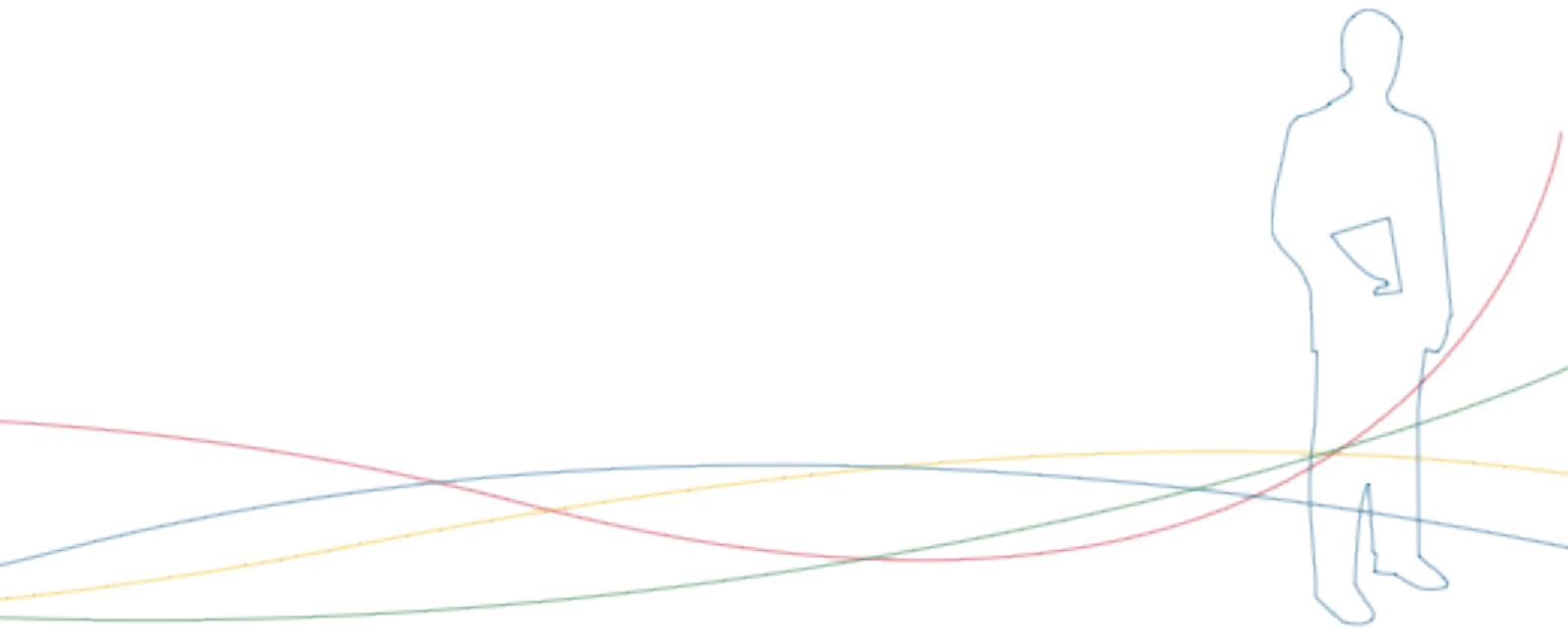
Berkshire
Public Health Transition Plan

presented to:

South Central Strategic Health Authority

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Document Control

Distribution

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Ruth Bagley - OBE	Chief Executive - Slough	Version 1	16th March 2012
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1. Organisational goals

The white paper “Liberating the NHS” and subsequent Coalition & Department of Health (DH) publications require Local Authorities (LA) to assume the responsibility of delivering the Public Health (PH) functions effective from April 1st 2013. This coincides with legislation to transfer of commissioning responsibilities from Primary Care Trust’s (PCT’s) to the General Practitioner (GP) led Clinical Commissioning Groups (CCG’s).

There are a number of proposed changes resulting from the above mentioned legislation including:

- Responsibility for strategic planning and commissioning of NHS services will transfer to the NHS Commissioning Board and locally based CCGs;
- Local Authorities (LA’s) will be given a statutory duty and a ring fenced budget[1] to improve and protect the health and wellbeing of their populations by delivering effective public health initiatives and programmes;
- Strategic Health Authorities (SHA’s) and PCT’s will cease to exist beyond April 2013;
- A number of Commissioning Support Units (CSU’s) will be established by the NHS Commissioning Board to provide the necessary skills and expertise to local CCG’s;

Berkshire Unitary Authorities (UA’s) are intent on delivering the transition of PH from the PCT(s) to councils in a structured and controlled manner whilst ensuring that commissioned PH programmes and initiatives for 2012/13 (the shadow year) are delivered effectively and efficiently.

Berkshire UA’s have put in place two programme managers who will lead the development and delivery of the transition plan - on a Berkshire wide approach as part of a collaboration across the County. The programme management approach will be based on the former Office of Government Commerce’s[2] Managing Successful Programmes (MSP) Framework.

The transition plan will be assured by the SHA, as part of a national process overseen by the Department of Health (DH).

The revised submission date for the detailed iteration of the plan is 16th of March 2012.

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[1] The budget has still to be quantified

[2] **OGC** (former owner of Best Management Practice) functions have moved into the Cabinet Office, part of HM Government -www.cabinetoffice.gov.uk.

2. Context and Background

In 2010 the general election resulted in the forming of a coalition government and the appointment of the Rt Hon Andrew Lansley as Secretary of State for Health (SoSH). Early announcements on the health agenda included an intention to transfer the responsibility for the delivery of Public Programmes and initiatives from the NHS Commissioning bodies into Local Authorities.

Some, not all, PH departments and LA's acted very quickly, immediately transferring staff and support functions into local authority buildings and infrastructure. The ring fenced budgets that have been proclaimed have yet to be finalised and as a result there are still a number of PH Departments that have not yet commenced any physical transition of staff and support functions - or the intelligence that underpins the development of the public health delivery agenda.

Berkshire is one of the areas where the transition/transfer is yet to be delivered and there are a number of complex issues to be worked through as part of the transition - this plan seeks to address some of those issues, and where solutions are not immediately obvious, develop processes and actions that will lead to the resolution of those complex issues.

Berkshire consists of six UA's supported by two NHS PCT's (BerksEast and BerksWest which have clustered to form a single management board. This in itself presents a number of difficulties that are being worked through relating to structure of the PH function within the local authorities across the County. - There is agreement from the Chief Executive's of the six UA's that there will be one Director of Public Health, the structure that sits underneath the single DPH is still to be fully defined.

It is against the backdrop of these unanswered questions that we are trying to develop a detailed and deliverable transition plan for the transfer of PH. As a consequence we have are making certain planning assumptions that may need to change over time as things become clearer.

3. Structure of the Plan

This document is one of a suite of documents that makes up the detailed transition plan for Berkshire comprising of:

This document - describing;

- the audience

- the strategic context for the transition
- governance arrangements for the transition plan
- the approach to planning
- the processes that will be used to deliver specific work streams
- stakeholder management of groups and individuals
- risks and issues
    - transitional risks which could materialise during the transition phase
    - legacy risks and issues that arise as a consequence of the transfer of the public health function to the LA
- transition arrangements and programme management
- budgetary assumptions[3]
- commissioning intentions, headlines describing the priority projects and work streams for 2012/13
- high level delivery plan for 2012/13
- commissioning intentions for 2013/14
- delivery plan for 2013/14
- key transition dates

A detailed Schedule of Events (SoE)

Describes the milestones, activities, resources required to deliver them, the effort and duration required to deliver them and the interdependencies;

Programme communications strategy;

Detailing what we will communicate, to whom, how we will communicate and how frequently

Stakeholder map and profiles;

Describes who the key stakeholders are, their area of influence and their level of interest. It also describes how we plan to communicate with them.

Programme documentation including;

- Risk, Issues, Opportunities and Actions log;

[3] This may be high level assumptions if the detail is not available at the time of publication

- Programme Terms of Reference (ToR's) ;
- Project briefs and Project Initiation Documents (PIDS);
- Reporting templates for - Highlight reports, Exception reports, Change control and Risk assessment, Business case (where applicable);
- Programme document register.

Cash flow forecast . (not included as part of this submission)

Our approach will be to deliver the transition collaboratively and efficiently whilst supporting and maintaining momentum around the delivery of 2012/13 Public Health priorities.

4. Purpose of this document

This document, which is focused on a Berkshire wide approach (consisting of the six Unitary Authorities (UA's) and NHS Berkshire), describes the specific processes and framework that will be used to deliver the transfer of the PH function from the NHS into the LA's. The document itself forms part of the wider suite of documents that make up the full transition plan.

As well as the seven key themes that were identified in the original submission in January 2012 this document sets out the programme management arrangements and additional subject matter that arises from new recently issued guidance for transition planning. The plan will be used to manage and assure delivery of the transition upto the 31st of March 2013. The programme will formally close shortly after that with activities and responsibility pass to "Business as Usual" functions.

5. The audience.

The audience that this programme will reach and interact with is diverse and spans a number of partner organisations as well as the general population of Berkshire, including but not limited to:

- Directors, Managers and other staff members of Berkshire UA's;
- Elected members of Berkshire;
- The Berkshire Clinical Commissioning Groups (BCCG's);
- NHS Berkshire East (NHSBE) Commissioners;
- NHS Berkshire West (NHSBW) Commissioners;
- Public Health Staff at NHSBE & W;

- The residents of Berkshire;
- Slough Borough Council;
- Royal Borough of Windsor and Maidenhead;
- Reading Borough Council;
- Bracknell-Forest Borough Council;
- West Berkshire Borough Council;
- Wokingham Borough Council;
- Reading Borough Council;
- Public Health England Transition Team (PHETT) at NHS South Central Strategic Health Authority;
- PHETT at DH;
- Shadow Health & Wellbeing Boards (SHWB)
- LINK's and Shadow Healthwatch structures;
- Providers of Acute Services;
- Providers of Mental Health Services;
- Providers of Community Care;
- DAAT Teams
- GP's;

6. Governance arrangements for the transition plan

The six Unitary Councils in Berkshire operate Executive and Scrutiny forms of governance, in accordance with the Local Government Act 2000. Although there is one model of governance in place the way in which these governance arrangements operate will vary from one Local Council to another.

The transition of Public Health into Local Councils will require a number of "Key Decisions" to be made at meetings of the Executive. In addition, each Council's constitution and, in particular, the way in which decision making can be delegated and Management Structures will need to be changed to reflect the new responsibilities that Local Councils will have for Public Heath. There may also be a need to review Financial and Contract Rules of Procedure. These constitutional changes can only be authorised by a meeting of the Full Council.

The involvement of Scrutiny will vary in each Local Council, some wishing to review the transition of Public Health before decisions are made by the Executive and some deciding to review these decisions after meetings of the Executive.

The lead in times for Executive and Full Council meetings can be extensive and complex and a list of “Key decisions” will be identified by the Berkshire Public Health Transition Group to enable each Local Council to synchronise, where possible, their decision making. In addition to the Council’s decision making structures, there will also be a significant decision making role for Health and Well Being Boards and these meetings will need to be programmed to synchronise with Council decision making timetables.

NHS Berkshire responsibilities

The PCT is responsible for oversight and assurance of the quality and timely delivery of the information and activities within the sender organisation that are required to achieve a successful and timely transition of the Public Health functions that are transferring over to LA’s.

The PCT is also responsible for providing appropriate support and resourcing to support the transition programme.

7. The approach to transition planning.

Whilst we are describing this as plan it is in reality a programme of work containing a number of distinct projects and initiatives that are required to deliver the successful transfer of the PH functions and responsibilities from NHS control to LA control and accountability.

Berkshire UA’s have identified seven key themes around which we have planned the activities and engagement that will be required to deliver the transfer of public health from the PCT into the LA. These themes are:

- Identification of the PH responsibilities of the LA;
- Identification and understanding of the PH functions and commitments that are transferring from the NHS to LA’s;
- Identification and understanding of the core skills required to deliver the PH function;
- Governance and management structure options for PH within the LA(s);
- Ensuring the role of the DPH is appropriately defined and a process for assimilation into the LA(s);
- The smooth transition of Public Health staff and resources is carefully planned and managed;

- Information Management &Technology (IM&T) - ensuring the safe and secure transfer of data, information and systems, processes and technologies.

A programme board has been established, Fig 1 below describes the structure of the programme board, that brings together and co ordinates the specific working groups, key stakeholders and stakeholder groups that are required to deliver the plan itself.

The programme board is the overarching authority across the Berkshire UA's for the delivery and approvals sign off of the transition plan(s) to the South Central Strategic Health Authority.

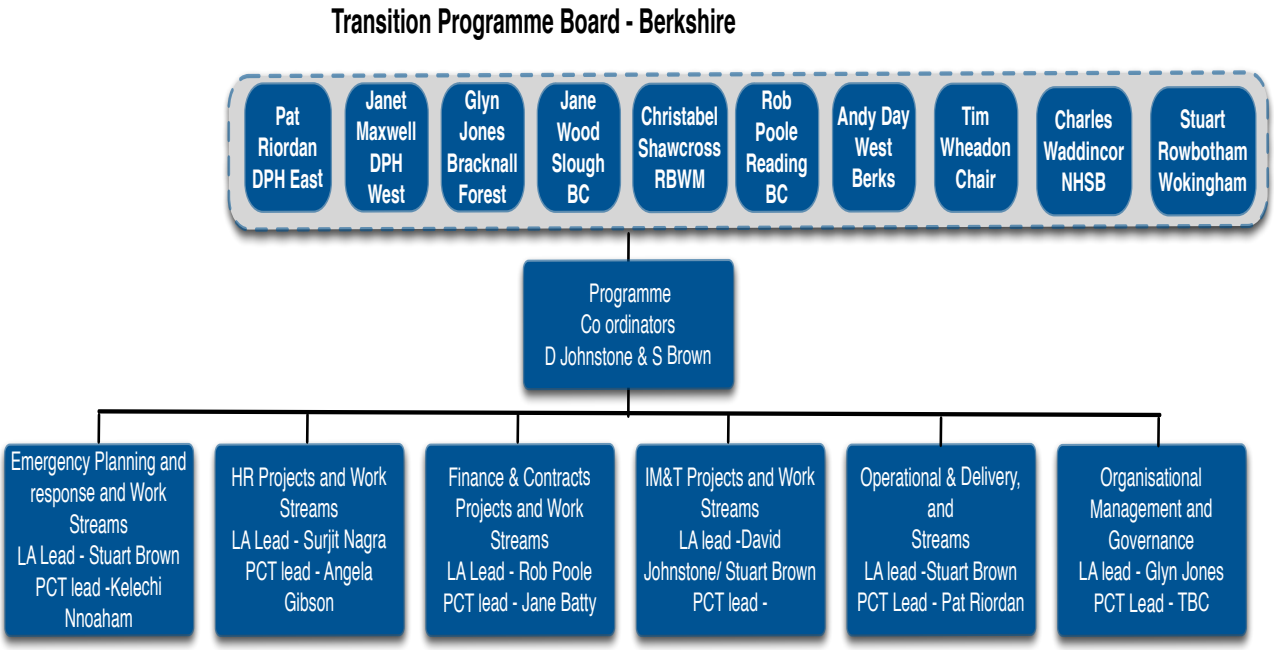

Fig 1 - Programme Board Structure

As well at the programme board each of the key areas has a working group that will support and drive the delivery of the activities that will be required to ensure that the desired outcomes are realised in a timely and effective manner.

8. Risks and Issues

Risks and issues will be present during the transition and after the transition, it will be important to record, track and manage the risks in the most appropriate manner so that we minimise the exposure and reputation of the respective organisations.

Each work stream group will be responsible for identification and recording of risks that are specific to their work streams. Once a risk or issue has been identified and recorded in the risks and issues log it is the responsibility of the Work Stream lead to apply the most appropriate method of risk assessment to determine the likelihood of the risk occurring and the potential impact if it does occur. This could be as simple as a discussion with the

project area affected or it could be appropriate to convene a risk workshop facilitated by the programme manager. The objective of the assessment is determine what the appropriate risk response should be, i.e. Transfer, Tolerate, Terminate, Treat, etc and what the appropriate risk mitigation action should be. Mitigation actions should be undertaken based on the Berkshire's UA's and the PCT's risk appetite as defined by Standing Financial Instructions and other relevant governance.

Once the assessment has been completed the risks will be re-rated if necessary and the risk log updated. Risks will be reviewed on a regular basis (at least monthly) to determine if likelihood or impact has changed. The following diagram (fig 2)describes the level of detail that should be entered in the risk and issues log

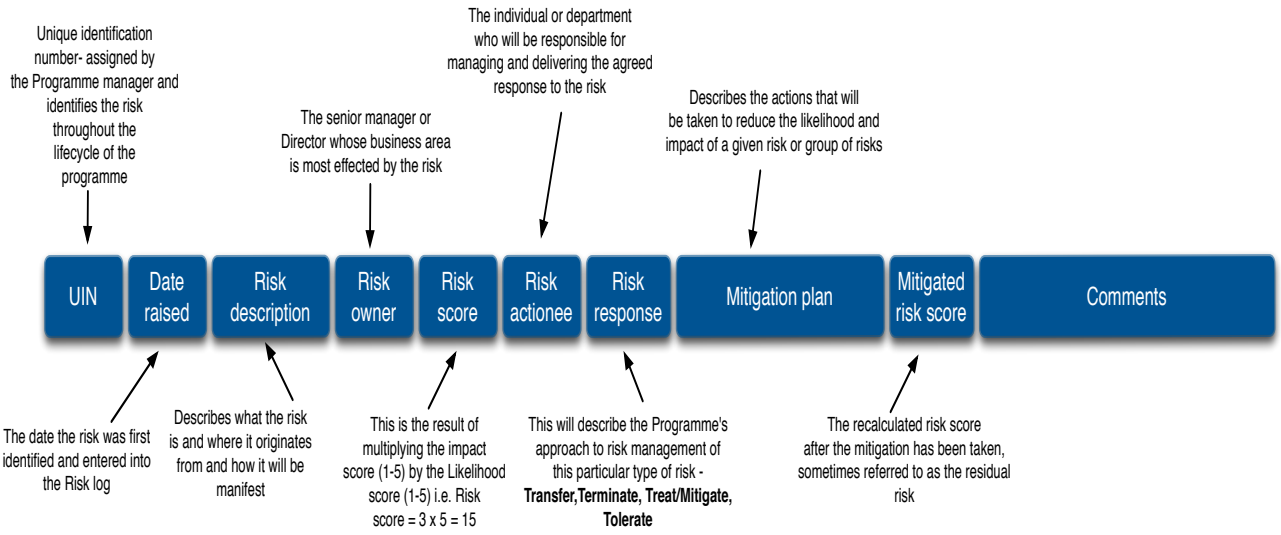

Fig 2 - Risk log entry

9. Key Stakeholder Groups and Individuals.

The complexity of the PH transition indicates that the number and diversity of the key stakeholders and their interests and influences will be equally as complex as the programme itself. This means that the programme needs to have an effective methodology for stakeholder management and communication supported by an agreed Communications Strategy[4].

Each stakeholder or stakeholder group will be profiled to map their interest and influence level(s) in the programme. The results of the profiling will be captured in a stakeholder matrix that records their :

- name;
- organisation & department;

[4] The communications strategy is the subject of a separate document which forms part of the suite of documents that is the Public Health Transition plan

- title;
- email address;
- contact telephone number(s);
- interest level in the programme on a scale of 1 for low level of interest to 4 for a high level of interest in the programme and it's anticipated outcomes;
- level of influence that they are likely to have on the programme on a scale of 1 for low level of influence and 4 for a high level of influence - the matrix should will also record whether the particular stakeholder or stakeholder group's influence is likely to be positive or challenging.
- once each individual or group has been profiled a stakeholder communications plan will be developed that takes account of the individual or groups level of interest and influence on the programme.

The stakeholder matrix and the stakeholder engagement plan will be reviewed on a regular basis, at least quarterly given the length of the transition itself. This will ensure that changes and movements of personnel are captured and that communications are being delivered efficiently and to the right person or group.

Regular reviews will also ensure that if a change to the communications channels and the frequency of communication needs to change as the programme develops it will be captured in a timely fashion

The following graphic (Fig X) illustrates visual representation that will be used for stakeholder mapping:

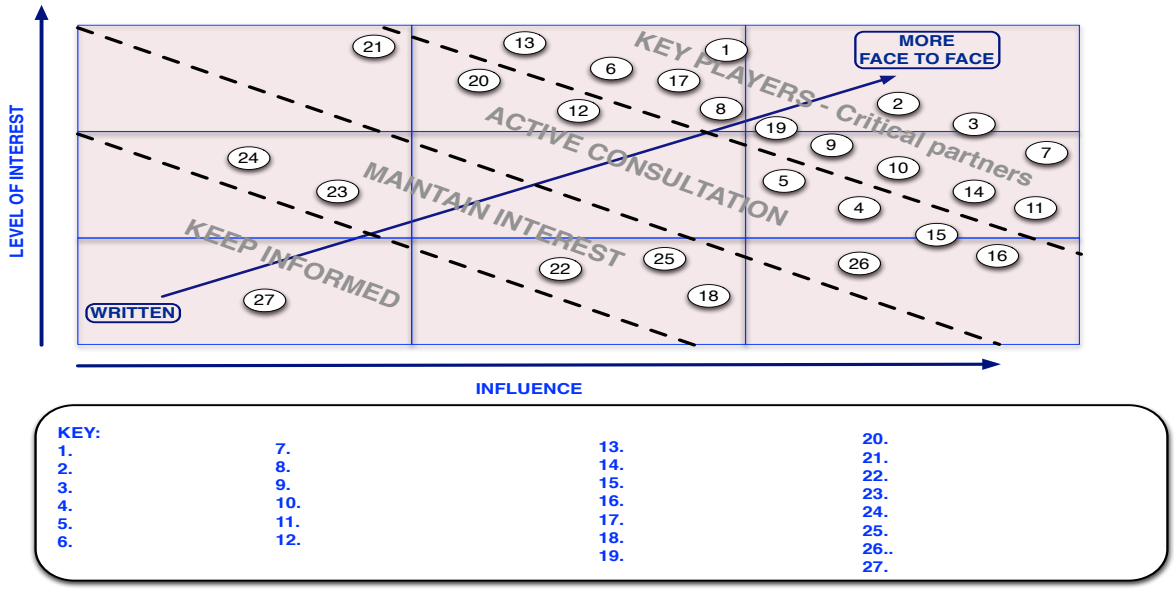

Fig 3 - Stakeholder mapping template

10. Identification of the Public Health responsibilities of the Local Authority

There are a number of business as usual PH functions that will transfer to LA control and management as well as a number of mandatory functions. There is also the matter of the Commissioning Support offer to the BCCG's and CSU's which will be addressed in a separate section of this document.

The key areas are:

Health Improvement

- Development of appropriate strategies and prioritisations;
- Development, commissioning and/or provision of healthy lifestyle services;
- Leading partnerships and developing the strategies to tackle the underlying wider determinants of health such as Crime and Housing issues as well as health behaviour;
- Embracing and contributing to the wider health economy and the application and delivery of the QIPP[5] programmes.

Health Protection

- Taking the lead role in Emergency preparedness, resilience and response;
- Leading, co-ordinating, commissioning and reporting on the take up of immunisation programmes;
- Leading, co-ordinating and quality control and reporting outcomes of screening programmes;
- Outbreak management i.e. Pandemics.

Governance arrangements for emergency planning and resilience are contained in a separate section in this document.

Health Service Improvement

- Leading and Supporting the annual development of the Joint Strategic Needs Assessment (JSNA)
- Supporting the GP Clinical Commissioning Group, GP Federations and joint commissioning bodies

[5] QIPP = Quality, Innovation, Performance and Prevention

- Leadership, engagement and facilitation of care pathway redesign where such action will improve patient experience in line with the QIPP agenda
- Lead on the development of evidence based strategies and policies and prioritisation processes for the overall improvement in the local populations health

As mentioned previously there will also be a number of mandatory functions transferring in 2013 which the local authority will assume responsibility for:

- sexual health[6];
- health protection;
- population healthcare advice to the NHS;
- health Checks;
- national Child Measurement Programme (NCMP).

Further detailed guidance on the transfer of responsibility can be found in :

- The Public Health Outcomes Framework 2012;
- NHS Outcomes Framework;
- Adult Social Care Outcomes Framework
- (Draft) Guidance to Support the Provision of Public Health Advice to CCGs;
- NHS Operating Framework 2012/13;
- Fair Society Healthy Lives (Marmot review 2010);
- Public Health in Local Government Fact sheets (Dec 2011);
- The White Paper - Equity and Excellence.

Transition Process

Each of the functions will be jointly reviewed in detail to understand;

- The strategic context and importance of the function;
- The operational resources required to assure successful delivery of the function and it's constituent projects and initiatives;
- Whether it will be delivered in each individual unitary, review whether it should or could be a shared service across multiple LA's that delivers better outcomes within a smaller financial envelope;

[6] The specifics are still under discussion but it is not expected that commissioning for treatments will transfer

- What KPI's will be used to determine the success or otherwise of Public Health programmes commissioned for 2012/13;

The Health and Wellbeing Board is the body with overall responsibility for the successful implementation of these functions. The Joint Strategic Needs Assessment will provide the information needed to identify needs and priorities. The Joint Health and Wellbeing Strategy will describe the programmes necessary to implement improvement programmes.

11. Budgetary Assumptions.

At the time of publication budgetary information is still not clear in terms of what the ring fenced budgets will be that are coming to the LA's for the purpose of delivering PH.

There has been suggestions that it will be in the region of £21-£25/patient - we would expect to be closer to the highest spine point than the lower one.

There is a lack of clarity around the PH 2010/11 financial outturn for the County, this is further complicated by the need to break it down into spend by unitary. There appears to have been no formal business planning around the PH budget forecast for 2010/11 but instead it was based on the previous year's outturn and then factored for inflation and financial recovery requirements.

The complexity exists for a number of reasons such as:

- "block" contracts where PH programmes, projects and initiatives are commissioned within a much larger service specification making it a difficult exercise to unbundle the contracts;
- other complications revolve around the differences in the providers being used on an East and West basis that has been taken over a number of years;
- understanding what the true impact will be if decisions to decommission services are taken with individual providers which could de-stablize them;
- a further risk is that because the contracts are "block" the overheads are aggregated across the full range of services at the provider, past precedent has dictated that the provider must be given sufficient time to follow the approved termination procedures and time to identify and commission replacement services - as a consequence we have a stranded overheads liability issue.

Transition process

- A financial working group has been established and is working with the PCT Finance Directorate to identify:
    - the value of contracts by unitary;

- the terms and conditions attached to contracts;
- the service specification of contracts and where available linked to activity data;
- the possible penalties associated with terminating contracts and/or serving notice of termination to provider organisations.

(See Appendix II for Remit and Terms of Reference of the Finance Work stream drafted by Rob Poole.)

12. Workforce

Transferring staff from the NHS into Local Authorities will be a complex work stream that needs to be managed with some amount of sensitivity as it is possible that some members of staff will be put at risk by the process and redundancies may prove to be necessary.

The working group that will deliver this work stream will need to be very closely aligned across the PCT and the UA's. There is a high level of risk around this work stream with people being at risk and the potential for negative publicity that may arise as a consequence.

The process that we will follow is designed to provide assurance to staff, unions and management that the process itself is open and transparent and unequivocally fair and legal.

We currently have an issue around organisational design and running costs that is preventing us from building the model for the transfer which delays us being able to identify personnel for transfer, personnel that could be put at risk and where personnel transferring will be located within the local authority community. Essentially this means that we cannot commence any staff consultations or Union consultations that relate to the transfer of PH personnel.

This is expected to be resolved by June 2012 which will allow for a 3 month period until September 2012 to prepare all necessary paperwork, plans and communication strategies for the actual consultation. By June 2012 a final milestone and key activity plan will be signed off by all parties. Between June 2012 and September 2012 the PCT, working with LA's will complete all preparatory paperwork for the consultation. This will include a final consultation HR Plan and a detailed communication documentation for delivery of a transparent Consultation. Consultation with Public Health Staff will start no later than 1st October 2012 and is expected to last for 90 days. A final milestone and key activity plan is expected to be in place by end of June 2012 or shortly after the new structure is agreed, formal and final agreement of the structure will be subject to the approval of UA Cabinets.

In preparation during March – June 2012 the following activities will be undertaken.

- Quarterly Public Health Staff Mapping exercise;
- Assessment of current skills and abilities held within the Cluster Public Health Departments;
- Draft an impact assessment with resolution plans for PCT during transition period;
- Start staff formal communications & engagement activities which will involve an organic Q & A document, staff briefing and support during 1:1 for staff;
- Draft HR Transition Plan with detailed milestones and activities that will be delivered;
- Set up of HR/workforce work stream.

Transition process

Once we have clarity on the design of the organisation we will be able to move forward with the process which includes but is not limited to the following steps:

- Finalise Consultation & Communication milestone and key activity plan.Identification of the staff group(s) involved;
- Develop an agreed set of staff values for the new structure.Identification of the skill sets that will be required for the functions transferring Development of the detailed Employer Liability (TUPE);
- Developing and baselining the future core skills mix, which will also inform a gap analysis when assessed against current skill mix ;
- Developing a clear understanding of the new structure and where it will sit within local government;
- Presentation to and approval by Cabinet(s) of the organisational model;
- Developing and baselining the future core skills mix, which will also inform a gap analysis when assessed against current skill mix ;
- Presentation to and approval by cabinet of the size and running costs of the final organisational structure;
- Prepare consultation documentation and communication plans;
- Informing Unions about the proposed organisational structure across the Cluster and Local Authorities;
- Assessment of consultation team members will be made against an agreed set of skills and competencies required to support staff through a change process; and their understanding and ability to work within the overall PH transition framework, communications policies and governance;

- Work with Occupational Health departments (LA & PCT) to ensure the wellbeing of staff is monitored and that staff receive the appropriate support;
- Advance notification of staff consultation period;
- Consultation period;
- Organise and agree information and data to be transferred and method of transfer.
- Agree the process for staff transfer, pension, general PAYE logistics;
- Develop and agree the accommodation requirements;
- Procurement/Relocation of any additional logistical requirements;
- Scheduling of LA inductions

13. IM&T

Soft - Data/Intelligence

Detailed and accurate information about health and wellbeing needs of the population is at the heart of the Health and Social Care bill. It is an essential requirement for local authorities, CCGs and NHS organisations in order to meet their statutory responsibilities. The transfer of Public Health information services and their integration with local government so that the sum is greater than the parts is a key part of the Transition Plan.This part of the project will, to some extent, depend on the Public Health Staffing model adopted by each Local Council

" The Government has set out a new vision for the leadership and delivery of health and care services. This includes building upon progress with establishing JSNAs as a fundamental part of the planning and commissioning cycle at a local level. Central to this vision is that decisions about services should be made as locally as possible, involving people who use them and communities to the maximum degree. The positioning of JSNAs and Joint Health and Wellbeing Strategies within health and wellbeing boards underpin this vision." JSNA Draft Guidance, Dept Health 2011

Development and delivery of Public Health programmes, projects and interventions is heavily dependent on the supply of detailed accurate health informatics. This data and intelligence is used to identify the demographic health issues that are impacting on the local community, from this the programmes, projects and public health initiatives, of varying duration and size and complexity, are developed

Much of the intelligence relied on by Public Health is sourced from either the NHS Information Centre (NHS IC) or from external agencies such as the HPA, WHO, etc,etc

Fig 5 below describes some of the key sources of data and intelligence that Public Health rely on.

Some sources of data/intelligence are accessed via NHS accounts or require an N3 Server connection in order to access the data direct. Other sources of intelligence used by the Public Health function comes from external agencies and this is likely to be less problematic in transferring access to local authorities.

The IM&T Working Group will establish a process and evaluation criteria to review all sources of data/intelligence and the service level agreements that relate to them where applicable.(see Appendix 3 for Remit and Terms of Reference for Information Management and Technology work stream.

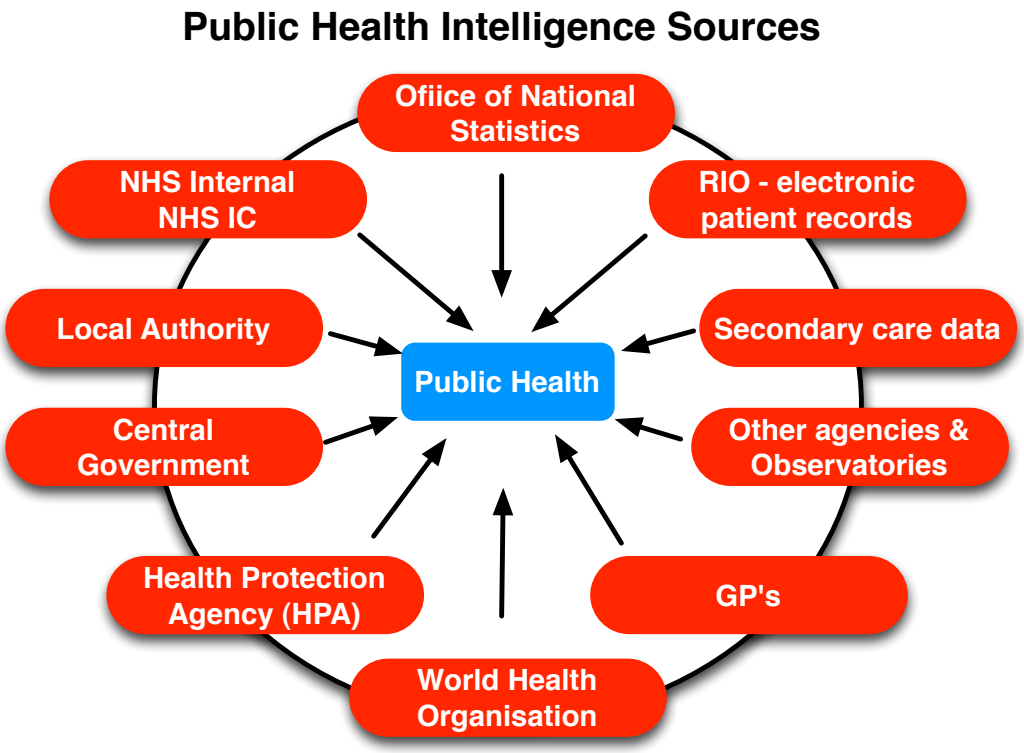

Fig 5 - High level data and intelligence map for Public Health

Hardware and Systems

Depending on the type of data and the source of the data/intelligence that will be used by the public health function when it transfers will determine the requirements around hardware and systems.

In a number of cases the data and intelligence used by PH is supplied from an external source/provider. The IM&T Working Group will review the sources and, where they exist, the service level agreements to ensure that the flow of information, data and intelligence continues during both the shadow year and when PH functions transfer by April 1st 2013.

The IM&T working group will review the systems of the sender organisation and the receiver organisation to establish whether the respective systems can communicate and if they have the compatibility to:

a. Export and Import the data;

b. Store the data;

c. Manipulate the data.

The system review will be based on whether LA's are going to have to produce the data/ intelligence or whether they will just be the recipient. The two scenarios may conclude that different solutions are required which may have an impact on any costs incurred.

Transition process

- Working Group is convened
- Audit of all intelligence sources to determine options for sourcing, current service level agreement status;
- Review of future storage status of data and intelligence streams - i.e remain outsourced , or bring in house;
- Audit of all hardware and systems in use on the PCT sites and the LA sites;
  - Are they compatible with each other, can they communicate?
  - Will we need to build new links/couplings?
  - Do we need to build separate links to other external agencies i.e. HPA?
- Determine current suitability and "fit for purpose" going forward;
- Undertake a cost impact analysis;
- If required, develop outline business case (OBC) to support and approve investment;
- Report to Transition Board.

14. Commissioning Intentions 2012/13.

PCT's commence work on commissioning intentions around November with a view to having contracts in place by April 1st. Therefore the PCT currently has discretion and autonomy around commissioning for services to be delivered in the 2012/13 financial year.

Notwithstanding this, the LA's need to have an in-depth understanding of what services are being commissioned, at what cost and how the outcomes will be measured. They also need to be familiar with the contractual implications and what liabilities will be transferred

and carried over into 2013/14. More importantly all contractual commitments should be within the approved base budget.

The PCT, specifically the DPH's, have put in place a group that will oversee the development and delivery of the sender organisations responsibilities under the transition requirements.

Berkshire UA's and the PCT already collaborate in a number of areas around PH so we are proposing that we establish a formal commissioning review panel that will address the elements mentioned previously but also will form one level of a commissioning assurance function going forward.

This panel will not be charged with determining strategy or policy for the county but will be a delivery focussed group that reviews and approves programmes, projects and initiatives from a commercial viability perspective i.e. is it affordable within the budget we have been allocated, is it evidence based, is it deliverable within the stated timescale, is it appropriately resourced, does it have Key Performance Indicator's (KPI's) and can the outcomes be effectively measured, does it fit with the stated strategic direction of the councils?.

The review panel will be jointly resourced by the LA's and the PCT during the shadow year to provide a balanced approach and ensure that it has appropriate public health; expertise. We are also proposing that we invite a local GP or other suitable clinician to sit on the panel to provide additional clinical input. This may be a new structure or it could be a combination of existing structures across the various organisations.

Provisional service review panel

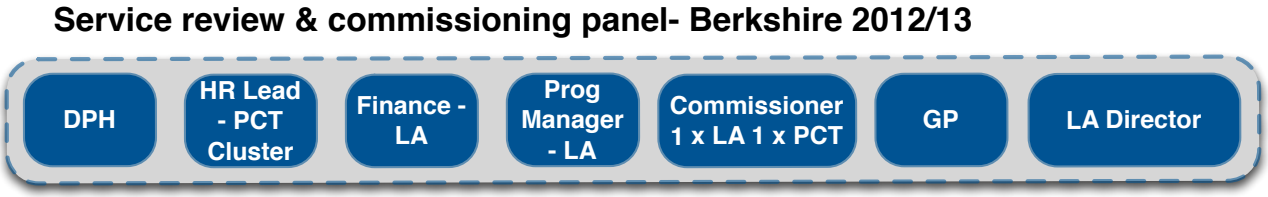

Fig 4 - Proposed service review and commissioning panel

Transition Process

- Agree the membership of the panel;
- Develop, agree and publish the Terms of Reference (ToR's) for the panel;
- Agree a set of common review templates and distribute to function/project leads;
- Develop and publish the schedule of reviews;

It is likely that the reviews will be informed by the development of outline business cases that should include the necessary options appraisals. Once approved, or rejected, for continuation or commissioning the business case will go back to the function lead for continuation/commissioning or decommissioning.

15. Delivery Plan 2012/13.

Maintenance of high quality PH quality delivery of Public Health programmes and services will be a key feature during the transition which will be monitored by Council Scrutiny arrangements and Health and Wellbeing Boards.

Berkshire UA's will work with the PCT to understand the contents and complexity of the delivery requirements for 2012/13. Since commissioning intentions are usually baselined in November though to January it is likely that most of the programmes and projects are well advanced in terms of initiation so the Berkshire UA's may not be able to have too much influence the budgets that have already been approved, for those projects and initiatives that have not already initiated, however there may be an opportunity jointly review to see if efficiency opportunities exist in terms of doing things differently or collaboratively across borders and organisations.

The pressures that the transition is likely to place on the personnel in both organisations as a result of increased workloads on top of people's day jobs clearly identifies the 2012/13 delivery plan as a key risk. There will not be any relaxing of PH target outcomes so it is critical that the PCT and the LA(s) work closely together to pool resources to support the delivery plan.

Therefore it would seem a logical approach to use the proposed Review Panel to lead this work stream as well.

In line with good practice we will seek to develop a structured approach to delivery based on best practice project management. Because as previously stated the extra stresses may prevent much of the plan being delivered under normal business as usual approaches.

This approach, working closely with the PCT PH will lead to a natural and familiar approach to delivery when PH transfers and delivery of the 2013/14 plan commences.

Transition process

PCT to evaluate their project management capability and capacity to lead and support the development of the following:

- an overall programme plan for PH;
- a project brief;

- risk log;
- KPI's
- an investment plan;
- a milestone plan;

There will be a clear reporting structure to track progress against forecast, report risk and issues, measure outcomes against the original plan, a feed into the LA reporting architecture that goes to the Shadow Health and Wellbeing Board(s) (SHWBB), Corporate Management Teams and Executive Boards (Cabinet) as appropriate.

Other key priorities for 2012/13 include:

- Development of the Health and Wellbeing Strategy[7];
- Development of the Health and Wellbeing Board that will assume it's duties on the 31st of March 2013
- Development of the JSNA that will inform the 2013/14 commissioning intentions and delivery plan

16. Commissioning Intentions for 2013/14

The commissioning intentions for 2013/13 will be dependent on a range of issues, requiring input from a number and variety of different sources.

Amendments to the Health and Social Care Bill will, once it has completed it's passage through Parliament, lead to additional duties and accountabilities being placed on the LA's and their PH departments. One of these will be the requirement for PH departments to continue to provide advice and guidance to CCG's & NHS Commissioners(see section 10).

Being a year of significant and complex change it would make sense to develop a plan that brings forward the timetable for developing and communicating commissioning intentions for 2013/14. This is not an unreasonable approach, it is unlikely that unless we experience major climate change, pandemics, epidemics or major disasters in the county that our health priorities are likely to change significantly in a couple of months[8].

Transition process

As part of transition planning the sender organisation working group will, in collaboration with the LA's and CCG's, develop and agree a revised commissioning timetable for 2013/14;

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[7] A joint undertaking with the PCT and CCG's

[8] This approach will necessitate an acceleration of the JSNA production timetable

As part of the sub-programme a detailed project plan will be developed within the SoE that will deliver the revised timetable.

17. Delivery plan 2013/14

The delivery plan for 2013/14 will be developed from the commissioning intentions for 2013/14.

Once these have been developed the delivery plan will be baselined using similar processes and methodology to that which we will use for the 2012/13 delivery plan – using a programme management approach to delivery whilst the new arrangements for the PH functions bed in.

18. Emergency Planning & Health Protection

The Public Health department has a clear duty and responsibility to provide leadership and expertise in the area of outbreak management for infectious diseases such as influenza pandemics as seen in 2009.

In some health economies the Public Health Department often co-ordinates the PCT's overall emergency planning functions. This includes co-ordinating the health response to major incidents such as rail disasters, major road traffic accidents and other such events.

Under the current PCT Cluster arrangements the responsibility for Emergency Planning sits with the Assistant Director Public Health (Health Protection) who is responsible to the Cluster Chief Executive via the DPH's

With the impending transfer of public health responsibilities there is a need to ensure that robust arrangements and processes are put in place to continue to be able to provide this expertise and support.

Local authorities have emergency planning responsibilities and they have expertise in a number of areas of disaster planning. However there is an admission that the focus of much of the emergency planning undertaken in local authorities tends to be focussed on the recovery elements of a disaster as opposed to prevention, which is usually the preserve of other departments.

However, the transfer of Public Health into Local Councils does provide an opportunity to review how Emergency Planning is delivered.

Transition planning process

This being the case we are proposing that an additional working group is established to review:

- what impact the transition will have on the health economy's ability to respond to health focussed events and incidents;
- how effective are the current arrangements (are plans up to date?);
- what type of expertise is required in order to transfer capability to SBC;
- what the resource requirement might be;
- is it affordable;
- what other options are available - i.e. a shared service across multiple LA's

Due to the current workload described by the Emergency Planning Officer as a result of London 2012 we propose that this work stream is led by the Programme Manager for PH transition at Slough Borough Council.

19. Commissioning arrangements

The constraints around the shape of destination organisational model are providing a challenge when developing the commissioning arrangements post March 2013. The LA already has commissioning capability and capacity, some of which will naturally integrate some the PH commissioning functions.

Further work is required to determine exactly what the final governance arrangements will be for commissioning PH services and programmes. It is clear that we will need to involve a number of bodies and individual from key areas across the health economy to identify the criteria for commissioning, the sources of information and intelligence that will be used and who will lead.

20. Provision of Healthcare Public Health Advice to Clinical Commissioning Groups

The Government are planning, by way of an Act of Parliament, to make it incumbent on LA's to provide a core service of PH expertise and advice to NHS Commissioners (this includes CCG's and NHS CSU's. This is expected to be entered into legislation in time for the PH transition and Commissioning transition on the 1st April 2013.

DH have issued guidance to help LA's and PCT's to define what the offer should be and what resource capacity is likely to be required. The detailed specialist advice/inputs and the expected outputs are contained in Appendix 1 of this document

The following list represent the key stages in the commissioning cycle where LA/PH support is required:

- Strategic planning - Assessing Needs;

- Reviewing Service Provision;
- Deciding Priorities;
- Procuring Services;
- Designing shape and structure of supply/suppliers;
- Planning capacity and managing demand;
- Evaluation
    - Supporting patient choice
    - Managing performance
    - Seeking public and patient views

Much of what is included in the “core offer” are functions that PH already deliver to various audiences so the main consideration is how much time and resource will need to be provided to deliver this support to the new recipients.

Transition process

- Review against current practice and provisions in LA and PCT;
- Review against proposed organisation structure[9];
- Identify gaps and analyse potential solutions;
- Options appraisal of potential solutions;
- Report to Transition board;
- Transition Board communicates preferred option and approves .

21. Key transition plan dates

This is the high level copy of the SoE which is attached with this document in MS Project form. This table identifies activity groups only not specific detailed activities.

Description	Task or Milestone	Start date	End date
Submission of 2nd draft transition plan	Milestone	16th March 2012	16th March 2012
Staff Quarterly staff mapping	Task	14th May	1st June

[9] Constrained currently by lack of clarity around final structure of PH in Berkshire

Description	Task or Milestone	Start date	End date
Assessment of current skills mix	Task	1st April 2012	1st June 2012
Establishment of HR/Workforce work stream	Milestone		16th April 2012
Draft HR Transition plan	Task	1st March 2012	1st June 2012
PH Staff formal comms & engagement activity	Task	20th March 2012	31st March 2013
Presentation of the structure of the DPH for Berkshire to Cabinet(s)	Milestone		July 2012
Start of staff consultation	Task	Oct 2012	December 2012
Implementation of the workforce plan	Task	Jan 2013	March 2013
Detailed cost breakdown of staff and resources is developed	Milestone		30th March 2012
Develop detailed breakdown of financial resources/ contracts and assumptions used to arrive at the 2010/11 allocations	Task	9th March 2012	30th March 2012
Initial plan is developed	Milestone		11th May 2012

Description	Task or Milestone	Start date	End date
Revised Finance and Commissioning proposal	Milestone		1st June
Final report and options for approval delivered to the Transition Board	Milestone		June Board
Approvals process	Task	June	Aug 30th
Stress testing transition plans to provide assurance to SHA and DH that processes and resources are in place to deliver mandatory PH initiatives	Milestone		October 2012

22. Appendices

Appendix I - Core offer to Commissioners

Stages in the commissioning cycle	Core Specialist Healthcare Public Health Service	Examples of Outputs
Strategic planning - Assessing Needs	Using and interpreting data to assess the population's health, this may include	
	– Supporting CCGs to make inputs to the Joint Strategic Needs Assessment and to use it in their commissioning plans.	JSNA and joint health and wellbeing strategy with clear links to CCG commissioning plans
	- Development and interpretation of neighbourhood/locality/ practice health profiles, in collaboration with CCGs and local authorities	Neighbourhood/locality /practice health profiles, with commissioning recommendations
	- Providing specialist public health input to the development, analysis and interpretation of health related data sets including the determinants of health, monitoring of patterns of disease and mortality	Clinical commissioners supported to use health related datasets to inform commissioning
	- Health needs assessments (HNA) for particular conditions/ disease groups – including use of epidemiological skills to assess the range of interventions from primary/ secondary prevention through to specialised clinical procedures.	HNA for condition/disease group with intervention / commissioning recommendations

Stages in the commissioning cycle	Core Specialist Healthcare Public Health Service	Examples of Outputs
Reviewing Service Provision	- Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health needs. Geo-demographic profiling to identify association between need and utilisation and outcomes for defined target population groups, including the protected population characteristics covered by the Equality Duty	Vulnerable and target populations clearly identified; PH recommendations on commissioning to meet health needs and address inequalities.
	-- Support to CCGs on interpreting and understanding data on clinical variation in both primary and secondary care. Includes PH support to discussions with primary and secondary care clinicians if requested	PH recommendations on reducing inappropriate variation
	- PH support and advice to CCGs on appropriate service review methodology	PH advice as appropriate

Stages in the commissioning cycle	Core Specialist Healthcare Public Health Service	Examples of Outputs
Deciding Priorities	- - Applying health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence-base for the setting of priorities	Review of programme budget data Review of local spend / outcome profile
	- Advising CCGs on prioritisation processes - governance and best practice.	Agreed CCG prioritisation process
	- Work with CCGs to identify areas for disinvestment and enable the relative value of competing demands to be assessed	Clear outputs from CCG prioritisation
	- Critically appraising the evidence to support development of clinical prioritisation policies for both populations and individuals	Clinical prioritisation policies based on appraised evidence for both populations and individuals.
	- Horizon scanning: identifying likely impact of new NICE guidance, new drugs/technologies in development and other innovations within the local health economy and assist with prioritisation	PH advice to clinical commissioners on likely impacts of new technologies and innovations

Stages in the commissioning cycle	Core Specialist Healthcare Public Health Service	Examples of Outputs
Procuring Services Designing shape and structure of supply	- Taking into account the particular characteristics of a specified population: Providing PH specialist advice on the effectiveness of interventions, including clinical and cost-effectiveness (for both commissioning and de-commissioning) Providing PH specialist advice on appropriate service review methodology Providing PH specialist advice on medicines management	PH Advice on focussing commissioning on effective/ cost effective services PH advice to medicines management eg ensuring appropriate prescribing policies
Planning capacity and managing demand	- Providing specialist input to the development of evidence-based care pathways, service specifications and quality indicators to improve patient outcomes PH advice on modelling of the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs	PH advice on development of care pathways/ specifications/ PH advice on development of care pathways/ specifications/ quality indicators

Stages in the commissioning cycle	Core Specialist Healthcare Public Health Service	Examples of Outputs
Monitoring and Evaluation Supporting patient choice Managing performance Seeking public and patient views	- PH advice on the design of monitoring and evaluation frameworks, and establishing and evaluating indicators and benchmarks to map service performance	Clear monitoring and evaluation framework for new intervention/ service PH recommendations to improve quality, outcomes and best use of resources
	Working with clinicians and drawing on comparative clinical information to understand the relationship between patient needs, clinical performance and wider quality and financial outcomes	
	Providing the necessary skills and knowledge, and population relevant health service intelligence to carry out Health Equity Audits and to advise on Health Impact Assessment and meeting the public sector equality duty	Health equity audits. PH advice on Health Impact Assessments and meeting the public sector equality duty.
	Interpreting service data outputs, including clinical outputs	PH advice on use of service data outputs.

Appendix II - Finance and Commissioning Work stream Terms of Reference (ToR's)

Introduction

The Health and Social Care Bill will bring in the changes set out in the White Paper Healthy Lives, Healthy People: Our strategy for public health in England. This briefing paper sets out the work of the Finance and Commissioning Sub Group and seeks a formalisation of how the Transition Board wishes this work stream to progress the various issues.

Part a - Process

Proposed Remit of the Group:

- To identify the Public Health baseline budget transferring to the local authority, to include the identification of any non-recurring funding, for both sides of the county. This information will be produced in a similar format (for east and west), identifying where there are specific differences in terms of the services being delivered;
- To identify the potential contractual commitments, risks associated with these contracts and any potential financial shortfalls against the baseline;
- To define how the funding being transferred to the local authorities is likely to meet the outcomes of the Health and Social Care Bill (mandatory and non-mandatory);
- To identify for the Board possible options to meet the set-out objectives (from the Berks CEOs) in terms of structure (working with the HR work stream) and a smooth transfer of services (safe delivery of services) and potential delivery options (i.e. pooled budgets, lead authority etc);
- To identify potential governance and risks associated with the transfer. Specifically, once the overall baseline and contracts are identified, what approvals will be required by each local authority and timings for this;
- To identify how the current proposed Department of Health allocation of budgets to individual Councils may impact the effective transfer of the Public Health function. (that is will the funding covered the commitments in the various local authority areas – assuming it is possible to identify the splits of activity on a local authority basis).

Membership

Overview: Phase 1 - the finance and commissioning work stream will act as a single group until we have clearly established the baseline of finance and the contracts that are available to meet the outcomes of the current public health service, this will be achieved by the PCT, Public Health East and West and each local authority nominating a senior Finance and Commissioning lead to participate in the working group.

To deliver the work stream it is suggested (initially) that a small sub group works directly with the PCT Finance/Commissioning/Public Health team and then reports back initially to an East/West work stream (this is only due to the way that services are commissioned and budgeted differently by the PCT on the two sides of the County). This would be two or three people from the sender and receiver organisations as a larger group will not be able to get into the real detail. This will be led from the receiver organisation for the county by Robert Poole (Reading).

Phase 2 - Once we have a clear baseline then;

- Create two sub streams, one to concentrate on the financial details and one to examine in detail the contractual and commissioning issues. It will be essential that these two groups continue to work closely and consolidate their work to provide the overall final service transfer offer;
- Consideration will need to be given to how this is then managed either on the current east/west basis or another option (i.e. county wide). This will include options around pooled budgets etc.

Working Arrangements:

- The working group will nominate joint lead coordinators from the sender and receiver organisations;
- Establish project plan for implementation of work programme;
- Liaise with other work stream groups as necessary through Transition Programme Steering Group.

Reporting Arrangements:

- Regular reporting schedule to Transition Programme Steering Group;
- Reporting, informing and advising as necessary West and East Berks implementation work streams, and working groups where established in each of the sender and receiver organisations.

Part B - Progress and Issues

Overview and Current tasks

The current financial and service information was produced using/following Department of Health guidance on the actual public health spend for 2010/11, (which was then used to produce the draft allocations from the DH to individual Councils in February), however it is now widely acknowledged that there are issues in how this information has been produced across the country due to different interpretations of the guidance, difficulties with availability of data (financial and activity) and due to the limited time available for this work to be undertaken. The “recommendation” currently coming from the Department is that

local Councils and their NHS partners should be working together to review the baseline information and to seek to identify and agree solutions for any specific issues.

Following the Berkshire CEO meeting and the West Berkshire Workshop, a detailed discussion was held with the PCT finance lead around the above issues and how a revised baseline could be established.

- A detailed breakdown is produced of the costs/budgets of the staff affected by the transfer (this detailed data will need to be restricted to a small group due to confidentiality issues) to support the HR work stream in organisation design options. Attached to this will need to be the assumptions around the overhead allocations. (Target date 30th of March);
- A breakdown is produced (in a similar format for both the East and West) that provides a detailed breakdown of the financial resources/main contracts and services and assumptions used to arrive at the resource allocation for 2010/11. (There is an acceptance that in arriving at this figure there are a number of assumptions due to the difficulties in extracting data from the main NHS provider block contracts) (Target date 30th March). This would then be presented to the two working groups w/c 16th April and then back into the various councils (possible H&WBs);
- The above data is then re-based to the 2011/12 outturn, this would then also pick up contracts which are outside of this data collection (e.g. where specific new schemes have been agreed for 2012/13) for discussions with the CCGs around continuing this funding into 2013/14. Establishing this revised baseline will enable the two finance and contract sub groups to commence their work in developing the options for the transfer;
- Targets:
    - Initial draft/plan Friday 11th May 2012;
    - Revised Finance and Commissioning proposal Friday 1st June;
    - Final report and options for approval to the Transformation Board early June to then allow for further discussions with PCT/CCGs and individual Council approval processes June-August. This would allow for implementation process to happen in qtrs 3 and 4 (at this stage as it is unclear what these will be, but could be section 75 etc, but could need an amount of time to establish and have in place for the 1st April 2013).

The above is a rough guide to timescales and will require some further work if this basis is approved. It currently has not factored-in any commissioning activities which may need to happen during 2012/13 or any work that may need to happen with any NHS shared service changes.

It is also at this stage not possible to comment on any impact of formula allocation proposals or the impact of the Department of Health review on dealing with transitional costs. The work of this work stream will need to take account of these possible issues and they will be factored-in as and when further details become available.

Key Decisions - Approved in the principle by the Transition Board on the 13th March 2012

Appendix III - Information Management and Technology Work stream -Terms of Reference

Remit

- To identify the Public Health management information functions transferring to the local authority;
- To define the management information responsibilities of local authorities required to promote the values, principles and outcomes of the Health and Social Care Bill;
- To provide guidance on the development of effective;
    - Joint Strategic Needs Assessment;
    - Joint Health and Wellbeing Strategies;
    - Joint Health and Wellbeing Strategies;
    - Alignment and avoidance of duplication in strategic plans intended to:

Promote health and wellbeing;
Improve health outcomes;
Reduce health inequalities;
Promote community safety

- To identify information governance and data security requirements in relation to protection of data and information transfer;
- To identify information and technology requirement to enable communication and information exchange between NHS and local government information systems.

Membership:

PCT, Public Health East and West, each local authority will nominate a senior management information lead to participate in the working group.

(Note that organisations might need to identify lead person with expertise in information and another with technical expertise in order to support the scope of this work stream. However, only one person from each organisation be nominated for membership of the work stream.)

Working Arrangements:

- The working group will nominate joint lead coordinators from the sender and receiver organisations;
- Establish project plan for implementation of work programme;
- Liaise with other work stream groups as necessary through Transition Programme Steering Group.

Reporting Arrangements:

- Regular reporting schedule to Transition Programme Steering Group;
- Reporting, informing and advising as necessary West and East Berks implementation work streams, and working groups where established in each of the sender and receiver organisations.