

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6
18 JUNE 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care	
Contact Officer(s):	Dr Andy Liggins – Director of Public Health Paul Phillipson – Executive Director of Operations	Tel. (01733) 758520 Tel. (01733) 453455

PUBLIC HEALTH TRANSITION PROGRESS REPORT

RECOMMENDATIONS	
FROM : Andy Liggins/Paul Phillipson	Deadline date : 7th June 2012
For the Board to review and understand the current progress of the Public Health Transition Programme.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Health and Wellbeing Board in order to update Members on progress towards the transition of Public Health from the NHS to the City Council.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report is for the Board to consider under its Terms of Reference No. 3.3 ‘to oversee the transition and delivery of the designated public health functions in Peterborough’.

3. MAIN BODY OF REPORT

Background

- 3.1 Transformational changes in Health and Social Care following the Health and Social Care Act (March 2012) require the transfer of specific Public Health commissioning and delivery responsibilities, and associated resources from the NHS to upper tier local authorities. For Peterborough these responsibilities and functions need to be integrated within the City Council, through the identification of current and future synergies. Nationally there is enthusiasm to not just take a ‘lift, shift and drop’ approach, but to take this opportunity to truly transform the services and how they are delivered by the City Council.
- 3.2 The transition will be overseen by the Board of NHS Cambridgeshire and Peterborough Cluster PCT, Peterborough City Council internal governance processes and the shadow Health and Wellbeing Board. Progress will be reviewed at formal meetings between the PCT Cluster Board and City Council Corporate Management Team. A joint PCT/City Council Public Health Transition Board has been set up to cover all aspects of the transfer including infrastructure, and has input from all relevant teams in both organisations.
- 3.3 An internal officer group, led by the Director of Operations at the City Council is focussing on the development of the role of the Council as a Public Health organisation and development of the preferred model. This group reports into the Transition Board and through this Board to the Corporate Management Team and shadow Health and Wellbeing Board. There are various options being considered and a risk benefit analysis will be

carried out across all possible options to determine the most appropriate and beneficial. All of this will be documented in the Public Health Transition Options paper and will be presented to this forum once complete.

Governance

3.4 The governance for the transition programme will be carried out separately across the service and across the transition programme. Public Health Service governance will continue as per the existing arrangements during this transition year. The transition programme governance has developed its own structure based on 3 levels:

- Level 1: Cluster PCT Board/CMT
- Level 2: Public Health Transition Board
- Level 3: Transition Programme Board

Transition Programme

3.5 Initial arrangements have been made to develop a programme of work that will need to be carried out to ensure the smooth transition of services from the NHS into the City Council. This programme of work will cover all aspects of the Public Health service in conjunction with their relevant counterparts in the Council.

3.6 Each area identified has an associated Council Lead, Public Health Lead, and a Project Manager. There will then, in some instances, be a project team to help with the transition of that function.

3.7 A programme manager has been deployed who will be responsible for pulling all of the project areas together and regularly reporting back to the Public Health Transition Board with updates and any issues/risks that may have been encountered.

Project Areas/Plans

3.8 The transition programme has been broken into individual project areas that will cover all aspects of the Public Health service transition. These areas are:

- Governance/Legal/Procurement
- Finance
- Human Resources
- ICT
- Live Projects
- Information Management/Data Security
- Communications
- Performance Management
- Business Continuity & Risk Management

3.9 The programme manager has met with all of the areas and the associated project manager. Each area now has a project plan indicating the activities required for a successful transition within that particular area. The view is to monitor each area against the activities stated in their project plans.

Delivery Timeline

3.10 The transition has to be completed by April 2013, when it will become the responsibility of the Council to deliver Public Health Services. Within this time period, the view is to arrange for the Public Health team to have some kind of shadow working within the Neighbourhoods service within the Council, and to explore opportunities for joint commissioning across other key areas of the City Council's business, particularly where there is a focus on prevention and early intervention.

3.11 There are various milestones to deliver before the April 2013 deadline, which can be found in the Public Health Transition Programme Plan.

Finance & Resources

3.12 A full analysis of performance, interventions, contracts, budget and expenditure has been completed by officers from PCC and NHSP. This provides necessary detailed due diligence required as part of the transfer of Public Health and is available as a separate document.

3.13 In 2013/2014 the Public Health budget will be formally transferred to Peterborough City Council as a ring-fenced budget to be spent on the provision of public health services.

4. CONSULTATION

4.1 Consultations have yet to commence, with the first one taking place on the 16 June together with Councillor Cereste and Councillor Fitzgerald.

5. ANTICIPATED OUTCOMES

5.1 The anticipated outcome for the transition of Public Health into the Local Authority will be to have a fully transformed and integrated public health function within the Council by 1 April 2013.

6. REASONS FOR RECOMMENDATIONS

6.1 The transition of the Public Health service into the Local Authority is a statutory requirement which will need to be complete for April 2013.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Various options have been considered as to how the transition will take place and what specific elements of the Public Health service will be integrated within the Council. Once fully developed, these options will be presented in this forum.

8. IMPLICATIONS

8.1 There are implications across the whole Council as a result of this transition. The transition programme has developed plans across each of the following areas to ensure the transition is completed as smoothly as possible:

- Governance/Legal/Procurement
- Finance
- Human Resources
- ICT
- Live Projects
- Information Management/Data Security
- Communications
- Performance Management
- Business Continuity & Risk Management

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

- Public Health Transition Plan 2012/13 draft v6

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