

# REGULATORY AND AUDIT COMMITTEE

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**Title:** UPDATE ON THE PUBLIC HEALTH TRANSITION

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**Author:** Tracey Ironmonger

**Contact officer:** Tracey Ironmonger, 01296 387144

**Local members affected:** None

*For press enquiries concerning this report, please contact the media office on 01296 382444*

## Summary

This paper provides the Regulatory and Audit Committee with an update on progress following the transfer of public health responsibilities from the NHS to the County Council from 1 April 2013. The paper reports that the transfer has been very successful and that remaining risks are being well managed.

## Recommendation

**The Regulatory and Audit Committee is asked to note the update on the transfer of Public Health Responsibilities**

**Supporting information to include the following if a decision is being requested:**

Not applicable

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## 1. Background

- 1.1 On 1 April 2013 the responsibility for local public health services was transferred to Buckinghamshire County Council. The County and the NHS had been planning for this for the previous year, with specific work streams around key risk areas such as finance, contracts, human resources, IT and governance.



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1.2 Prior to transfer, the Regulatory and Audit Committee received two updates on the transition and were assured that all key risks were being actively managed. A request was made to receive an update on the transition post transfer.

## **2. Transfer and Integration into Buckinghamshire County Council**

2.1 The transition plan was implemented and the transfer of responsibilities to Buckinghamshire County Council has progressed very well. Appendix 1 provides a summary of progress in relation to some key risk areas. The main outstanding issue to be resolved is the electronic connection (via a link called the N3) between the County and the NHS, in order to enable public health to access health data. Work is being undertaken with the telecom providers to resolve this and interim measures have been introduced to ensure that access to key data is still available during this period.

2.2 Good progress has been made in relation to key areas such as staff, contracts, integrations with BCC governance systems and finance.

2.3 In line with the Buckinghamshire County Council Public Health Vision and Strategy priority to embed public health across the organisation, the Public Health Team has established members of staff to act as links to key portfolios and teams and to reach out into these teams. Links have been identified and connections established for Adults and Family Wellbeing, Children and Young People, Place and Localities and Communities.

2.4 The transfer of public health responsibilities also offers opportunities to engage the District Councils in the new public health agenda. The Healthy Communities Partnership, which is the overarching partnership in Buckinghamshire for public health, has now been reviewed and partners are signing up to a Memorandum of Understanding and new agreed ways of working to respond to the new agenda.

## **3. Managing Key Risks**

3.1 A number of potential risks have been identified as part of the portfolio planning process and actions put in place to ensure effective risk management. These risks relate to:

- Failure to develop an effective organisational structure – work is being undertaken to recruit into vacant posts within the structure and review the capacity required for non-specialist functions (such as business support and basic financial administration) which were previously undertaken by other departments in the Primary Care Trust
- Failure to establish effective working relationships with Public Health England and the NHS England Area Team – work is being undertaken to provide clarity of roles and effective relationships to ensure safe and co-ordinated responses to communicable diseases and screening.
- Delivery of a 24/7 rota to deliver an effective response in the event of a public health emergency – Liaison and co-ordination with neighbouring authorities is being undertaken to ensure a safe rota. Local authority teams will be working with Public Health England to ensure a co-ordinated response to a public health emergency. Currently the Thames Valley Regional Centre Director for Public Health England is not in post, although due to start soon. Plans are already in place for Buckinghamshire to be an early part of her induction programme.

- Failure to agree a contract for the delivery of the core health care offer results in a lack of effective support to NHS Commissioners – Relationships have been established with Clinical Commissioning Groups and a Memorandum of Understanding and work programme agreed
- Inability to mainstream public health responsibilities across all portfolios could reduce the potential opportunities offered by the transition – Initial links have been developed with key portfolios and teams with identified link individuals reaching out from public health. This builds on integrated working that was already being undertaken in relation to specific public health projects. Work is planned for later in the year to develop an internal communications programme to stimulate further awareness across the whole of the organisation on the potential contribution to the health and wellbeing agenda

3.2 Delivering effective public health services and programmes, within the available grant is a both a priority and a risk. The grant for 2013/14 is £15.6m and this will rise to £17.2m in 2014/15. As expected the costs of some existing commissioned services are being clarified as they are being extracted from block contracts and more detailed costing is undertaken. All proposed costings are being reviewed by public health commissioners to ensure they are appropriate. Some planned investments have been put on hold until this process is completed to ensure there are no financial risks and that public health deliver within budget. As projects are on hold it is likely that there will be underspends at the end of the financial year. According to the terms of the grant these must be carried forwards and used for public health activity.

3.3 Work is already underway to develop proposals for consideration on how the anticipated underspends from 2013/14 and the new investment in 2014/15 can be deployed in an effective way.

## APPENDIX 1 – SUMMARY OF PROGRESS ON INTEGRATION SINCE 1 APRIL

Key Area	Progress
Staff	<ul style="list-style-type: none"><li>• All staff employment has been successfully transferred</li><li>• All staff who need to use GCSX have been CRB checked</li><li>• All staff are participating in the Delivering Successful Performance process</li></ul>
Contracts	<ul style="list-style-type: none"><li>• Contracts with GP Practices and Pharmacies have been extended by NHS England for 2013/14. Work is underway with Commercial Services and Legal to adapt a national Public Health Services contract, which has been developed with the LGA and is appropriate for clinical services, for local use. All GP Practices and Pharmacies will be transferred onto this new contract ready for 2014/15</li><li>• All contracts for where BCC is the lead commissioner have been transferred across under a transfer scheme</li><li>• The insurance cover of all providers has been reviewed to ensure it is sufficient and does not put BCC at any financial risk as a commissioner</li><li>• Work is in progress with commercial services to develop a procurement plan for the re-commissioning of services with contracts that expire over the next 2 years. The phasing of the re-commissioning of services will take into account any potential for increased value for money or quality, synergies with other BCC services and the capacity to manage tendering processes</li><li>• All Commissioners have received training on the contract management framework and are in the process of grading contracts and implementing appropriate processes</li><li>• Work has begun (including input from legal and commercial services) on the development of a collaborative commissioning agreement with NHS Commissioners where BCC is an associate commissioner on a larger NHS Contract</li><li>• A Contracts Support Officer has been recruited to the Public Health Team to support the overall financial and performance</li></ul>



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	management of contracts
Finance	<ul style="list-style-type: none"> <li>• All suppliers are now set up on SAP or have agreed to be paid by purchasing card</li> <li>• New claims processes have been established for GP Practices and Pharmacies and April/May claims received have been processed</li> <li>• The first instalment of the Public Health Grant has been received</li> <li>• All Commissioners have been introduced to BCC's financial standing orders and received training on SAP</li> <li>• Prices on services that were part of block contracts are being clarified. Implementation on some areas of new investment is on hold until the financial impact of this is fully understood so there is no risk to the overall budget.</li> </ul>
Governance and Risk Management	<ul style="list-style-type: none"> <li>• Senior managers have received training on the risk management processes in BCC and the risk register that was transferred from the NHS is being reviewed in light of this. Higher level risks will be uploaded onto performance plus as soon as this process is completed</li> <li>• Strategic risks have been identified, initially as part of the portfolio planning process, and mitigations introduced</li> <li>• A draft performance dashboard has been discussed with BCC performance leads and training is planned on performance plus to establish processes for reporting key performance</li> </ul>
IT	<ul style="list-style-type: none"> <li>• Staff were operational with computers and blackberry's within 2 days of transfer</li> <li>• We are still experiencing problems the N3 connection back into the NHS, which is required to access health data. Interim solutions have been established to ensure access to key data until this is resolved</li> </ul>
Key Areas of the Public Health Programmes	<ul style="list-style-type: none"> <li>• Public health has been incorporated into the Portfolio Plan for Adult and Family Wellbeing</li> <li>• Work has been undertaken to clarify with partners such as Public Health England, roles and responsibilities in the event of infectious disease outbreaks. This is to ensure a coordinated, safe and effective response both in and out of hours to outbreaks in Buckinghamshire.</li> <li>• A programme of projects has been agreed with the Clinical Commissioning Groups for the provision of public health advice into the commissioning of NHS services</li> <li>• A review was initiated on the school nursing service prior to the transfer. This has proved very valuable in understanding the resourcing of the service. Work is continuing to develop an agreed service model and the most effective and efficient use of resources to achieve this</li> </ul>