



Public health transition planning support for primary care trusts and local authorities

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Contents

1. Introduction	4
Purpose	4
Background	4
The NHS Operating Framework 2012/13	5
2. Assurance and approvals.....	7
Role of primary care trust clusters	7
Role of local authorities	7
Role of the Director of Public Health.....	7
Role of the SHA cluster	8
Role of the NHS Commissioning Board.....	8
Role of the Department of Health	8
Role of Public Health England	9
3. Key elements of the transition plan	10
Contact details of four SHA cluster public health transition leads.....	11
Appendix: Local public health transition plan checklist for local use	12

1. Introduction

Purpose

- 1.1 This transition guide has been co-produced with the NHS and local government and aims to support:
 - primary care trusts (PCTs) and local authorities as they develop transition plans for the transformation of the local public health system, including how transfer of accountability from the NHS to local government will be enacted during the transition year
 - strategic health authority (SHA) clusters in their role to assure and approve the PCT transition plans for the future local public health system
 - the NHS Commissioning Board in its preparation for assuming its public health responsibilities.
- 1.2 On 19 December 2011 the NHS deputy chief executive David Flory sent the 2012/13 NHS planning guidance to the SHA cluster chief executives. That guidance set out the totality of the plans to be submitted to the Department of Health by SHA clusters for sign-off. This document supports that guidance in that it sets out how local authorities and PCT clusters can work together to ensure that public health can contribute to those plans and play a full role in the transition of functions.
- 1.3 PCTs and local authorities will lead the local changes together in partnership with staff and trade unions, and in doing so will be able to ensure a smooth transition. The guide will support local due diligence arrangements for both “sender” and “receiver” organisations.

Background

- 1.4 *Healthy Lives Healthy People: our strategy for public health in England*, set out the government’s vision for a new, integrated and professional public health system, designed to be more effective and to give clear accountability for the improvement and protection of the public’s health. The new system will embody localism, with new responsibilities and resources for local government to improve the health and wellbeing of their population, within a broad policy framework set by the Government. Local authorities will use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives.
- 1.5 For 2012/13, as part of their overall integrated plan, each PCT cluster must have a set of comprehensive plans, for each local authority/PCT area, that support a robust transition to the new public health system. PCT clusters will be expected to work ever closer with

local authorities in delivering the transition plan. To that end, during the transition year 2012/13, local government will take on an increasingly active and leading role in ensuring a robust transition. Although the PCT cluster will be accountable for initiating planning for transition, the plans will need joint development and agreement with the respective local authorities and, for those elements that affect future NHS commissioning arrangements, should involve emerging Clinical Commissioning Groups. Emerging Clinical Commissioning Groups will need to be involved, in particular, in agreeing local arrangements with local authorities for the “core offer” of public health advice.

- 1.6 Health and Wellbeing Boards are at the heart of the new local health and wellbeing system. They will provide strategic leadership, strengthen the influence of local authorities and elected representatives in shaping healthcare commissioning, and will support partnership working and integrated commissioning across the NHS, public health and social care.
- 1.7 Plans should reflect the outcomes of the local Joint Strategic Needs Assessment and PCT clusters need to ensure that the public health transition elements of their plan are supported by local authorities, again to ensure that those organisations have a good understanding of the basis on which they will take on responsibilities from 2013/14.
- 1.8 In developing the public health transition plan for each local area, the recently published *Public Health Human Resources (HR) Concordat*, provides the principles for managing the HR processes to ensure fair treatment of staff involved in the transition to the new system through active consultation and engagement of staff and trade unions. This was followed by frequently asked questions on the Concordat, published in December 2011, and local government HR transition guidance and sender guidance that are due to be published in early 2012, which will further support local areas. PCTs are already undergoing a process of identifying existing staff and functions, affected by the public health reforms, through the people and functions mapping exercise.
- 1.9 The publication of 2012/13 PCT financial allocations and shadow allocation for each local authority will indicate the level of resources available locally to support the transition to the new system.

The NHS Operating Framework 2012/13

- 1.10 PCTs with local government have a shared role in co-producing the new local public health system beginning with PCT cluster planning processes, with local government increasingly leading transition.
- 1.11 By the end of March 2012, all PCT clusters should have an integrated plan, including public health transition, which should be assured by SHA clusters, through a process

overseen by the Department of Health. The public health transition plan should be agreed with local authorities.

1.12 There will be two stages of submissions by SHA clusters, with the first set of submissions in draft format on 27 January 2012 and the second in final format on 5 April 2012. PCT clusters should produce early draft and final integrated plans, including public health, in line with this timetable.

1.13 Many local areas will want to agree arrangements for local authorities to manage public health functions during the transition year. Arrangements to enable such changes are currently being considered at a national level. SHA clusters with PCT clusters should support all local areas that wish to make early progress with transformation and mitigate risk during transition. PCT clusters will retain statutory responsibilities for their existing functions until formal abolition on 31 March 2013.

1.14 The NHS planning guidance for 2012/13 set out the following milestones that PCT clusters will be need to achieve, working with local authorities:

- agree a local transition plan for public health as part of the overall integrated plan, taking account of the checklist, by March 2012
- develop a communication and engagement plan, first draft produced by March 2012
- agree an approach to the development and delivery of the local public health vision by June 2012
- agree arrangements on public health information requirements and information governance by September 2012
- test arrangements for the delivery of specific public health services, in particular screening and immunisation by October 2012
- test arrangements for the role of public health in emergency planning, in particular the role of the Director of Public Health and local authority based public health by October 2012
- ensure an early draft of legacy and handover documents is produced by October 2012
- ensure final legacy and handover documents are produced by January 2013
- agree arrangements for local authorities to take on public health functions – date for local determination.

2. Assurance and approvals

Role of primary care trust clusters

2.1 The corporate PCT cluster board is responsible for ensuring that the public health transition plans:

- 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 Groups and the shadow Health and Wellbeing board
- are robust and 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 transition year of 2012/13
- have been developed with staff involvement, support and development
- are explicit about resources available for delivery in 2012/13 as well as for supporting the transition.

Role of local authorities

2.2 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 plans as evidence of their agreement to the plan.

Role of the Director of Public Health

2.3 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

Public health transition planning support for primary care trusts and local authorities

- 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 mitigation actions are in place
- prepare a legacy handover process during 2012/13.

Role of the SHA cluster

2.4 The SHA clusters will need to be able to assure themselves that the necessary processes, inputs and outputs have been considered and developed for the transition year of 2012/13 and specifically that there is clarity on the following broad aspects of transition governance:

- evidence that the public health transition plan has been developed jointly and agreed with the relevant local authority
- evidence that staff and trade unions have been engaged in accordance with the HR Concordat guidance
- evidence that due regard has been paid to the Public Sector Equality Duty throughout transition
- delivery through transition, including delivery of statutory responsibilities and those relating to the requirements of the Operating Framework for 2012/13
- transactional processes in place for safe transfer when legislation comes into effect, ie 1 April 2013, such as HR support to staff, people transition processes, novation of contracts
- continued clarity about governance and accountability during the shadow year
- emerging vision for transformation during and beyond the transition year.

Role of the NHS Commissioning Board

2.5 The NHS Commissioning Board needs to ensure that for the public health services it will be responsible for commissioning from April 2013, there is clarity about the governance and accountabilities for these services during the transition year and beyond. The NHS Commissioning Board will need to participate fully in the legacy handover process.

Role of the Department of Health

2.6 The Department of Health with local government has agreed a joint approach at national level to sharing the risks of transition to the new system. The intention is to provide at national, regional and local levels, a joint approach to planning delivery and assurance. The Department of Health will hold the NHS to account for robust planning and delivery against NHS Operating Framework milestones, with the full recognition that strong leadership from local government will be necessary to ensure a smooth transition, as part

Public health transition planning support for primary care trusts and local authorities

of the shared ambition to create the new local public health system. This will require strong partnership working at local level to support the transition process.

Role of Public Health England

- 2.7 Public Health England will be operating in shadow form in the latter part of the transition year of 2012/13 and will subsequently have a role in shaping the new public health system in conjunction with local partners.

3. Key elements of the transition plan

- 3.1 There are a number of critical tasks for PCT clusters and local authorities to ensure a robust transition during the shadow year 2012/13. These include:
- contributing to the development of the vision and strategy for the new public health role in local authorities
 - developing robust transition plans for functions systems and services
 - preparing local systems for new commissioning and contracting
 - ensuring robust governance arrangements are in place during the transition year
 - ensuring delivery of the public health delivery plan for 2012/13
 - ensuring new clinical governance systems are in place for all relevant services to be commissioned by the local authority
 - preparing for and undertaking formal transfer of staff, including appropriate mechanisms for consulting with staff and trade unions
 - testing the new arrangements for specific public health functions, including emergency planning, resilience and response
 - effective communications and engagement to give confidence to the public, providers and other stakeholders.
- 3.2 The checklist in Annex 1 is for use by local areas as the basis to develop their plans and undertake a local risk assessment for the transitional year. The checklist should support the identification of areas that merit specific attention locally. Of necessity, the checklist is transactional and this is deliberate in order to support local systems in focusing on the details of transition.
- 3.3 Local transition plans could however use the opportunity to articulate the vision for public health transformation through the opportunities afforded by the transition. These could, for example, be a description of two or three local public health challenges for focus, with locally determined milestones expected to be achieved over a longer time period through transformation of the local public health system.
- 3.4 While the transition planning guidance described above will support the transactional requirements of the changes, there are plans to develop a preparation toolkit that will focus on the transformational opportunities of the new system. The objectives of the toolkit, the production of which will be led by local government, are to produce a resource that would:
- support councils in using the full potential of the public health team to support them in delivering population health
 - give examples of local authorities and public health teams that have already started the transition/transformation to the new system

Public health transition planning support for primary care trusts and local authorities

- demonstrate the role of public health in supporting the range of council services to deliver improvements in health
- support local areas to identify their development needs to deliver transformation.

Contact details of four SHA cluster public health transition leads

SHA cluster	SHA cluster transition lead
NHS London SHA	Robert Creighton London Public Health Transition Director robert.creighton@london.nhs.uk NHS London Southside 105 Victoria Street London SW1E 6QT 020 7932 3700 ext 4199
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Appendix: Local public health transition plan checklist for local use

(as set out in the NHS planning guidance 2012/13)

<p>Ensuring a robust transfer of systems and services</p>	<p>Is there an understood and agreed (PCT/local authority) set of arrangements as to how the local public health system will operate during 2012/13 in readiness for the statutory transfer in 2013?</p> <p>Is there a clear local plan that sets out the main elements of transfer including functions, staff TUPE and commissioning contracts for 2013/14 and beyond?</p> <p>Are there locally agreed transition milestones for the transition year, 2012/13?</p> <p>Is there a clear local plan for developing the Joint Strategic Needs Assessment in order to support the Health and Wellbeing Board strategy?</p> <p>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?</p> <p>Is there a clearly developed plan for ensuring a smooth transfer of those public health functions and commissioning arrangements migrating to the NHS Commissioning Board and Public Health England?</p> <p>Is there local agreement on the delivery of a core offer providing local authority based public health advice to Clinical Commissioning Groups?</p>
<p>Meeting public health delivery plan and targets during transition year</p>	<p>Is it clear how mandated services and steps are to be delivered during 2012/13 and during 2013/14 as part of the new local public health services, ensuring:</p> <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?

	<p>Is there clarity around the delivery of critical public health services/programmes locally, specifically, screening programmes; immunisation programmes, drugs and alcohol services, and infection prevention and control?</p>
<p>Workforce</p>	<p>Have the workforce elements of the plan been developed in accordance with the principles encapsulated within the <i>Public Health Human Resources Concordat</i>?</p>
<p>Governance</p>	<p>Does the PCT with local authority 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?</p> <p>Are there robust arrangements in place for key public health functions during transition and have they been tested, eg new emergency planning response to include:</p> <ul style="list-style-type: none"> • Accountability and governance? • Details of how the Director of Public Health, on behalf of the local authority, assures themselves about the arrangements in place? • Lead Director of Public Health arrangements for emergency preparedness, resilience and response, and how it works across the Local Resilience Forum area? <p>Are there robust plans for clinical governance arrangements during transition including for example arrangements for the reporting of serious untoward incidents/incident reporting and Patient Group Directions?</p> <p>Has the PCT with the local authority agreed a risk sharing based approach to transition?</p> <p>Is there an agreed approach to sector-led improvement?</p> <p>Is the local authority engaged with the planning and supportive of the PCT approach to public health transition?</p>

<p>Enabling infrastructure</p>	<p>Has the PCT with the local authority identified sufficient capability and capacity to ensure delivery of their plan?</p> <p>Has the PCT with the local authority identified and resolved significant financial issues?</p> <p>Has the PCT with the local authority agreed novation/other arrangements for the handover of all agreed public health contracts?</p> <p>Are all clinical and non-clinical risk and indemnity issues identified for contracts?</p> <p>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?</p> <p>Have all issues in relation to facilities, estates and asset registers been resolved?</p> <p>Is there a plan in place for the development of a legacy handover document during 2012/13?</p>
<p>Communication and engagement</p>	<p>Is there a robust communications plan? Does it consider relationships with the Health and Wellbeing Board, Clinical Commissioning Groups and the NHS Commissioning Board, HealthWatch and local professional networks?</p> <p>Is there a robust engagement plan involving stakeholders, patients, the public, providers of public health services, contractors and Public Health England?</p>