1. Summary

1.1 This report updates the panel on the progress of work to effect the transfer of public health functions and staff from the Primary Care Trust which closes down on 31st March 2013 to the Council.

2. General Update

2.1 Under the Health and Social Care Act 2012 public healthfunctions transfer to the Council on 1st April 2013 as part of a major reorganisation of health services. The transition programme in Tower Hamlets is well-advanced and from January 2013 there is an accelerating shift into the new systems.

2.2 Most of the anticipated national guidance on the public health transition has now been issued. The main outstanding information required to progress the transfer with full confidence is the announcement of the public health grant for 2013-14 that local authorities will receive. This announcement was expected on 19th December but did not take place and there is a promise that the announcement will be made in early January and will cover two years to give local authorities more financial certainty. [It may therefore be possible to give the Panel a further update on this when the panel meets.] In the interim the lack of clear budgetary information from April 2013 forwards adds considerable uncertainty to the transition process and increases risk to the receiver organisations.

2.3 The programme is otherwise generally on course against national milestones and externally Tower Hamlets is considered to be in a good position compared to some other local authorities.

3. Transfer of Public Health Contracts

3.1 A Report that sets out how it is proposed to handle the large volume of contracts/commissioning responsibilities being transferred to the Council on 1st April is being considered by the Cabinet on 9th January. The plan requires for a significant number of contracts that would otherwise end on 31st March 2013 to be extended by the NHS and then together with other contracts which have an end date beyond April 2013 can be transferred to the Council by means of a statutory order allowing time for a reprocurement process to take place in accordance with Council procurement procedures. This will ensure a smooth transition of the service and allow members and the community the opportunity to influence the redesign of the services before they are procured.

3.2 The preferred option to commission clinical services from GPs, is to do this through the Clinical Commissioning Group, and a proposal is being developed to enable this to be in place by April 2013. Contracts with pharmacies, dentists and the acute trust will transfer to the Council and be managed by the Council from April. In the case of sexual health services, a high risk area that accounts for approximately one–third of the public health

commissioning budget, options are being developed for joint commissioning with other east London boroughs in order to share risk more widely.

3.3 The mechanism for the transfer to of contracts and other public health assets/liabilities that might need to transfer from the PCT to the Council is that a statutory scheme signed off by the Secretary of State will list all the contracts and these will then transfer to the Council on 1st April 2013.

4. Appointment of Director of Public Health (DPH)

4.1 As the substantive DPH for Tower Hamlets is now taking up another job within the NHS it is proposed to commence a recruitment process for the Tower Hamlets DPH post. There is a substantial body of guidance about the role of the DPH and the process for recruitment.

4.2 The Health and Social Care Act makes clear that the DPH will be responsible for all the new public health functions of local authorities. The Act makes it a statutory requirement for the DPH to produce an annual report on the health of the local population, and for the local authority to publish it.

4.3 To reflect the importance of the new role, the Act adds DPH to the list of statutory chief officers. The guidance on appointing DPH is part of statutory guidance on the responsibilities of the DPH, in the same way that guidance is currently issued for directors of children's services and directors of adultservices. To enable the DPH to carry out their role the guidance says that there must be direct accountability between the DPH and the local authority chief executive for the exercise of the local authority's public health responsibilities and that they must have direct access to elected members otherwise they will not be able to carry out their duties effectively.

4.4 In practice, there has been reluctance in many local authorities to create another first tier officer, especially as many authorities move to slimmed down top structures. In cases where the DPH does not have a direct management line of responsibility to the Chief Executive, it is possible to put a protocol in place that sets out lines of accountability and access to members that ensures compliance with this expectation.

4.5 The regulations set out a process for the appointment to DPH positions including the role of Public Health England and the Faculty of Public Health in appointments, the composition of the appointments committee, and an expectation that the appointments committee be chaired by a lay member such as a local authority elected member, for example the cabinet member of the Health and Wellbeing Board.

5. Transfer of Public Health Staff

5.1 A national timetable for the staff transfer has been published and names of staff in the 42 posts expected to transfer to LBTH have been provided to the Department of Health. LBTH will formally have sight of the list

in January and there is a monthly process of agreeing the list before it is finalised in mid-March. The Council will expect to send a letter to all transferring staff by the end of January setting out transfer terms and at the same time will carry out due diligence checks on the staff information provided by the PCT.

5.2 At the time of writing there is no agreement on how long and in what circumstances transferring staff will have the right to remain in the NHS pension scheme. Further HR guidance is also expected on the future terms and conditions of transferring NHS staff that will transfer on NHS T&Cs and it is not yet determined at what point such staff would be expected to transfer to LA T&Cs. The exact form of the staff transfer has yet to be clarified - whether a TUPE transfer or a statutory transfer - and there has been a disagreement between employers and trade unions at national level about this which is still being resolved. The final details of the transfer scheme have not been published yet in light of this.

5.3 Transferring public health staff will have the right to remain in the NHS pension scheme and to retain their NHS terms and conditions. Further HR guidance is expected on the terms and conditions that are offered to public health staff that are recruited by the local authority after April 2013. The staff transfer is expected to be in the form of a statutory transfer scheme and The final details of the scheme are expected to be published in mid-January.

6. Health Protection

6.1 New guidance has been issued on Emergency Planning, Response and Resilience, a significant area of public health responsibility in respect to health risks such as pandemics. The Councils civil emergency and business continuity plans are being checked to identify where any amendments needs to be made. A desktop exercise is planned for the end of January to test the new systems and identify any risks that need to be further addressed.

7. Public Health Intelligence

7.1 Analysing public health data from diverse sources, many of which will remain within the NHS, is an important function of public health teams that will become a Council responsibility from April. This includes the responsibility to advise the borough`s Clinical Commissioning Group on population wide health issues and there will be a memorandum of understanding to provide for this.

7.2 There are significant data governance and technical issues which are still being worked through nationally as well as locally in order to embed this new role within the Council.

8. Conclusion

8.1 The transfer of public health responsibilities to local government from the health service has been broadly welcomed. LBTH in the initial exercise to work out financial baselines had the highest per capita allocation in the country (closely followed by Hackney but nearly double Newham). This is a reflection of the high priority and investment put into Public Health by the PCT over a long period of time. It also means that the Borough will acquire a highly skilled workforce in a field where there is generally a shortage of qualified public health personnel.

8.2 The levels of health inequality and poor health outcomes, although improved over the years, with some stellar success stories (smoking cessation, childhood vaccinations to give two examples) remain challenging and public health is the engine of improvement.

8.3 There are likely to be many opportunities to bring together Council and Public Health services, making better use of resources, and focussing these resources in line with the Joint Strategic Needs Assessment and the Improving Health and Wellbeing Strategy, which is being developed by the Health and Wellbeing Board. The Director of Public Health has a place by statute on the Health and Wellbeing Board.

8.4 One of the terms of the transfer is that Councils will have a responsibility to provide public health services to the local clinical commissioning group to support and planning and commissioning of services – which should also track back to the Improving Health and Wellbeing Strategy. Tower Hamlets CCG has a position on its Board for the Director of Public Health which is seen as being hugely important.

8.5 Finally, Barts Health has recently established a post of Director of Public Health/Deputy Medical Director, which it is believed to be a first. This is borne out of the fact that the Trust is an employer of over 20,000 people and has an opportunity to engage in health promotion activities with staff and patients. This development has been welcomed by us as a means to strengthen health promotion. A good example of this is the need to improve numbers taking up cancer screening and encouraging awareness to improve early detection rates which remains an issue in Tower Hamlets (and was highlighted in an earlier Health Scrutiny report a few years back).