissioning Board

The latest version of the Transition Plan includes these statements and is attached as **Appendix 4**

4.24 Staff working on each of the project workstreams from both the Council and PCT met together with the Project Steering Group on 13 March to commence the detailed planning for the transition.

4.25 The contents of this report has been discussed by the shadow Health & Wellbeing Board at its meeting on 22 February and the Board supports the recommendations.

5. PREVIOUS MINUTES

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

6. BACKGROUND PAPERS

6.1 The White Paper, *Equity and Excellence: Liberating the NHS*

6.2 The White Paper, *Health Lives, Healthy People: Our strategy for public health in England*

6.3 The new public health system: summary factsheet

6.4 Local Government leading for public health: factsheet

6.5 Local government's new public health functions: factsheet

6.6 The role of the Director of Public Health: factsheet

6.7 Commissioning responsibilities: factsheet

6.8 Public health advice to NHS commissioners: factsheet

6.9 Professional appraisal and support, and capacity building: factsheet

6.10 Public Health Human Resource Concordat (November 2011)

6.11 Public Health workforce issues – Local government transition guidance (January 2012)

6.12 Public Health transition planning support for primary care trusts and local authorities

6.13 The Integrated Approach to Planning and Assurance between DH and the NHS for 2012/13

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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

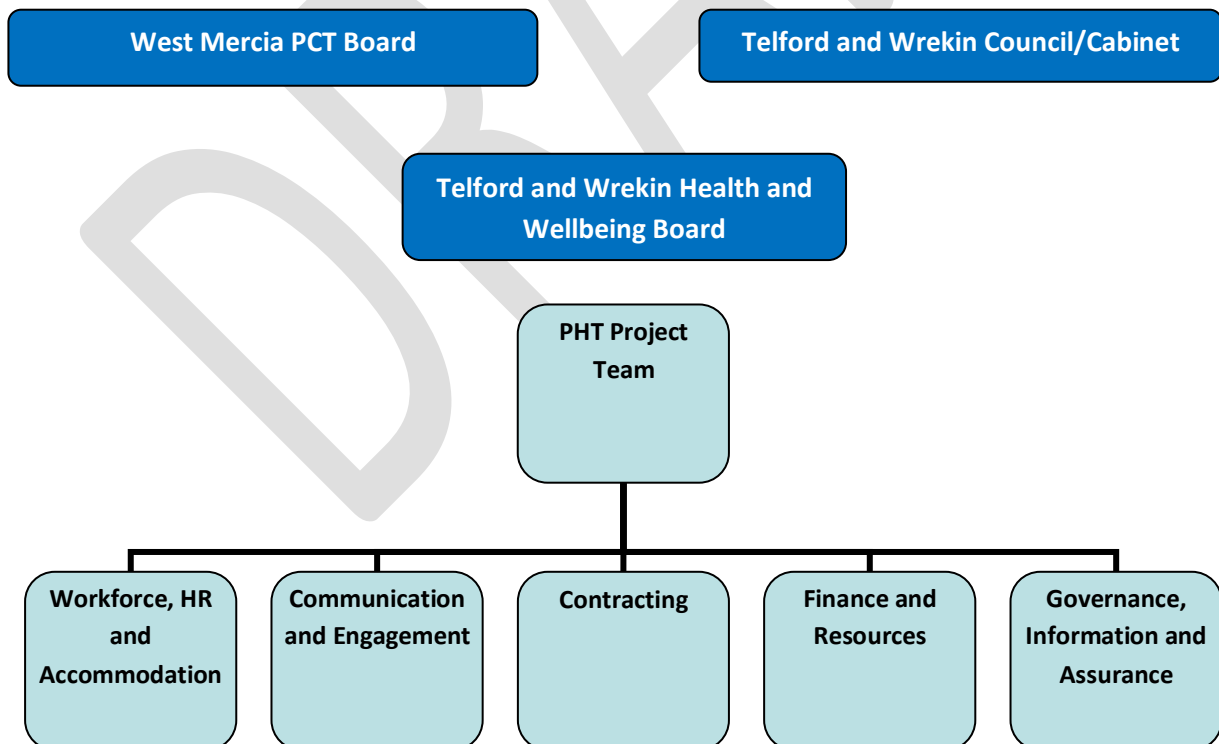
- Governance, information and assurance
- Contractual issues
- Finance and resources

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)

PUBLIC HEALTH TRANSITION (PHT) – T&W Council/T&W PCT PROJECT STRUCTURE

| | PHT Project Team membership | Workforce & HR (W&HR) and accommodation (Acc) leads | Public Communication & Engagement Leads | Contracting | Finance & Resources | Governance (G), Information (I) Systems (IS) and Assurance (A) |
|---|--|--|--|--------------------------------|--------------------------------|---|
| Terms of Reference (Could any work streams be combined?) | | See Appendix 2 | See Appendix 2 | See Appendix 2 | See Appendix 2 | See Appendix 2 |
| Frequency of Meeting (Proposed) | Monthly commencing 9 February | Initial meeting then as agreed | Initial meeting then as agreed | Initial meeting then as agreed | Initial meeting then as agreed | Initial meeting then as agreed |
| Council Membership | R Partington P Clifford P Taylor | W&HR – J Harris, A Griffiths Acc – S McWalters | N Newman R Parry R Jones | C Harrison V McKay | K Clarke T Smart | G & A – J Marriot I – J Power IS – K King |
| PCT Membership | L Griffin C Woodward K Yates F Beck | W & HR - Lynne Taylor Acc – Bob Parry | Karen Yates Jenny Fullard | Louise Mills Laura Boden | Laura Boden Helen Onions | Karen Yates Dr Chris Weiner |
| Project Support | C Hall-Salter PCT - ? | | | | | |

The Integrated Approach to Planning and Assurance between DH and the NHS for 2012/13
ANNEX 6 – PUBLIC HEALTH CHECKLIST FOR LOCAL USE

The following prompts will help PCT clusters assure themselves that they are working effectively with Local Authorities on the transfer of Public Health functions and ensuring continuity of delivery through 2012/13 and into 2013/14. The Department will seek assurance from SHA clusters that PCT clusters have robust plans in place and this guidance may be helpful to SHA clusters in this assurance.

| | |
|---|--|
| <p>Ensuring a robust transfer of systems and services</p> | <ul style="list-style-type: none"> ➤ Is there an understood and agreed (PCT cluster/LA) set of arrangements as to how the local public health system will operate during 2012/13 in readiness for the statutory transfer in 2013? ➤ Is there a clear local plan which sets out the main elements of transfer including functions, staff and commissioning contracts for 2013/14 and beyond? ➤ Are there locally agreed transition milestones for the transition year, 2012/13? ➤ Is there a clear local plan for developing the JSNA in order to support the H&WB strategy? ➤ Is there a clearly developed plan for ensuring a smooth transfer of commissioning arrangements for the services described in <i>Healthy Lives, Healthy People</i> that Local Authorities will be responsible for commissioning? ➤ Is there a clearly developed plan for ensuring a smooth transfer of those PH functions and commissioning arrangements migrating to NHS CB and PHE? ➤ Is there local agreement on the delivery of a core offer providing LA based public health advice to Clinical Commissioning Groups? |
| <p>Delivering public health responsibilities during transition and preparing for 2013/14</p> | <ul style="list-style-type: none"> ➤ Is it clear how future mandated services and steps are to be delivered during transition and in the new local public health services: <ul style="list-style-type: none"> ➤ Appropriate access to sexual health services, ➤ Plans in place to protect the health of the population, ➤ Public health advice to NHS commissioners, ➤ National Child Measurement Programme, ➤ NHS Health check assessment? ➤ Is there clarity around the delivery of critical PH services/programmes locally, specifically: screening programmes; immunisation programmes; drugs & alcohol services and infection prevention & control? |
| <p>Workforce</p> | <ul style="list-style-type: none"> ➤ Has the workforce elements of the plan been developed in accordance with the principles encapsulated within the Public Health Human Resources Concordat? |
| <p>Governance</p> | <ul style="list-style-type: none"> ➤ Does the PCT cluster with LA have in place robust internal accountability and performance monitoring arrangements to cover the whole of the transition year, including schemes of delegation agreed as appropriate? ➤ Are there robust arrangements in place for key public health functions during transition and have they been tested e.g. new emergency planning response to include: <ul style="list-style-type: none"> ○ Accountability and governance, ○ Details of how the DPH, on behalf of LA, assures themselves about the arrangements in place, ○ Lead DPH arrangements for EPRR and how it works across the LRF area? ➤ Are there robust plans for clinical governance arrangements during transition including for example arrangements for the reporting of SUIs/incident reporting and Patient Group Directions? ➤ Has the PCT cluster with the LA agreed a risk sharing based approach to transition? ➤ Is there an agreed approach to sector led improvement? ➤ Is the local authority engaged with the planning and supportive of the PCT cluster approach to PH transition? ➤ Has the PCT cluster with LA identified sufficient capability and capacity to ensure delivery of their plan? |
| <p>Enabling</p> | <ul style="list-style-type: none"> ➤ |

The Integrated Approach to Planning and Assurance between DH and the NHS for 2012/13

| | |
|--|--|
| <p>Infrastructure</p> | <ul style="list-style-type: none"> ➤ Has the PCT cluster with LA identified and resolved significant financial issues? ➤ Has the PCT cluster with LA agreed novation/other arrangements for the handover of all agreed PH contracts? ➤ Are all clinical and non-clinical risk and indemnity issues identified for contracts? ➤ Are there plans in place to ensure 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? ➤ Have all issues in relation to facilities, estates, asset registers been resolved? ➤ Is there a plan in place for the development of a legacy handover document during 2012/13? |
| <p>Communication and engagement</p> | <ul style="list-style-type: none"> ➤ Is there a robust communications plan? Does it consider relationships with the Health and Well being Board; clinical commissioning groups and NHSCB; Health Watch; local professional networks? ➤ Is there a robust engagement plan involving stakeholders, patients, public, providers of PH services, contractors and PHE? |



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

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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

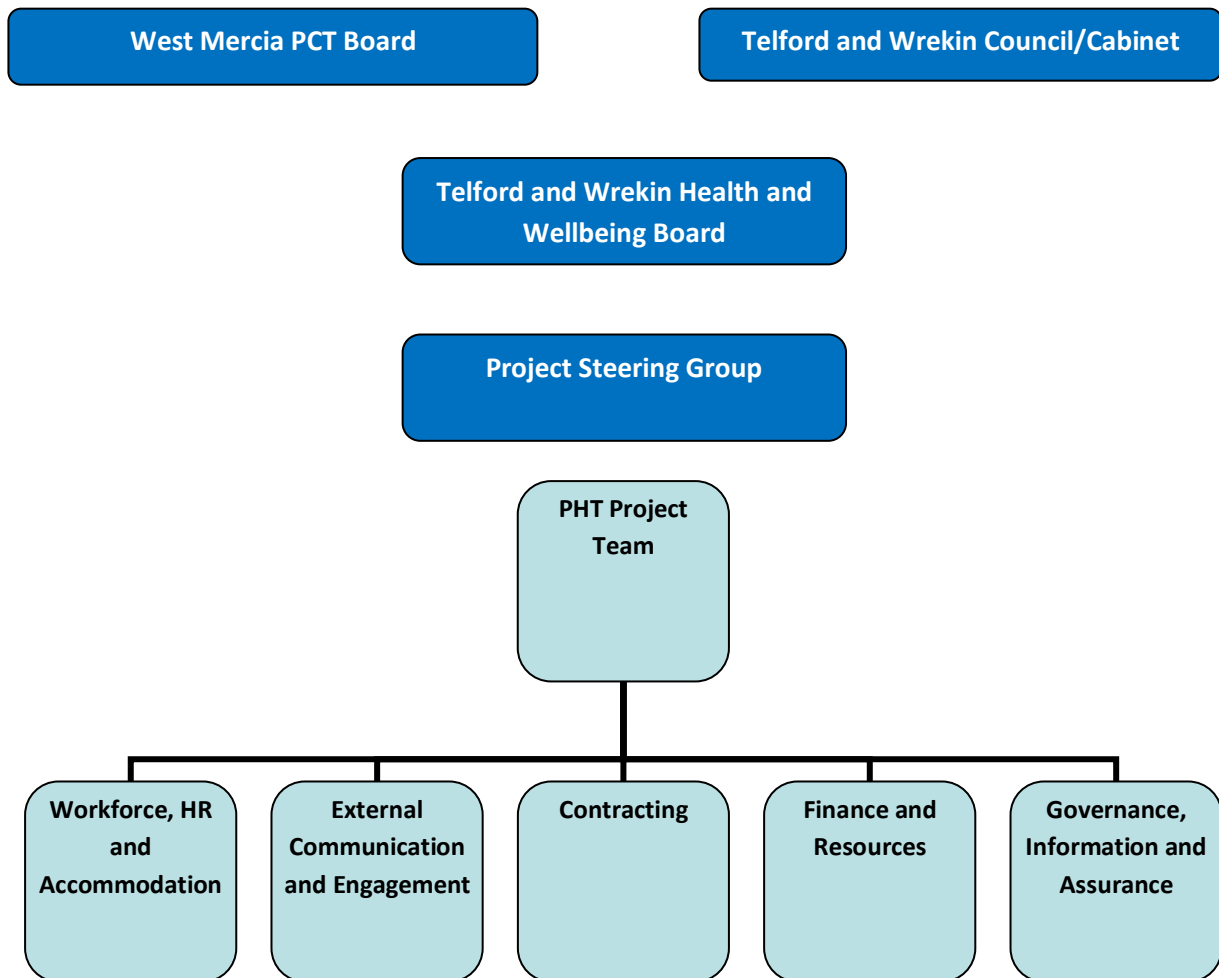
4.1 Structure and Approach

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)

**Health Scrutiny Committee
Forward Plan 2011/12**

| MEETING DATE | AGENDA ITEM | LEAD MEMBER/ OFFICER | ADDITIONAL ATTENDEES |
|--|--|---|-----------------------------------|
| 25 th August 2011 6.00pm VIP Suite | <ul style="list-style-type: none"> • NHS reforms • Work programme planning | Cllr Richard Overton Cllr. Liz Clare Paul Taylor | |
| 22 nd September 2011 6.00pm Scrutiny Meeting Room | <ul style="list-style-type: none"> • Mental Health Services • Informal update on WMAS Make Ready, estates review and capacity management system. | Michael Bennett | |
| 14 th November 2011 6.00pm VIP Suite | <ul style="list-style-type: none"> • WMAS – Make Ready and NHS Pathways for 999 calls • Autism strategy – including new responsibilities placed on local authorities - DEFERRED | Craig Cooke (WMAS) Daren Fradgley (WMAS) Kate Race (Autism West Midlands) | Michael Bennett |
| 6 th March 2012 1.00pm Committee Room 1 | Sub-group meeting Quality Improvement Strategy & Quality Accounts - SaTH | Vicky Morris Sarah | |
| 14 th March 2012 6.00pm Scrutiny Meeting Room | <ul style="list-style-type: none"> • Autism Strategy • Carers Partnership Board report | Kate Race Michael Bennett Sara Heath | Karen Kalinowski Richard Smith |
| 1 st May 2012 6.00pm Scrutiny Meeting Room | <ul style="list-style-type: none"> • Health & Wellbeing Board • HealthWatch/LINK • Public Health • Clinical Commissioning Group | Cllr. Richard Overton Dr. Mike Innes Paul Taylor | |
| 15 th May 2012 10.00am Scrutiny Meeting Room | Sub-group meeting Quality Accounts – Community Trust | Jo Chambers Maggie Bayley | |

| MEETING DATE | AGENDA ITEM | LEAD MEMBER/ OFFICER | ADDITIONAL ATTENDEES |
|--|-------------|-------------------------|-------------------------|
| | | | |
| Forward items | | | |
| New suggestion – Unscheduled Care Strategy | | | |
| Alcohol Strategy | | | |
| PCT clusters and local arrangements – joint with ASC Scrutiny Committee | | | |
| Mental Health Services – monitoring update | | | |
| Community Trust – follow-up to JHOSC meeting to pick up issues for T&W | | | |
| Discharge of patients – report on Senior Citizen’s Forum/LINK survey to identify issues for further work | | | |
| Chiropody services – request update from PCT | | | |
| Quality Accounts – SaTH | | | |
| Autism Strategy – implementation update (March 2013) | | | |