

16 April 2013**Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH TRANSITION****Purpose of the Report**

1. This report provides information on the transfer of the Public Health Department and associated functions from NHS Nottinghamshire County and NHS Bassetlaw to Nottinghamshire County Council. It describes progress made to date, risks and planned actions to resolve issues for the 1 April 2013 transfer.

Information and Advice**Context**

2. The Health & Social Care Act 2012 will come into force on 1 April 2013. The Act gives all upper tier Local Authorities the statutory responsibility for promoting health improvement in the local population. This responsibility is underpinned by the creation of Health & Wellbeing Boards and the transfer of Public Health staff and functions from the NHS into upper tier Local Authorities.

Transition Plan

3. A detailed transition plan has managed the transition process since November 2011 and describes the actions being taken to make sure the Public Health transfer runs smoothly and to time. The plan covers four main elements:
 - **Maintaining the day-to-day Public Health Function during Transition** – a Public Health Business Plan and regular reporting has kept an overview of progress on a daily basis during transition.
 - **Delivering the Health & Wellbeing Public Health Function from April 2013** – The Nottinghamshire shadow Health & Wellbeing Board has been meeting since May 2011. Significant progress has been made to prepare the Board for its statutory function from 1 April 2013.
 - **Transfer and maintenance of an effective Public Health Workforce** – a joint management and trade union working group is in place to manage the transfer of staff.
 - **Transferring the Public Health function and infrastructure to support delivery** – a series of work streams is in place to manage the transfer of services, contracts and supporting structures connected to the Public Health function.
4. A dedicated Project Board has been established within the Council to manage the transition to give in depth support to areas of transition that require detailed action. The project is

sponsored through David Pearson and Chris Kenny and led by Cathy Quinn, Associate Director of Public Health.

5. **Appendix One** provides detail on the transition, giving the latest position (including performance against local and national milestones), along with outstanding risks and mitigating actions.

Legacy Report

6. The transition planning process has also been used to collate all legacy information relating to Public Health. This has then been compiled into a legacy report to describe historic agreements, services and contacts that could be lost during the transfer.
7. The report was endorsed within the Council by the Corporate Leadership Team and new Public Health Subcommittee during February.

Statutory and Policy Implications

8. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) The Public Health Sub-Committee are asked to note the current position on the Public Health transition to Nottinghamshire County Council, along with the progress made and outstanding actions.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:
Cathy Quinn, Associate Director of Public Health.

Constitutional Comments (NAB 28.03.13)

9. Public Health Sub-Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (ZM 28.03.13)

10. There are no financial implications arising directly from this report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Public Health Transition Plan March 2012.

Public Health Business Plan 2012-13 revised July 2012.

Electoral Division(s) and Member(s) Affected

All

Appendix One: Public Health Transition Report

Contact :	Cathy Quinn, Associate Director of Public Health
Status Report as at 4 April 2013	<p>A dedicated Project Board has been established to manage the remaining months of transition to give in depth support to areas of transition that require detailed action. The project is sponsored through David Pearson and Chris Kenny and led by Cathy Quinn, Associate Director of Public Health.</p> <p>A revised detailed project plan is in place to monitor progress.</p> <p>Current issues include:</p> <ul style="list-style-type: none"> • IT project plan: The PH switch to NCC systems commenced on 23rd March 2013, with the migration of email accounts. Although the migration is almost complete the process was very protracted and there are still some outstanding issues as of Friday 4th April. Outstanding issues include resolution of incorrect email accounts (which has meant that some staff have not had access to emails for 2 weeks), access to shared files by some staff, resolution of undeliverable emails to some accounts, access to new laptops for some staff and security issues related to emails and folders. • N3 connection is in place, but access to required applications for the Intelligence and infection control teams is still pending. A contingency is in place but testing of a long term solution for access is outstanding. Lessons from the current transfer will be considered in the planning of this next stage of transfer. • Information Governance: There are ongoing concerns over the national solution to allow a legal basis to share NHS information with Public Health. NB: A short-term contingency arrangement is in place for April, but national action is critical to find a long term solution across health and public health. • Review of miscellaneous support functions for Public Health: The Associate Director of PH has met with each Department to clarify support requirements for PH. Actions have been agreed to ensure arrangements are in place for April 13. • Staff Transfer: The legal transfer of staff took place on 1 April 2013 following the approval of the transfer scheme. There have been delays in access to HR information to allow the payroll system to be built in time for staff transfer. PH, PCT and NCC Staff have worked together to identify missing data and check information for accuracy in time for the April payroll deadline on 9th April. • Staff Consultation: Trade Unions have been consulted on local changes to terms and conditions and

agreement was reached on final measures on 25th March. To date, staff have not received formal notification of any changes to local terms, but local staff consultation and briefings have ensured staff are informed. NB: most terms and conditions are being agreed nationally.

- **BMS:** Work has taken place to build the PH HR and finance/procurement aspects of the BMS system. The Finance coding structure and organisational structures are now in place, but there are still some outstanding issues around vendor details, the purchase order process, and staff training.
- **Contract management** – a contract team has been established within PH to ensure a safe transfer of contracts and effective on-going management. A quality and governance procedure has been developed to ensure that clinical governance issues are managed within the council and linked back to the NHS as appropriate.
- **Public Health core offer** – a memorandum of understanding has been developed to describe the core offer for public health advice to the NHS. This has been through each CCG and is being presented at the April Public health Subcommittee.

Following the confirmation of the PH Grant, an outline plan has been agreed by the PH Subcommittee. A further plan for investment in areas of development is currently being consulted through the Health & Wellbeing Board and will be presented for approval to the PH Subcommittee in April.

The PH legacy document has been completed and has been endorsed by the PH Subcommittee. The PCT Board will formally approve the document at its Board meeting in March.

Risk register and progress against Milestones are described below. Mitigating actions are managing the risk at present.

Key Milestones between 1.11.12 and 31.03.13

Updated March 2013

No.	Milestone	Date for completion	Current RAG rating	Your Confidence level in achieving the milestones ((High, Medium, Low)
1	Workable information governance arrangements agreed and in place that will	Date	Amber	Medium

	ensure public health teams will have access to the information they need to carry out their duties from April 1 2013	dependent on national solution		
2.	Arrangements tested for delivery of public health services including screening and immunisation	31 Oct 12	Green	Completed
3.	Arrangements for role of PH in emergency planning tested	31 Jan 13	Green	Completed
4.	Legacy and handover document produced	31 Jan 13	Green	Completed
5.	Transfer of employment from NHS to CC complete	31 Mar 2013	Green	Completed
6.	Full integration of PH into NCC IT support systems	Amended to end April 13	Amber	High
7.	Contracts stabilised and listed for second return	12 Dec 12	Green	Completed
8.	Contracts transfer agreed for third return	16 Jan 13	Green	Completed
9.	Contracts transfer completed	Amended to end April 13	Amber	High
10.	HWB ready to take on role	31 Mar 2013	Green	Completed

Risk Register			Updated March 2013			
Risk	Impact	Likelihood	Consequence	Level	Remedial Action undertaken or planned	Residual risk
Information Governance solution not available in time for PH transfer	Inability to access data will prevent PH undertaking core role.	3	3	High	National work ongoing to agree legal basis to share data. Local actions identified to remove all access to patient identifiable data, but longer term solution is critical for	MOD

					the work of PH.	
IT transfer of data and equipment not completed in time for staff transfer	Inability to access data will prevent PH undertaking core role.	2	3	Mod	IT transfer in progress. Problems being resolved slowly but work is being affected	MOD
N3 connection not available in time for PH transfer	Inability to access data will prevent PH undertaking core role.	1	3	Low	Connection in place & upgrade authorised. Contingency arrangements to maintain access via health network.	LOW
Functions unable to transfer in line for PH transfer due to lack of established structures in receiver organisations e.g. Imm and Vaccs, screening	Possible disruption to services	1	3	Low	Transition planning in place which includes contingency arrangements to ensure functions maintained in either sender or receiver organisation.	LOW
Supporting structure not in place in time for PH transfer	Lack of specialist support such as IT, HR and communications	1	3	Low	Basic Support structures agreed, but there is an on-going need to consider more detailed needs after April	LOW
Contracting arrangements for all areas of PH delivery are not agreed and novated, decommissioned/recommissioned/SLA etc achieved for April 2013	Disruption in services	2	3	Mod	All contracts identified, and new contracts drawn up. Work ongoing to chase vendor details to establish payment systems for April onwards.	MOD
BMS system not complete to allow timely payment of vendors and PH staff management	Payments delayed and system unable to accommodate PH requirements	1	3	Low	Outstanding actions identified and plans in place to address gaps	LOW
Clinical Quality arrangements not in place in Council to cover	Inability to identify and take action in the event of a clinical	1	3	Low	PH developing quality and performance framework to	LOW

commissioning of PH services	governance concern				include clinical governance and establishing mechanism to action clinical governance concerns	
All arrangements for transfer of staff is not complete on time i.e. payroll information is not transferred in a timely way	Staff employment and pay delayed	2	3	Mod	Some outstanding issues around staff payment systems, but work identified to resolve issue before April pay date.	LOW
Current PH staff may apply for vacant posts within PHE/NCB	Loss of staff knowledge may disrupt delivery of PH function	1	3	Low	Maintain oversight of situation and arrange contingency cover within Dept as required	LOW
Property Risk identified connected to delivery of current PH functions	Council will need to agree to take on risk of empty property if PH function (that are currently operating out of PCT-owned premises) is decommissioned in future.	1	3	Low	Risk escalated and information confirmed to quantify risk. PH grant will cover any financial risk	LOW

LIKELIHOOD	1 Insignificant	2 Minor	3 Moderate	4 Major
1 – Very unlikely	1 LOW	2 LOW	3 LOW	4 MODERATE
2 – Unlikely	2 LOW	4 MODERATE	6 MODERATE	8 HIGH
3 – Possible	3 LOW	6 MODERATE	9 HIGH	12 Very high
4 – Likely	4 MODERATE	8 HIGH	12 Very high	16 EXTREME

National milestones

Milestone	Date	STATUS
PCT clusters to enable their emerging CCGs to work with their local authority to establish their local HWB in	Mar 2012	Achieved

shadow form by end March 2012 and begin refreshing JSNA		
PCT clusters to enable emerging CCGs to jointly lead their local HWB. Identify high level priorities from JSNA as basis for HWS and begin developing HWS by April 2012	April 2012	Achieved
PCT clusters to:		
• enable their emerging CCGs to use their JSNA and HWS as evidence for the authorisation process by July 2012	July 2012	Achieved
• by September 2012, use agreed HWS as foundation for 2013/14 planning process. Involve partners in HWB in the planning progress. Begin developing JSNA for 2014/15	Sept 2012	Achieved and ongoing work taking place
PCT clusters to begin developing HWS for 2014/15 by December 2012. Continue to work with partners in HWB to develop commissioning plans	Dec 2012	Achieved – Process for review established
PCT clusters to enable emerging CCGs to work with partners in HWB to ensure that commissioning plans fully reflect the local priorities in the HWS by February 2013	Feb 2013	Achieved - Process for engagement established

Milestone	End Date	STATUS
PCT clusters to:	Mar 2012	Achieved
• agree local transition plans for public health as part of integrated plan by March 2012		
• develop a communication plan and engagement plan, first draft produced by March 2012		
PCT clusters to agree approach to the development and delivery of the local public health vision by June 2012	June 2012	Achieved
PCT clusters to agree workable information governance arrangements and have these in place to ensure public health teams will have access to the information they need to carry out their duties from April 1 2013 (Revised definition)	Dec 2012	In Progress – delay in achieving milestone. Contingency in place for N3 connection. Outstanding concerns around national agreement to allow legal basis to share information with PH
PCT clusters to:		
• test arrangements for delivery of specific PH services (esp. screening & immunisation) by October 2012	Oct 2012	Achieved
• test arrangements for the role of PH in emergency planning (esp. role of DPH and LA based PH) by October 2012		Achieved in Jan 2013
• ensure early draft of legacy and handover documents by October 2012		Achieved
PCT clusters to ensure final legacy and handover document produced by January 2013	Jan 2013	Achieved
PCT clusters to agree arrangements for Local Authorities to take on PH functions	Apr 2013	Achieved
Each local area is clear about the new arrangements for specific public health services, in particular immunisation and screening	Mar 2013	Achieved

New milestone		
Handover of immunisation and screening to PHE and NHS using the NCB framework	Mar 2013	Some final issue with capacity in NCB, discussions taking place between DPH and NCB re short-term contingency
New milestone		