

TITLE	Public Health Transition – Progress Report
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 25 September 2012
WARD	None Specific

PUBLIC HEALTH TRANSITION – Progress Report

Introduction

The Public Health function will transfer from PCTs to local authorities in April 2013. The transfer programme is overseen by the Berkshire Transition Programme Board. A Programme Board is chaired by the Chief Executive from Bracknell Forest Council with Director level representation from each of the six Berkshire councils, PCT Chief Executive, Directors of Public Health and each of the CCG federations. The Transition Programme Board in turn reports to the Berkshire LAs CEO and Leaders Groups.

Transition Programme

The Transition Programme Board has established a number of workstreams to deliver the transfer. These workstreams cover

- Governance and structure of public health
- Finance and contracting
- Information Management and Technology
- Human Resource and staff development
- Communications

Progress Summary

Governance and Structure

- The Unitary Authorities expressed a majority preference for a Berkshire wide public health function, with dedicated public health staff within each authority. The model which has been developed is for a single Strategic Director of Public Health supported by a central team which is primarily responsible for Berkshire wide information and analytic services and for health protection.
- A team of public health staff will be employed by each UA and will be responsible for delivering the public health function in the local authority.
- Local Authorities will collaborate in ensuring a comprehensive public health function is delivered within and across authorities. The model builds from a strong local base while promoting cross authority partnership. The model is aligned to the CCG federation and so will support close working with CCGs.
- Consultation on the proposed model commenced through the PCT at the end of July.
- The first level of appointment to the new service will take place in early September with interviews for the Strategic Director of Public Health. The appointment process for

Consultant level posts who will lead the public health function in each UA are scheduled to take place in early October.

- It is timely for Unitary Authorities and CCGs to begin working together to discuss practical arrangements for the delivery of an effective public health function across health and local government.
- It is anticipated that consultation on how the public health function will be delivered and the roles of the UA based staff will commence in early October.

Public Health Resource Transfer

- The Government is reviewing options for how to allocate Public Health resources to local government. In mid June 2012 the Advisory Committee on Resource Allocation's (ACRA) published interim recommendations on the public health formula. This potentially will change the original allocations published in March 2012 but until the final recommendations are published and the baseline is finalised there is a degree of uncertainty in terms of how the overall resources will be allocated.
- The impact of this is that the baseline that had been worked on for 2011/12 may alter and this now is subject to detailed discussion between the local authorities and PCT officers.

Finance and Contracts

- A Berkshire wide group formed of LA and PCT staff has been undertaking a detailed review of the current services and contracts that form the basis of the Public Health Service. This work had focused on establishing a baseline of the service for the 2011/12 financial year.
- This work has identified that for the majority of the services (excluding the Drugs services), that at the current time it is difficult to break these services down below current West and East Berkshire service areas. Details of how these services could be contracted from April 2013 are being developed with detailed work starting in the UAs which will then be brought together on an East / West and then Berkshire wide basis.
- There is confidence that the resource transfer will be sufficient to meet financial commitments, but recognition that there will need to be a detailed review and recommissioning of many contracts. This will enable gains to be made by aligning local authority and potentially CCG funding commitments with public health sources of funding. However, this will take time to achieve.

Information and IT systems

- The analysis of health needs, priorities and the effectiveness of different interventions is one of the main areas of expertise of public health. This skill and expertise is essential for CCGs and local authorities. Progress on planning the transfer of the information and analytic function from the NHS to local government is beginning to run

behind schedule with risk levels increasing. Despite the programme having been in place for a number of months local authorities have still not been provided with a precise description of what data has to be transferred or what data will continue to be accessible and through what process. The concerns will be reported to the next Transition Board with a recommendation that specific resource with public health information expertise be recruited for short term in order to produce the necessary schedules for the local authorities.

HR and Communication Workstreams

- A programme to familiarise public health staff with the structure and working arrangements of local government has begun. This programme is scheduled to continue for the remainder of the transition year. The next phase of the programme will begin to bring local authority staff alongside the public health staff, and also to begin to link staff from the East and West services. When staff have been assigned to each local authority it will be possible to focus on integration with UA staff and opportunities for collaboration with the local CCG.

Summary

The transfer programme is being actively progressed across Berkshire and within each UA. It is a complex programme which requires a high degree of inter-authority collaboration.

It is challenging for the PCT to resource and service the transfer programme, not least because Public Health is a very small part of the changes being faced by the PCT. This is part of the explanation for some essential information which is required by UAs not yet having been received. Consequently, the level of risk associated with some aspects of the transition programme is being escalated. However, there are mitigating proposals for all of the risk areas which will be considered at the next meeting of the Transition Board, the outcome of which can be verbally reported to the Shadow Health and Wellbeing Board.