Annex A

Public Health Transition Plan
Transfer to City of York Council
March 2012

1. Purpose

For NHS North Yorkshire and York the transition of public health has four distinct elements which relate to the transfer of responsibilities to:

- City of York Council
- North Yorkshire County Council
- Public Heath England
- NHS Commissioning Board

This is the public health transition plan for York which covers those functions which will transfer from NHS North Yorkshire and York (NHS NYY) to **City of York Council (CYC)**. The plan has been jointly agreed with CYC and will oversee the safe transfer of public health functions into the LA as identified in recent DH guidance whilst ensuring continuity of delivery of functions through 2012/13 and into 2013/14.

The plan is a reflection of the information available to date and may be subject to revision if additional information becomes available.

As functions are to be split between two local authorities (see section 3) It is designed to work in parallel with the Transition Plan for North Yorkshire to ensure consistency for staff and for transfer of commissioning responsibilities.

It will also have due regard to the transition plans from NHS NYY for Public Health England (PHE) and the NHS Commissioning Board (NHSCB).

2. Future operating model of public health in York

There are a number of local complexities which impact on local public health transition and the future delivery model.

i) The current public health function is provided by a team covering both North Yorkshire and York, covering two Local Authorities – CYC (a unitary council) and NYCC (a two tier authority).

At a meeting on 7th December 2011 it was agreed by the CEXs of NHS NYY, NYCC and CYC and the Cluster DPH, that the future public health model for North Yorkshire and York would be based on two separate teams for North Yorkshire and City of York with mutual or shared arrangements to be developed as appropriate.

Both LAs have indicated their intention to have their own Director of Public Health (DPH). City of York Council has initially aligned public health to the Directorate of Communities and Neighbourhoods during a pilot phase, and is currently considering options for the permanent DPH role.

ii) City of York Council has developed a strong relationship with Vale of York Clinical Commissioning Group CCG and is considering a joint approach to public health. The CCG covers the whole of York and parts of North Yorkshire and East Riding which will make public health engagement more complicated but all parties are committed to making this work.

3. Governance and Risk Management

Until 31 March 2013 NHS North Yorkshire and York will remain the accountable body for the delivery of public health and will ensure that all critical public health services and their related clinical governance arrangements are delivered to that date. This means that no service or responsibility will be transferred until NHSNYY has been assured that future arrangements are robust and that appropriate interim governance arrangements have been established between the local authority, PHE or the NHSCB and the PCT. The Interim Director of Public Health will lead this assurance on behalf of the PCT. Work to develop the process for assurance and ongoing governance will progress alongside the development of local authority public health models.

There are a number of mechanisms in place to maintain oversight and assurance of public health transition and ensuring business continuity over the transition year. These are as follows:

- The NHS NYY Governance and Quality Committee, informed by the Public Health Governance Committee, will maintain an oversight of the transfer with a focus on clinical, information and organisational governance.
- The York Health and Wellbeing Board will maintain an oversight of the transfer of public health functions.
- A York public health transition group was set up in 2011 to oversee the transfer under the project sponsorship of the Director of Communities and Neighbourhoods. This group includes senior members of the public health team and CYC, along with commissioning leads and HR and finance experts.
- The HR leads for NHS NYY, NYCC and CYC will meet regularly to ensure a consistent process. This meeting will include transition leads from public health where this is appropriate.
- Similar meetings will be held to consider the finance and contracting workstreams.
- As required meetings will be held with the chief executives of NHS NYY, CYC and NYCC and the cluster DPH.

The attached action plan (**appendix 1)** includes a section on governance and risk which uses a detailed checklist to ensure that risks are identified and mitigated for each of the transferring functions. This will be reviewed through the mechanisms set out above.

4. Key Progress to date

4.1 Workforce support

- The first PCT organisational development workshop was delivered for all public health staff in December 2011 to explore impact of change and future public health world. The CYC Chief Executive and Assistant Director of Housing attended and met with staff.

- HR clinics are being held to provide HR advice to support and keep staff updated with the HR implications of transition.

4.2 Developing the City of York public health model

- The Associate Director of Public Health for York has been working closely with CYC senior leaders to develop future plans.

- Two well attended workshops have been held for public health staff and CYC staff across all directorates to shape the local public health system and the vision for the future. These workshops considered the widest possible implications of local authority functions on public health, including planning, licensing, education and transport, as well as the more core functions which may sit within or be aligned to public health in the new model. The workshops also allowed teams to consider the similarities and differences between working in the NHS and in local authorities. As these sessions have been well received and have contributed to team building, a further workshop will be held on 27th March to continue to build the local vision.

- A Memorandum of Understanding has been developed covering Public Health Directorate support to CCGs on responsibilities for population health and health care. This covers the transition period 12/13 and will form the basis of the public health 'core offer' from April 13 onwards. Vale of York CCG are happy with the proposed way forward and are keen to establish opportunities to work jointly on public health priorities.

4.3 JSNA and Health and Wellbeing Board

- The City of York JSNA is being produced by CYC and NHSNYY, in conjunction with partners. It is currently in draft form and will be finalised at the Shadow Health and Wellbeing Board on 26th March.
- The York Shadow Health and Wellbeing Board has met a number of times and is in the process of agreeing priorities, which will include consideration of the JSNA and the development of the Health and Wellbeing Strategy.

4.4 Communications and Engagement

- The PCT cluster has a transition and reform section on its intranet site which is updated with public health guidance and frequently asked questions. The PCT cluster produces regular team briefs and HR briefings for staff which supplement the HR clinics discussed in 5.1
- All stakeholder partner organisations are briefed on public health through the shadow Health and Wellbeing Board (see section 5.3) which includes Vale of York CCG, York Council for Voluntary Services, York LINk, York Hospitals NHS Foundation Trust and Leeds Partnership Foundation Trust.
- CYC Corporate Management Team, the Portfolio Holder and Cabinet have considered the CYC approach to public health and will continue to be involved at appropriate decision-making points in the transition year.
- CYC staff have been consulted on the plans for aligning public health with Communities and Neighbourhoods and will be updated as further developments progress.

5. Mandated Services or Steps

Within the set of responsibilities transferring to local authorities there will be five mandated services or steps

5.1 Appropriate access to sexual health services

Local authorities will become responsible for commissioning comprehensive open-access accessible and confidential contraception and sexually transmitted infections testing and treatment services. The PCT commissions a range of sexual health services from a number of different providers including GPs, pharmacies, voluntary organisations and acute services. Some contracts are specific to localities and some cover both LA areas.

A sexual health transition group has been established with representation from both NYCC and CYC. All existing contracts have been mapped, which describes existing services, links service specifications, contracts and funding. We are currently working with LA and PCT contracting colleagues to identify risks and shadow governance arrangements from October onwards. A programme of work has been identified jointly with LA colleagues this year around refreshing sexual health needs assessment work to inform the strategic direction of sexual health and the future commissioning of services.

There is designated public health sexual health lead overseeing this work.

5.2 Plans in place to protect the health of the population

Throughout the period of transition through to April 2013, it will be essential for the PCT Cluster, the Local Authorities and other key partners such as the Health Protection Agency to maintain all existing systems, plans and governance arrangements relevant to Emergency Planning, Response and Resilience (EPRR) and all other aspects of health protection, until they are superseded by agreed, resourced and tested new models and ways of working.

The proposed new national model for EPRR was approved centrally in December 2011, and is described in Appendix 3 of the "Public Health England and NHS Commissioning Board" section of the overall Public Health Transition Plan for North Yorkshire and York. Further national clarification is expected soon in respect of arrangements for EPRR, and local implementation in the NHS and through Local Resilience Fora (LRF). Initial discussions have taken place through the existing local NHS whole-system EPRR mechanisms, including the PCT-led Health Emergency Planning Network (HEPN), and an update briefing will be provided to the North Yorkshire and York LRF. As soon as this further national guidance is issued, the local design and preparation for implementation of the new EPRR arrangements will be progressed by the PCT Cluster, working with Local Authorities and other partners. Safe transition from existing to new systems will be a key part of this work.

A range of single-agency and multi-agency plans and groups currently underpin local arrangements to protect the health of the population in its broadest sense (i.e. in addition to EPRR systems and plans). There will be a need to review all of these arrangements, and identify which of them will require updating or re-casting to take account of the overall set of changes expected to be brought about by the Health and Social Care Bill. The Director of Public Health and the Local Authority will need to be assured that (a) the health of the population continues to be protected during the period of transition, and (b) that the proposed new local arrangements are robust and fit for purpose.

5.3 Public health advice to NHS commissioners

The public health team has agreed a memorandum of understanding with the local clinical commissioning group and will continue to develop joint working on public health in line with the core offer. The opportunity for a joint DPH will be considered which could allow enhanced working in this area.

5.4 National Child Measurement Programme

The National Child Measurement Programme is currently commissioned from both Harrogate Foundation Trust and York Foundation Trust school nursing services with a specific service specification and funding stream. There is a designated public health lead who maintains oversight of the programme and ensures providers are delivering against the specification and fulfilling performance requirements. A detailed description has been produced to describe current governance arrangements during transition and work is being undertaken on working through how the arrangements will work from October onwards and risks identified.

5.5 NHS Health Check assessment

NHS Health Checks is currently commissioned as a GP LES across North Yorkshire and York. A pilot in Scarborough, which included community pharmacists as well as GPs, started April 2010 until Sept 2011. During the pilot phase 2049 patients were invited and 1098 were assessed (uptake rate of 53.6%). Between April 2011 and end Sept 2011, 1467 patients were invited and 819 were assessed. It was decided that because of the low uptake of pharmacy assessments that a GP only LES would be developed in line with the Best Practice Guidance.

The Local Enhanced Service (LES) for NHS Health Checks covering the whole of North Yorkshire and York started on the 1st October 2011. A total of 91 GP Practices are signed up to the LES with 7 Practices not yet signed up to the programme.
There is a plan in place to liaise with these Practices in order to understand reasons for non sign up and be in a position to offer the programme to those eligible patients for those Practices. Practices have been incentivised to invite 20% of their eligible population in 2012/13. In Q3 2011/12, 7927 patients were invited (3.2% of eligible population) with an increase expected in Q4. We

plan to invite 20% of the eligible population per year (5% per quarter) in 2012/13.

The programme is led by public health with primary care commissioning support. The programme uses QuestBrowser software which allows practices to invite eligible people with the highest estimated risks first, and also provides the performance and quality data. The FIMS return identified £20k funding in 20010/11. However, the programme has been identified to cost up to £1.2m per year based on 20% invites per year and 75% uptake. This funding mismatch was flagged up at the time with LA finance colleagues. Work is ongoing with local authority and primary care contracting colleagues to fully understand the risks and ensure that there is a safe and effective transition of responsibility to local authorities.

6. Action plan and milestones

There are a number of interconnected strands for transition:

a) Developing the CYC public health model
b) Appointing the CYC Director of Public Health
c) Transferring PCT staff
d) Transferring commissioning responsibilities

Each of these elements have financial, legal, governance and human resources implications and appropriate advice will be sought at each step of the process. The detailed plans appear as a spreadsheet in the attached file. Key milestones are as follows.

a) Developing the CYC public health model

Key milestones (see action plan for details)

March 2012	CYC public health draft vision and local delivery model produced for comment and development with partners
March 2012	York JSNA finalised
April 2012	CYC and PCT staff pilot public health transition arrangements.
May 2012	Briefing to CYC Cabinet

July 2012	Complete health and wellbeing strategy Briefing to CYC Cabinet on public health.
August 2012	Following Royal Assent amend CYC standing orders to prepare for October and April transfers
September 2012	NHSNYY Board consider assurance and transition governance arrangements. If assured agree transfer for 31 October.
October 2012	Transfer of responsibilities from 31st October
January 2013	New CYC headquarters – enhanced team working
April 2013	CYC statutory responsibility begins

b) Appointing the CYC Director of Public Health

The DPH will be appointed in line with available guidance. HR colleagues in CYC and NHS NYY are working together to advise on the best way forward.

Key milestones:

April 2012	Begin DPH appointment process
Jun-July 2012	DPH appointment made
September 2012	DPH in post

c) Transferring PCT staff

HR colleagues from NHS NYY, CYC and NYCC will work together to make sure that this runs in parallel with that for NYCC, ensuring that staff have a consistent experience.

Key Milestones:

May 2012	Agree CYC Public Health Structure
September - October 2012	HR process to designate PH staff to new roles.
November 2012	PH staff start in designate roles at CYC.
November - March 2013	Consultation on TUPE transfer
April 2013	TUPE transfer on 1st April 2013

d) <u>Transferring commissioning responsibilities</u>

CYC will take on a wide set of health related commissioning responsibilities which are delivered through a range of contractual mechanisms with acute hospitals, general practices, pharmacies, independent providers and the voluntary sector. In many cases these services are commissioned for the whole of North Yorkshire and York or for areas bigger than CYC so a significant amount of work is required to disaggregate these between the local authority areas.

Key Milestones

May 2012	Disaggregation of contracts and recommendations made on sharing or split with NYCC
June - August 2012	Agree mechanisms for CYC-specific and shared contracts
July 2012	Notify providers of change of commissioner
September 2012	NHSNYY Board consider assurance and transition governance arrangements. If assured agree transfer for 31 October.
October 2012	Transfer of responsibilities from 31st October
April 2013	CYC full responsibility transfers