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**PUBLIC HEALTH TRANSITION ARRANGEMENTS 2013**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The purpose of the report is to brief Health and Partnerships Scrutiny Committee members on the progress made to date to ensure a safe transition for public health into the local authority from 1 April 2013 in line with the requirements of the Health and Social Care Act 2012.

**Summary**

2. The Health and Social Care Act 2012 has significant implications for the Council including the transfer of a range of responsibilities for public health. From 1 April 2013 public health functions transfer from Primary Care Trusts (PCTs) to local authorities, Public Health England (PHE) or the NHS Commissioning Board (NHS CB). This report outlines progress to date and arrangements leading up to the 1<sup>st</sup> April for those functions which will transfer to Darlington Borough Council. Previous reports have been provided outlining the detail of the specific responsibilities.
3. A safe handover is also required for a range of public health functions transferring to Public Health England, Clinical Commissioning Groups or the NHS Commissioning Board e.g. all screening, immunisation programmes, offender health, children's public health 0-5 years, emergency planning etc. A work programme to ensure a smooth handover is in place and will report progress to the Transition Reference Group.

**Recommendation**

4. It is recommended that :-
  - (a) Health and Partnerships Scrutiny Committee members acknowledge the public health transitional arrangements that are in place and accept the report on progress to date.

**Miriam Davidson**  
**Director of Public Health**

**Background Papers**

There were no background papers used in the preparation of this report.

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The transfer of public health functions and resource to the Council will strengthen the capacity of the Council to improve health.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All wards affected.
Groups Affected	All groups affected.
Budget and Policy Framework	This decision does not represent a change to the budget and policy framework in the transitional year 2012/2013.
Key Decision	No.
Urgent Decision	No.
One Darlington: Perfectly Placed	The vision for public health in Darlington is about reducing health inequalities, improving health outcomes and further integrating health and social care.
Efficiency	There are no implications arising from this report.

## MAIN REPORT

### Information and Analysis

#### 5. Public health transfer and transition arrangements

There are a number of work streams to ensure a smooth transition of public health responsibilities to the Local Authority. These arrangements are currently on track and are overseen by Darlington Transition Reference Group into which a number of sub groups report. These cover finance and contracting, IM&T and information, estates and human resources. The Darlington Transition Plan contains 112 actions rated as follows (at January 2013):

- 84 actions are Green (have been completed)
- 27 actions are amber (started and working to plan)
- 1 action is Red (not due to start)

#### 6. Transfer order

The public health transfer order is the vehicle through which the assets, liabilities and power to act on new public health responsibilities will be transferred to local authorities. Local information has been collated about services currently commissioned by the Primary Care Trust for which responsibility will be transferring to new organisations. This information has been submitted to the Department of Health for inclusion in the transfer order which will be received by the local authority in advance of transfer.

#### 7. Public Health Ring-fenced Grant

The Local Authority Circular of 10 January 2013 confirms the ring-fenced public health grant allocations to local authorities. The circular sets out the funding that will be available to upper tier, London boroughs and unitary local authorities in England to discharge their new public health responsibilities, and the conditions that will govern the use of the grant. The purpose of the grant is to help people live longer, healthier and more fulfilling lives, and to improve the health of the most vulnerable fastest.

8. Local authorities will be required to send quarterly high-level returns of their expenditure and a more detailed annual return setting out how the grant has been used against these terms. These returns will be analysed by Public Health England who will report their findings to the Secretary of State.
9. Allocations are for two years covering financial years 2013/14 and 2014/15. The ring-fenced allocation for Darlington Borough Council is £6,989,000 for 2013/14 and £7,184,000 for 2014/15. The allocation covers the total estimated cost of current commitments to deliver the Public Health responsibilities within Darlington Borough Council including commissioned services, staff costs and partnership agreements. However, additional pressures on the budget include the cost of the Tees Valley Public Health Shared Service, local authority overheads, tariff-based services and volatile budgets such as prescription costs.

## **10. Public Health Contracts Transition**

A paper was received at Council on 31 January 2013 to seek Member's approval to waiver contract procedure rule 18 for a number of contracts under the exceptional circumstances created by the implementation of the Health and Social Care Act 2012 ("the Health and Social Care Act"). The implementation timescales for the Health and Social Care Act 2012 do not allow sufficient time between the allocation of the public health grant to local authorities (confirmed January 2013) and the commencement of public health commissioning responsibilities in local authorities (1 April 2013) to undertake robust procurement across the range of service areas. Additionally, guidance has been issued from the Department of Health that local authorities should not take action, particularly in the first year after transition, which would destabilise providers of public health services and pose risk to the delivery of services. A Memorandum of Understanding has been developed in partnership with Durham County Council to ensure the stability of shared services during this year. These arrangements may enable current contracts to be re-issued for a limited time and for a full schedule of service reviews and procurements to be undertaken to ensure local public health services are delivering value for money, meeting local need and that opportunities to integrate public health across the Council are maximised.

## **11. Provider communications**

The implications of transition have been shared with current providers of public health services through two formal engagement events. The most recent event was held on 28 January 2013. Providers have been informed of the direction of travel for public health and the implications of the public health grant allocation. A series of local provider meetings are scheduled throughout February and March to discuss contractual arrangements for Darlington providers in 2013/14. Formal contract negotiations have also commenced with providers on all major contracts.

## **12. Ways of working in the Council**

A public health operating model in the local authority from 1 April 2013 has been developed and describes ways of working across all sections of the Council. It encompasses political leadership, strategic leadership and performance and describes the role of public health across the groupings of People, Place and Resources.

- 13.** All three domains of public health i.e. Health Improvement, Health Protection and Health Care Service Improvement will become part of the public health function in the Council from April 2013.
- 14.** Following an assessment of the options for the public health operating model within the local authority, the public health team will work as a distinct team aligned to the People group and working across the Council functions to support and identify opportunities to improve health. As per national guidance, the Director of Public Health reporting and accountability will remain to the Chief Executive.

## **15. Development of the core offer to clinical commissioning group**

One of the mandatory responsibilities that local authorities will have to provide is public health advice to NHS commissioners. Locally this will largely be with Darlington Clinical Commissioning group (CCG) but will also include liaison with the local area team of the NHS commissioning board. A Memorandum of Understanding (MOU) outlining the public health “core offer” has been drafted and received by Darlington CCG executive and governing body. A development session was held on 30 January 2013 with local clinicians and CCG governing body members to develop the MOU into a local work programme which will form the basis of a formal Service Level Agreement between the Local Authority and the CCG.

## **16. Tees Valley Public Health Shared Service Arrangements**

An appraisal has been undertaken to assess the best way to ensure Darlington has access to the range of specialist skills to deliver the full range of public health responsibilities within the resources available. As a result of this, a public health collaboration has been developed across the Tees Valley local authorities to provide an integrated approach where it is efficient and cost effective to work in a shared service model. A Tees Valley Public Health Board has been established to provide strategic leadership for the Tees Valley Public Health Shared Services. Redcar and Cleveland Borough Council will host the shared service on behalf of the other Tees Valley Councils. A maximum financial contribution from Darlington to the service will be £163k plus a non staff contribution, based on the same financial formula used in other Tees Valley shared approaches.

## **17. Induction programme**

A two-way induction programme is underway to enable council members and officers to understand the new responsibilities and opportunities that public health brings to the local authority and that transferring staff are able to fully integrate into the council. Strong joint working arrangements are already in place across a range of areas which has assisted in this process. A series of mandatory training sessions on public health have been delivered for elected members and further sessions are scheduled. Presentations have been delivered to staff teams and this approach will be rolled out in the coming weeks. Members of the transferring public health team will undertake a formal DBC induction programme in advance of transfer.

## **18. Human Resources and Staff Consultation**

All transferring staff have been identified (11 in total) and formally notified that DBC will be their receiver organisation. Once North East HR continues to work with DBC and other North East local authorities via a Partnership Forum. A consultation process with transferring staff is underway and the Council's proposed HR measures have been communicated to all transferring staff. A formal HR meeting which will include union representation took place on 5 February 2013 as part of the staff consultation process.