

# Merton Council

## Healthier Communities and Older People Overview and Scrutiny Panel (special meeting)



Date: Thursday 31 May 2012  
Time: 7.15 p.m.  
Venue: Committee Rooms D and E  
Merton Civic Centre, London Road,  
Morden SM4 5DX

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### SUPPLEMENTARY AGENDA

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|----|--------------------------------------------------------------------------------------------------------------------------|---|
| 3. | Transition of Public Health to the London Borough of Merton<br>Appendix 1 to the report – report to Cabinet 11 June 2012 | 3 |
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**This is a public meeting – members of the public are very welcome to attend.  
The meeting room will be open to members of the public from 7.00 p.m.**

For more information about the work of this and other overview and scrutiny panels, please contact, Stella Akintan, Scrutiny Officer, on 020 8545 3390 or e-mail [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

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## Healthier Communities and Older People Overview and Scrutiny Panel Membership

### Full Members:

Councillor Suzanne Evans (Chairman)  
Councillor Peter McCabe (Vice Chair)  
Councillor Margaret Brierly  
Councillor Brenda Fraser  
Councillor Maurice Groves  
Councillor Logie Lohendran  
Councillor Dennis Pearce  
Councillor Greg Udeh

### Substitute Members:

Councillor Laxmi Attawar  
Councillor Janice Howard  
Councillor Linda Taylor  
Councillor Sam Thomas  
Co-opted Representatives  
Myrtle Agutter  
Laura Johnson  
Sheila Knight  
Barbara Price  
Saleem Sheikh

### Note1: Declarations of interest

Councillors and co-opted members who have a personal or prejudicial interest in relation to any item on this agenda are asked to complete a declaration form and hand it to the Democratic Services Officer. Forms, together with a summary of guidance on making declarations of interest, will be available around the meeting table. If further clarification is needed members are advised to refer to "The Code of Conduct – Guide for members May 2007" issued by Standards for England, which will be available at the meeting if needed.

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### *What is Overview and Scrutiny?*

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on [scrutiny@merton.gov.uk](mailto:scrutiny@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny).

## **Committee: Cabinet**

**Date: 11 June 2012**

Agenda item: 8

Wards: All

## **Subject: Transition of Public Health to Local Authorities: Options and Recommendations for Delivery of the Future Public Health Responsibilities**

Lead officer: Simon Williams / Dr Val Day

Lead member: Cllr Linda Kirby

Forward Plan reference number:

Contact officer: Simon Williams    [simon.williams@merton.gov.uk](mailto:simon.williams@merton.gov.uk)

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### **Recommendations:**

- A. Cabinet is recommended to consider the implications for the Council of the Public Health functions for which the Council will become responsible from 1 April 2013, under the Health and Social Care Act 2012.
- B. Cabinet is asked to note the arrangements to support the transition of public health functions as set out in the London Borough of Merton Transition Plan and to note the Plan.
- C. Cabinet is recommended to agree the appointment of a Director of Public Health (DPH) solely for the London Borough of Merton.

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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The Health and Social Care Act 2012 includes a transfer of responsibilities for public health from NHS Primary Care Trusts to local authorities from April 2013.

The Council must appoint a Director of Public Health to take responsibility for its public health functions which include duties to improve the health of the people in the borough. This includes information and advice, as well as services to promote healthy living and for the prevention, diagnosis and treatment of illness. It also includes advice to the clinical commissioning group to enable it to discharge its own functions in relation to prevention, diagnosis and treatment of illness and the protection and improvement of public health.

In order to effect the transfer of public health responsibilities to the London Borough of Merton, a Public Health Transition Steering Group has been established jointly with NHS SW London, Sutton and Merton Councils, and a detailed Transition Plan has been agreed. The work programme is detailed in an Action Plan and is made up of 10 workstreams.

Merton Corporate Management Team has considered the public health leadership responsibilities of the Director of Public Health (DPH) and whether these need to be met by appointing a DPH solely to the Borough or whether a

shared appointment could be made with another Borough. CMT has concluded that a DPH solely for Merton is needed to provide the leadership and deliver the required responsibilities. Cabinet is recommended to agree the appointment of a Director of Public Health (DPH) solely for the London Borough of Merton.

Structures beneath the DPH will depend on responsibilities and affordability. Further guidance on HR arrangements is expected shortly, and more detailed guidance on responsibilities is likely. The Public Health Grant is unlikely to be published before December, but indications of any changes to the published 2012/13 Baseline Spending estimate are likely during the Summer. These and other factors will influence decisions about the structure of the Public Health Team beneath the DPH.

## **2 DETAILS**

### **2.1 Local authority public health functions and responsibilities**

The new public health responsibilities are intended to clearly demonstrate the leadership role for local authorities in:

- Tackling the causes of ill health, and reducing health inequalities
- Promoting and protecting health
- Promoting social justice and safer communities

The vision for local government leadership of public health is that health and wellbeing is integral to everything the council does, and that health impact and maximising health benefit are systematically assessed during policy development.

Specifically, local authority responsibilities for public health leadership, commissioning and delivery will include mandatory functions and services, including:

- Production of the Joint Strategic Needs Assessment (JSNA), jointly with the Clinical Commissioning Group
- Leadership of the Health and Wellbeing Board and production of the Joint Health and Wellbeing Strategy
- Appointing a Director of Public Health to be responsible for its public health functions, including the planning and response to emergencies that involve a risk to public health
- The Director of Public Health must produce an annual report on the health of the people in the area of the local authority, which must be published
- Commissioning or providing certain mandatory services, including:
  - Appropriate access to sexual health services
  - Services to protect the health of the population
  - The National Child Measurement Programme
  - NHS Health Check assessment
- Commissioning a range of other public health and health improvement services, including those addressing smoking and obesity
- Provision of public health advice to NHS commissioners – the ‘core offer’ to Merton Clinical Commissioning Group

In meeting these responsibilities, local authorities will need access to a balance of generalist and specialist public health resource to support the DPH and

ensure that statutory responsibilities are met. Some of this expertise will be available at no cost from Public Health England, particularly for health protection, although the leadership responsibility will lie with the local authority. Other needs may be met through directly employed staff, access to a team shared with another local authority, or through commissioning experts as required. Public health expertise will be of greatest benefit when it is combined with strong corporate networks and a good understanding of the politics, policies and procedures of the council, as well as detailed knowledge of the people and places served. Strong relationships with partner agencies, in addition to those across council directorates and with the local Clinical Commissioning Group, will help to ensure public health advice is fit for purpose and value for money.

Merton is well placed to meet its public health responsibilities, building on a track record of addressing public health issues. The Merton Partnership has a long standing commitment to reducing health inequalities, as evidenced for example in its choice of stretch targets for the Local Area Agreement (LAA) Performance Grant. Its Healthier Communities Partnership was peer reviewed in 2007 and the Council was identified as providing effective leadership. Since that time partnerships have been maintained and developed, including the joint appointment of a Consultant in Public Health in 2009, the delivery of LAA targets to tackle health inequalities in 2010 and most recently the development of the shadow Health and Wellbeing Board. Merton Council also has a track record of commissioning high quality public health services, such as substance misuse services.

## **2.2 Provision of Public Health advice to NHS Commissioners – Merton Clinical Commissioning Group (CCG)**

Local authorities will be required to provide public health advice to clinical commissioning groups, and will be expected to ensure that they have the appropriate resources in place to deliver this function to the appropriate quality standards. This resource includes not only the Director of Public Health and Public Health Consultants, but also wider intelligence and analytical resources.

A shadow Memorandum of Understanding is in discussion between the PCT and Merton CCG for the transition year setting out the core offer as outlined below.

Key aspects of the core offer include:

- Strategic Planning – assessing need and supporting CCG input to the JSNA, practice profiling, specific disease monitoring and patterns, health needs assessments for specific conditions or disease groups
- Reviewing Service Provision – supporting CCG analysis of local variation in outcomes and performance, providing specialist support for service reviews and pathway development
- Deciding priorities – critical appraisal of evidence, advising on decommissioning and commissioning prioritisation, horizon scanning for impact of National Institute of Health and Clinical Excellence guidance and guidance from other sources

- Procuring services – specialist public health advice on the effectiveness of interventions, including clinical and cost-effectiveness, service review methodology, medicines management, pathway development, monitoring and evaluation.

In addition to the provision of public health technical support, the CCG will also look to the Director of Public Health to contribute to the governance and decision making of the CCG, including as part of the Board. He/she will thus provide the formal link between the Council and the CCG.

## **2.3 Arrangements for the Transition of Public Health to the London Borough of Merton**

Local authorities are required to agree plans for the transition of public health, including staff, programmes and contracts. The London Borough of Merton Public Health Transition Plan (attached as Appendix 1) has been agreed by the Merton Public Health Transition Steering Group and submitted to Merton Shadow Health and Wellbeing Board, NHS SW London, and NHS London for approval.

In Sutton and in Merton, transition has the added complexity of requiring decisions and possible consultation about the distribution of the public health arrangements between the two boroughs. There is a history of joint commissioning and delivery of public health functions across Merton and Sutton, and in relation to specialist public health staff, there is currently a joint team providing public health expertise across the two boroughs. The transition planning requirements, timetable, and governance arrangements are included in the transition plan

In preparation for the transition year 2012/13, Primary Care Trusts are required to agree a Memorandum of Understanding (MoU) with their local authority covering working arrangements during the transition year. The MoU between NHS SW London and the London Borough of Merton has been agreed. It makes clear that the continuing legal, professional and clinical accountability for public health functions and staff remain with NHS SW London, Sutton and Merton, until 1 April 2013, unless any formal legal agreement to transfer any responsibilities to the London Borough of Merton is put in place. It also sets out the role of the Public Health Transition Steering Group for the oversight of the transition, as well as the monitoring of performance and outcomes of public health functions, including finance and activity to ensure transparency between the PCT and the Council during the transition year. It is attached as Appendix 2.

## **2.4 The Operating Model for Public Health Merton**

In delivering its new public health functions, the Council will be mindful of the need to set a vision for public health and to achieve improvements in the health and wellbeing of the people of Merton, including reducing health inequalities. The overarching outcomes set out in the new Public Health Outcomes Framework are increasing healthy life expectancy and reducing the differences in life expectancy and healthy life expectancy between communities. These outcomes are supported by detailed indicators in four domains – improving the

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wider determinants of health, health improvement, health protection and healthcare public health and preventing premature mortality.

In order to fulfil their public health responsibilities, a ring-fenced Public Health Grant will be made to the Council by the Department of Health. Estimates of baseline spending for public health functions were published by the Department of Health in February 2012. The minimum Grant for Merton is expected to be £7.469m. This should be sufficient to cover Merton's share of the current staff complement if required and those contracts that will be on-going and novated on 1 April 2013. As the majority of the current public health services that are being transferred are commissioned for the residents of both Sutton and Merton, further analysis is being undertaken where data is available to ascertain whether the access and use of these services by Merton residents is proportionate to population size, and therefore whether the Merton share of resource will be sufficient to meet population need. Having considered the new responsibilities and functions, the Council will need to determine the staffing structure that is affordable, efficient and effective.

## **2.5 The Director of Public Health**

Under the Health and Social Care Act 2012 the Council are required to appoint a Director of Public Health. This person will be required to be an appropriately qualified public health specialist.

Corporate Management Team considered arrangements for appointing a Director of Public Health on 20<sup>th</sup> March and endorsed a recommendation on 22<sup>nd</sup> May. The following factors were taken into account: the extent of responsibilities; the importance of localism and visibility; relationships and availability to fulfil commitments; costs and affordability. Detailed consideration was given to three options:

### **Model 1: Single Borough Model**

In this model, the Borough would have its own Public Health Team led by a Director of Public Health. The borough would be essentially self sufficient for its public health expertise, although it would draw on national expertise from Public Health England as required and be able to collaborate across the public health community

### **Model 2: Shared Director of Public Health with either a separate or shared Public Health Team**

A Director of Public Health shared with one or more other local authorities could work with a public health team dedicated to the borough or shared with the same local authorities.

### **Model 3: Single Director of Public Health with a single team and additional shared functions**

In this model, the borough would have its own public health team led by a Director of Public Health and would also draw on a shared team for specific functions where services are commissioned across wider geographies or where expertise is scarce.

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The council consulted with the shadow Merton Commissioning Group on this matter, and the Group has expressed a clear view that there should be one Director of Public Health just for Merton.

Following consideration of the options CMT has concluded and advises that a Director of Public Health solely for Merton is needed to provide the necessary leadership and deliver the required public health responsibilities. On this basis it is recommended to Cabinet that the appointment of a DPH solely for the London Borough of Merton is agreed. The DPH will report to the Chief Executive in line with any Statutory Guidance.

The Council is in the position that there is no permanent Director of Public Health in post in NHS Sutton and Merton, and therefore the opportunity exists to make an appointment of a candidate suitable to the needs of the borough.

Subject to Cabinet agreeing the recommendation, it is proposed that an advertisement is placed for a Director of Public Health in June/July, with a view to interviewing and appointing in September 2012 and the successful candidate being in post by January 2013.

As this is in advance of the Council assuming it's responsibilities for public health, the appointment will be made by NHS Sutton and Merton jointly with London Borough of Merton. Human resources advice is that the Director should be appointed on NHS terms, conditions and salary prior to the transfer of responsibilities on 1 April 2013.

## **2.6 Role and Responsibilities**

From April 2013 the Director of Public Health will be responsible for all the new public health functions of local authorities, as set out in section 2.2, including day-to-day responsibility for the ring fenced grant.

At this stage, it is proposed that Public Health will operate, at least initially, as a distinct entity within the Council, and that there will be no additional corporate management responsibilities assigned to the Director of Public Health transferred from the existing council corporate directorates.

## **2.7 The Public Health Team**

In addition to the Director of Public Health, the Council will require a small team to deliver the public health leadership, professional and technical responsibilities. Local authorities will need access to a balance of generalist and specialist public health to support the DPH and ensure that statutory responsibilities are met. Some of this expertise will be available at no cost from Public Health England, particularly for health protection, although the leadership responsibility will lie with the local authority. Other needs may be met through directly employed staff, access to a team shared with another local authority, or by commissioning experts as required.

Public health expertise will be of greatest benefit when it is combined with strong corporate networks and a good understanding of the politics, policies and procedures of the council, as well as detailed knowledge of the people and places served. Strong relationships with partner agencies, in addition to those



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across council directorates and with the local Clinical Commissioning Group, will help to ensure public health advice is fit for purpose and value for money.

Early discussions have taken place with the other Public Health teams in South West London to explore the potential to share expertise in a mutually beneficial way. At this stage no agreement has been reached, and it may be more efficient to retain a small resource in the budget to commission expertise as required.

## **3 CONSULTATION UNDERTAKEN OR PROPOSED**

Consultation with public health staff currently employed by NHS Sutton and Merton on the transfer to local authorities is expected to be required and is likely to take place in Autumn 2012 once HR processes and structures are finalised.

As there is a single Public Health team for Sutton and Merton at the current time, any decision to split the team between the boroughs will require a process agreed with staff, which may include consultation, in addition to the consultation on change of employer. It is provisionally proposed to carry out a local consultation that will be followed by the staff appointment process between September and December.

Consultation has taken place with the shadow Merton Commissioning Group on the options for the Director of Public Health as discussed above.

## **4 TIMETABLE**

The responsibility for public health will transfer to the London Borough of Merton from NHS Sutton and Merton from 1 April 2013. This will include the transfer of staff and the novation of any continuing contracts.

The Public Health ring-fenced Grant is expected to be announced in December 2012, for 2013/14.

During the transition year 2012/13, various milestones will be expected to be achieved. The Public Health Transition plan includes high level national and local timetables on pages 15 and 16. A more detailed timeline will be updated and developed in line with national guidance and local requirements.

## **5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

The Public Health Grant will be made to the London Borough of Merton from 1 April 2013. It is expected to be sufficient to cover existing staff and contracts. However, the Council will wish to be assured that the transferring public health functions and staff are full funded by the Public Health Grant. Representations are being made to the Department of Health regarding the low baseline spending estimate published in February which was based on historical spend.

The appointment of a sole Director of Public Health will have cost implications, and an agreement to make 3% of the Public Health Grant available to the Mayor for London-wide public health delivery (£210,000 approximately), will need to be funded.

Staff transferred as part of the transfer of public health responsibilities from the NHS will require office accommodation.

## **6 LEGAL AND STATUTORY IMPLICATIONS**

The Health and Social Care Act 2012 will be followed by detailed guidance about implementation. Analysis of the Borough's statutory and mandatory responsibilities will be required.

## **7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

The Council is expected to have a statutory duty for public health functions including the reduction of health inequalities. The Director of Public Health will be expected to engage with wider civil society to enlist communities in fostering health and wellbeing.

## **8 CRIME AND DISORDER IMPLICATIONS**

The Director of Public Health will be expected to work with local criminal justice partners to promote safer communities.

## **9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

Subject to Parliament, from April 2013 the Council will have statutory responsibilities for Public Health, including a duty to take such steps as it considers appropriate for improving the health of the people in its area. This will include protection of the health of the population in the event of a public health emergency. The Council will wish to undertake detailed risk assessment once the statutory responsibilities are confirmed.

## **10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

1. London Borough of Merton Public Health Transition Plan
2. Memorandum of Understanding between London Borough of Merton and NHS South West London: Public Health Shadow Working arrangements April 2012-March 2013

## **11 BACKGROUND PAPERS**

The Department of Health has published a number of guidance papers relating to the transfer of public health responsibilities and the baseline spending estimate for public health. Key papers are available at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131889](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131889)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132535](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132535)



South West London

**LONDON BOROUGH OF MERTON  
PUBLIC HEALTH TRANSITION PLAN**

## DOCUMENT CONTROL

### Revision History

Document Number	Reason for Revision	Author	Issue Date
V2	Presented to the Public Health Transition Board	Anne Reeder	09.03.12
V3	V2 incomplete. Completed for submission to the Transition Board and LBM Executive	Anne Reeder	26.03.12
V3.1	Minor Amendments	Val Day	28.03.12
V3.2	Minor Amendments	Anne Reeder	30.03.12
V 4	Minor amendments to reflect feedback from Transition Board	Anne Reeder	10.04.12
V4.1	Minor amendments	Val Day	11.04.12
V4.2	Further Minor amendments	Anne Reeder	19.04.12
V5	Inclusion of Equity and diversity statement. Removal of appendices 6 – 10 to separate document as they will change during the course of the project with notes added to the text of the plan to explain this.	Anne Reeder	24.04.12
V6	Final minor changes	Anne Reeder	28.4.12

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### *Appendices*

1. *Publications*
2. *Terms of Reference*
3. *Public Health Transition Project structure*
4. *Key stakeholders*
5. *Transition plan check list*
6. *Risk Log*
7. *Issues Register*
8. *Work Stream Report Template*
9. *Outline Transition Plan*
10. *Transition Action Plan*

#### NOTE

Appendices 6 – 10 are referred to in this plan but are not attached. They are working documents that will be changed and updated regularly during the course of the project. They are available as separate documents.

## Executive Summary

The Health and Social Care Act (2012), includes a series of clauses that will transfer public health functions, currently the responsibility of NHS primary care trusts, to local authorities. The new system will give clear accountability for the improvement and protection of their population's health to local government. These new responsibilities will transfer on 1 April 2013.

Public Health services for the London Borough of Merton are currently provided by NHS Sutton and Merton, which also provides services to the London Borough of Sutton. It will be necessary to review and consider the redesign of the structure of the Public Health team before the services can transfer, in recognition of the potential for two separate teams, one for each borough.

PCTs and local authorities are required to produce and implement a transition plan providing assurance to the Local Authority and the NHS that robust arrangements are in place to support the Transition of Public Health functions, including services, staff and resources.

This document sets out a draft plan for the Transition of Public Health functions from NHS Sutton and Merton to the London Borough of Merton in 2012/2013. The plan sets out:

- The Governance and Assurance structures and processes that will be in place to support the transition
- The critical activities that need to be undertaken to ensure a smooth transition:
- The critical activities that must be delivered during the transition year to ensure that business as usual is not compromised as services and people become aligned to new organisations
- The milestones that must be met during transition and the dependencies and interdependencies of supporting activities
- The key risks and issues that will need to be addressed during transition
- The control and reporting arrangements

The plan is supported by a number of appendices including the transition action plan which details the tasks that need to be carried out and will act as a tool to measure progress.

The situation in Merton is complex because Public Health services are currently provided by NHS Sutton and Merton across the London Boroughs of Merton and Sutton. Agreement needs to be reached on the best structure for both boroughs and the most appropriate way to disaggregate the functions.

Once this has been agreed, the London Borough of Merton will be in a good position to take on its new responsibilities for Public Health and benefit from the integrated service.

## 1. Introduction and Background

The Health and Social Care Act (2012), includes a series of clauses that will transfer Public Health functions, currently the responsibility of NHS Primary Care Trusts, to local authorities. The new system will give clear accountability for the improvement and protection of their population's health to Local Government. It will include new responsibilities and resources to improve the health and wellbeing of their local population, within a broad policy framework set by the Government. These new responsibilities will transfer on 1 April 2013. A list of relevant policy documents and guidance is attached as appendix 1.

Re-uniting Public Health responsibilities in the local authority offers new opportunities for innovative solutions in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution, to support local communities to become healthy and stay healthy. It will take time for local authorities to realise the full potential and benefits of the shift of public health responsibilities, and for the NHS to reassess its continuing contribution to improving people's health.

As part of the new responsibilities for health, councils will need to consider:

- **Health Impact:** Local authorities will be expected to ensure health impact is considered and included in all policies, asking key questions such as "what will this do for the health and wellbeing of the population?" and "will this reduce health inequalities locally?" This will require the Council to adopt a new approach when developing policy, strategy and designing new services to consider health impact along with equality and environmental impact.
- **Health Protection:** there has been an increasing emphasis put on the role of local authorities in health protection, particularly through its response to emergency planning. Although Councils are already Category One responders in terms of the Civil Contingency Act, the new guidance means the response to emergency planning and business continuity needs to take into consideration the potential impact on health and the mitigation needed to protect health. In addition, the Director of Public Health will be the lead for health protection locally, supported by the local unit of Public Health England.

Public Health functions for the London Borough of Merton are currently provided by NHS Sutton and Merton, which also provides services to the London Borough of Sutton. It will be necessary to review and redesign the structure of the Public Health team to ensure it meet the future needs of the population served by the London Borough of Merton within the resources that are available.

This document sets out a draft plan for 2012/13 for the transition of Public Health functions from NHS Sutton and Merton to the London Borough of Merton.

The plan sets out:

- The Governance and Assurance structures and processes that will be in place to support the transition.
- The critical activities that need to be undertaken by each (provisional) work stream to ensure a smooth transition:
  - Future Operating Model (Vision, Strategy and Structures)
  - Finance, including arrangements for 2012/13 oversight
  - Workforce, including consultation
  - Governance and Legal framework, including contracts
  - Arrangements for Public Health support to NHS commissioners
  - Commissioning and Performance
  - Transition of services and programmes
  - Communications and Engagement
  - Infrastructure and IT
  - Project Management
- The critical activities that must be delivered during the transition year to ensure that business as usual is not compromised as services and people transition
- The milestones that must be met during transition and the dependencies and interdependencies of supporting activities
- The key risks and issues that will need to be addressed during transition

The draft plan will be subject to refinement and agreement with:

- London Borough of Merton
- The Health and Wellbeing Board for Merton
- NHS South West London
- Clinical Commissioning Group for Merton
- Public Health England
- Staff and trade union representatives

This document forms part of NHS Sutton and Merton's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is to, as required by the Equality Act 2010, identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to promote positive practice and value the diversity of all individuals and communities.



## 2. Local Government's New Public Health Responsibilities

The Government is returning responsibility for improving Public Health to Local Government because of their unique potential to transform outcomes through their population focus; ability to shape place based on local need; ability to influence the wider social determinants of health; ability to tackle health inequalities. Local Authorities will have key responsibilities across the three domains of Public Health: Health Improvement; Health Protection and Healthcare Public Health. In particular new responsibilities are focussed on:

- Tackling the causes of ill-health and reducing health inequalities
- Promoting and protecting health (including a greater focus on Emergency preparedness)
- Promoting social justice and safer communities

Local Government will be expected to:

- Ensure **Health Impact** is considered in all policies asking key questions, "What will this do for the health and wellbeing of the population?" and "will this reduce health inequalities locally?"
- Invest the new ring-fenced grant in high-quality Public Health services.
- Encourage health promoting environments, for example, access to green spaces and transport and reducing exposure to environmental pollutants.
- Support local communities by promoting Community Renewal and Engagement, Development of Social Networks (in particular for young families and children, and isolated elderly people).
- Tailor services to individual needs based on a holistic approach, focusing on services that address multiple needs, rather than commissioning a plethora of single issue services, and using new technologies to develop services that are easier and more convenient for users.
- Make effective and sustainable use of all resources, based on evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent the best possible value for money for Local Citizens.
- Work with a wide range of partners to achieve these goals through Health and Wellbeing boards (H&WBBs) and supported by HealthWatch. The H&WBBs will also drive the agenda of working with Clinical Commissioning Groups to provide integration across clinical pathways, which will maximise the scope for upstream interventions.

And to:

- Produce the Joint Strategic Need Assessment (JSNA) jointly with Clinical Commissioning Groups to ensure coherent and co-ordinated commissioning strategies and enable Health and Wellbeing Boards to develop Joint Health and Wellbeing Strategies.
- Support Local Voice and Patient Choice.
- Promote joined up commissioning of Local NHS Services, Social Care, Children's Services and Health Improvement.

- Lead on Local Health Improvement, Health Protection and Prevention Activity.
- Provide Public Health support to Clinical Commissioning Groups.
- Have clear roles, responsibilities and accountabilities for emergency preparedness, resilience and the response.

### 3. Public Health Commissioning

From April 2013, Local Government will be expected to commission services for the following areas of responsibility

Commissioning responsibilities (mandated services*)		
<ul style="list-style-type: none"> <li>▪ <b>NHS Health Check Programme*</b></li> <li>▪ <b>Comprehensive Sexual Health Services*</b> (<i>excluding HIV treatment services and terminations</i>)</li> <li>▪ <b>Ensuring NHS commissioners receive the Public Health advice they need ('Core Public Health Offer')*</b></li> <li>▪ <b>The National Child Measurement Programme*</b></li> <li>▪ <b>Role in dealing with health protection incidents and emergencies including duty to ensure there are plans in place to protect the health of the population*</b></li> <li>▪ <b>The Local Authority role in dealing with health protection incidents, outbreaks and emergencies*</b></li> <li>▪ <b>Local initiatives that reduce Public Health impacts of environmental risks*</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Tobacco control and smoking cessation initiatives</li> <li>▪ Alcohol and Drug Misuse Services</li> <li>▪ Interventions to tackle obesity</li> <li>▪ Community nutrition initiatives</li> <li>▪ Increasing physical activity levels in the local population</li> <li>▪ Public Mental Health Services</li> <li>▪ Dental Public Health Services</li> <li>▪ Accidental injury prevention</li> <li>▪ Population level interventions to reduce and prevent birth defects</li> <li>▪ Behavioural and Life style campaigns to prevent cancer and long term conditions</li> <li>▪ Local initiatives on workplace health</li> <li>▪ Local initiatives to reduce excess deaths as a result of seasonal mortality</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supporting, reviewing and challenging delivery of key Public Health funded and NHS delivered services such as immunisation programmes</li> <li>▪ Children's Public Health Services including Healthy Child Programme 5-19 years (pregnancy to age 5 including health visiting services from 2015)</li> <li>▪ Public Health aspects of promotion of community safety, violence prevention and response</li> <li>▪ Public Health aspects of local initiatives to tackle social exclusion</li> </ul>

The decision to commission non-mandatory services will be based on the PH Outcomes Framework, the Local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

## Current position in Merton

The Public Health Team of NHS Sutton and Merton currently provide Public Health functions to both the London Boroughs of Merton and of Sutton. A Public Health programme analysis has been carried out to detail all the programmes currently commissioned and /or provided by the team. There are already robust arrangements in place to commission the mandatory services but the majority of services are commissioned and delivered across both the boroughs and further work is being undertaken to assess how the services can be split between the two boroughs.

The shared delivery of Public Health through NHS Sutton and Merton means that there is a key interdependency with the London Borough of Sutton, and that agreement by both councils on the distribution and any sharing of the Public Health Resource (including staff) will be critical to transition.

The functions are provided by a Public Health team of twenty, which includes the Director of Public Health (DPH), two Consultants in Public Health medicine, two joint Consultants in Public Health (one of whom is a joint appointment with the London Borough of Merton and the other a joint appointment with the London Borough of Sutton) and service and programme managers. Some of the staff are part time and the DPH is an interim appointment. In addition, there is a small team delivering Stop Smoking Services.

The Public Health team, apart from the Joint Consultants in Public Health who have bases in the Council offices as well as the NHS, is based together in NHS accommodation.

Once the issue of separating the public health resources and agreeing the structure has been settled, Merton Council will be well placed to take on its new public health responsibilities. As well as already having the joint appointment, it has well-established strategic partnerships and an established process for producing the Joint Strategic needs Assessment (JSNA).

## **4. Governance Arrangements and Structure for Public Health Transition**

### Public Health Governance

NHS Sutton and Merton are currently responsible for the discharge of Public Health functions and will remain so until the end of March 2012 when responsibility transfers to the local authorities.

The Director of Public Health (Interim) is the Executive Director accountable to the PCT Chief Executive, who is also the NHS South West London cluster Chief Executive, for the effective delivery of the services.

A Memorandum of Understanding has been agreed which sets out the arrangements that will be in place for the Governance and Direction of the Public Health system during the working period of April 1<sup>st</sup> 2012 to March 31<sup>st</sup> 2013.

## Project Governance

To support effective governance during the transition, a Public Health Transition Board for Merton has been established to ensure that the Public Health services are transferred to the London Borough of Merton by April 2013. An equivalent Board has been established for Sutton. The Transition Boards for each council meet together or separately depending on issues to be addressed. The Terms of Reference for the Transition Board are shown in *Appendix 2*.

The Transition Board has decided to establish a formal transition project and has appointed a Project Manager to manage the process, jointly for Sutton and Merton.

PCTs and Local authorities are required to produce a Transition Plan, which describes how the PCT and Local Authority will work together to transfer the Public Health services to the Local Authority on April 1<sup>st</sup> 2013. The plan will give assurance to the Local Authority and NHS that there are robust transition arrangements for the Public Health system.

## Public Health Transition Project Board

The Transition Board for Merton is chaired by the Director for Public Health and includes:

- Director of Community and Housing, London Borough of Merton
- Interim Director of Public Health, NHS SW London, Sutton and Merton
- Borough Managing Director, NHS SW London, Sutton and Merton
- Joint Consultant in Public Health (Merton)
- Representative of the Director of Transition, NHS SW London
- Project Manager, Public Health Transition

Additional members will join the group as the work continues, including Finance and Human Resources colleagues.

## Transition Project Team

The Transition Plan includes ten work streams and work stream leads will be identified from both the Council and the PCT. The work stream leads will meet as a Project Team and attend Transition Board meetings as required.

The Public Health Transition project structure is shown in *Appendix 3*.

## Key Stakeholders

A list of key stakeholders is shown in *Appendix 4*. Stakeholders will be involved in the project at appropriate levels and times in line with the Public Health Transition Communications Plan.

## Roles

Roles of each party to the transition plans for Public Health have been identified as follows:

Director of Public Health (Interim): is the Project Director and ensures plans are robust and services/programmes are transferred appropriately, considers/identifies with other DPH and Local Authorities, services and functions that could be delivered more effectively on a larger geographical footprint; Public Health risks and mitigating action are in place and communicated to partners and a legacy handover process in agreed.

The Project Board: is the project sponsor and is be responsible for:

- Agreeing the Project's aims, scope, outputs, structure and resources
- Providing the resources
- Agreeing the Public Health Transition Plan and agreeing any major changes to the plan
- Ensuring that the expected outcomes are achieved and determining any corrective action if required
- Monitoring progress and resources
- Deciding on key issues
- Co-ordinating formal approval processes
- Briefing the Council and the PCT Board
- Ensuring that the plan is delivered on time and within the resources

## The Project Team

The work stream leads form the Project Team and will agree and complete the tasks and actions in the Transition Action Plan and will be responsible for planning, tracking and delivering the tasks. They will delegate tasks as required and decide whether to meet in person or remotely to progress the tasks. They will identify risks and issues and agree plans to mitigate these. They will report progress to the Project Manager. The Project Manager will support the work stream leads and will collate the plans and reports.

The Project Manager: will manage the project, coordinate the work stream tasks and implement any changes with advice from the Public Health Consultants

NHS Sutton & Merton: will ensure the engagement of staff; input from Clinical Commissioning Groups (CCG) and the Health and Wellbeing Boards (SHWBBs); regard for Public Sector equality duty; clear specification for the destination of all public health functions, services and programmes; identify transitional risks including impact on workforce; demonstrate clear accountability for delivery during transition year; explicit on resources available for delivery and supporting transition.

The London Borough of Merton: will ensure involvement with the PCT and PCT Cluster, development of transition plans; agreement of delegated responsibility for delivery of Public Health services; sign off final plans as demonstration of involvement and agreement to plan.

## Merton Health and Wellbeing Board

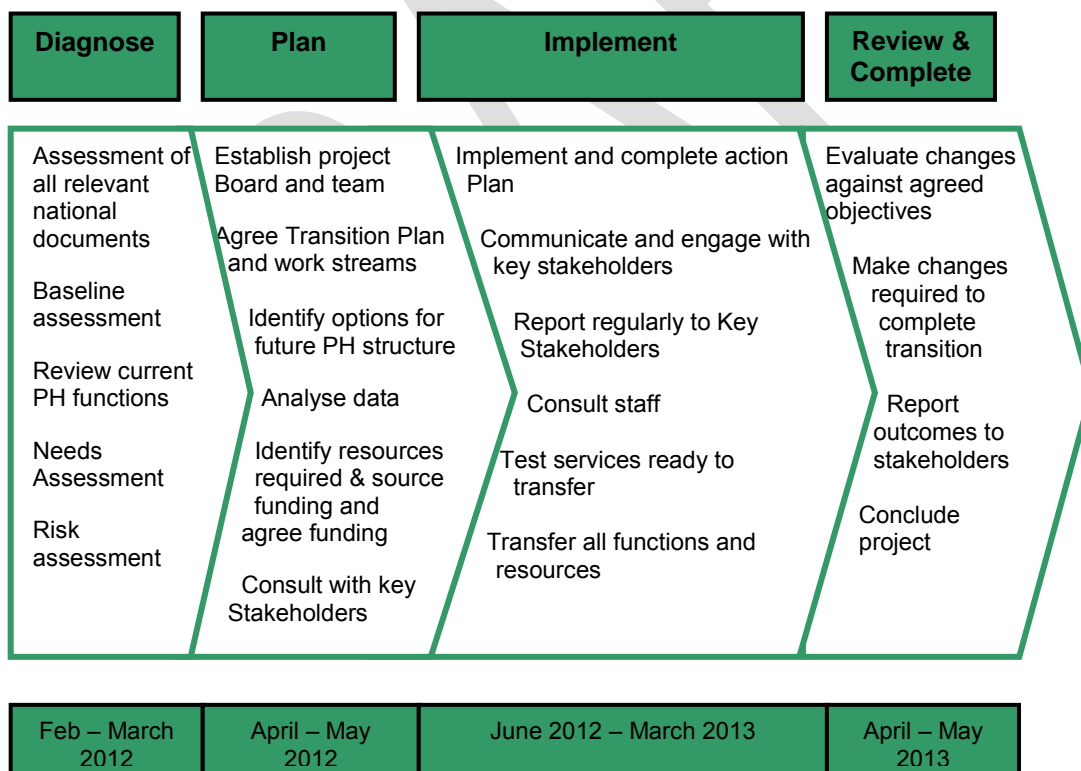
The Health and Well being Board will approve the transition plan and receive regular progress reports, ensuring that plans are in line with the Vision and Health and Well Being Strategy for Merton.

NHS SW London will assure that the transition plans and processes are in accordance with Guidance and Legal duties.

NHS Commissioning Board will ensure full participation in development of plans; Governance and Accountability for Public Health Services it has responsibility for.

## 5. Approach

The project will be based on PRINCE 2 methodology. There will be four stages to the project:





## **6. Aims, Objectives and Outcomes of the Public Health Transition Project**

The Aims, Objectives and Outcomes of the Transition Project are:

### Aims

1. To ensure the smooth Transition of the Public Health function to the London Borough of Merton by April 2013 in line with Government Policy and Guidance.
2. To ensure current Public Health Performance and Delivery is maintained during the transition.
3. To ensure the future function and form is fit for purpose (i.e. the function keeps the population safe, improves general health and reduces health inequalities within allocated resources).

### Objectives

1. To advise the Council on the local implications of National Guidance on the role of Public Health in Local Authorities.
2. To provide a detailed assessment of the current services and expenditure on the Public Health Services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities.
3. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles.
4. To develop a number of options for the Council Executive and Officers to consider for how Public Health might function following the transfer.
5. To ensure that all key stakeholders are aware of and engaged in the process at an appropriate level.

### Outcomes

At midnight, on 31 March 2013, a robust Public Health function will transfer to the London Borough of Merton, funded and staffed to commission and deliver the mandatory and locally agreed Public Health Services which are designed to improve the Health and Wellbeing of the Local Community and fully comply with Public Health Legislation.

## 7. Project Scope and Exclusions

### Scope

The project covers all the Public Health functions currently provided by NHS Sutton and Merton. The project will focus on functions transferring to the London Boroughs of Merton and Sutton but will also include services and staff transfer to other organisations such as local provider services, National Commissioning Board or Public Health England. The transition includes Public Health Services, Staff and Resources.

While the project, by necessity, focuses on the successful transition of the Public Health functions to the local authority, opportunities will also be taken to review, improve and develop and transform public health, integrating more closely with the council's existing services and building on existing relationships to provide expert public health advice and support to the Clinical Commissioning Groups and other organisations.

### Exclusions

The following are not within the scope of the transition project but are related to it. They have their own separate work groups, projects and project plans.

- Development of the Joint Health and Wellbeing Strategy
- Development of the Joint Strategic Needs Assessment.

## 8. Constraints and Assumptions

The project is subject to the following constraints;

- Delays in the release of further National Policy and Guidance
- Delay in or failure to agree the structure and operating model for the New Public Health System for Merton
- Failure to secure an acceptable level of funding to deliver the Public Health functions and operating model when transferred

The project will, therefore, proceed with the following assumptions;

- A timely decision will be reached on the future operating model for the London Borough of Merton's Public Health Services
- The operating model can be delivered within resources available.
- Sufficient resources will be available to carry out the tasks required to deliver the project



## 9. Reporting and Control Arrangements

PCT clusters are required to provide monthly progress reports to NHS London who will carry out a formal assessment of progress in October 2012.

The Merton Public Health Transition Project will be required to provide progress reports to the NHS SW London cluster for inclusion in their reports to NHS London. It is anticipated that NHS London and NHS SW London will expect progress to be reported based on the Local Public Health Transition Plan check list (*attached as Appendix 5*) which was included with the Public Health Transition planning support for Primary Care Trust and local authorities (*details of this and other relevant publications are attached in Appendix 1*).

The project will also report progress to the Council, the PCT Board, The Health and Wellbeing Board and the Health Scrutiny Panel.

Progress within the project will be measured against the Transition Action Plan (*appendix 10 – available separately*). This has been developed to cover all the tasks required to transfer the Public Health functions successfully by April 2013. It has taken into account the Transition Plan check list.

A risk log and an issues register will be maintained by the work stream leads (*see section 11 below and Appendix 6 & 7 – available separately*).

The leads for each work stream in the action plan will produce a monthly highlight / exception report for the Project Team which will be summarised for the Project Board. The reports will confirm that the work stream is progressing in line with the action plan or identify any areas where they are failing to make adequate progress or there are changes or issues for discussion or decision by the Project Board.

*Example of the reporting form is attached in Appendix 8 – available separately*

## 10. Timetable and Key Milestones

### National timetable

The Department of Health has set out the following timetable and milestones for public health transition. It is anticipated that further dates and milestones will be published during the year.

Action	By when
Agree a Local Transition Plan for Public Health as part of the overall integrated plan, taking account of the checklist	End March 2012
Develop a Communication and Engagement Plan	first draft by March 2012
Agree an approach to the development and delivery of the Local Public Health Vision	June 2012
Agree arrangements on Public Health information requirements and Information Governance	September 2012

# Item 3 - Appendix 1

Test arrangements for the delivery of specific Public Health Services, in particular screening and immunisation	October 2012
Test arrangements for the role of Public Health in Emergency Planning, in particular the role of the Director of Public Health and Local Authority based Public Health	October 2012
Ensure an early draft of legacy and handover documents is produced	October 2012
Ensure final legacy and handover documents are produced	January 2013
Agree arrangements for local authorities to take on Public Health functions	Local determination

## Merton Timeline

A high level timetable has been drafted for Merton. A more detailed timeline, showing dependencies, is attached as *Appendix 9* – available separately

Action	By when
Options Paper on future Public Health structure and position of DPH to Merton Council CMT	March 12
Agree Memorandum of Understanding for year	March 12
Draft Transition Plan	March 12
Agree Transition Plan and submit to NHS SW London	April 12
Agree work streams and work stream leads	April 12
Draft Communications and Engagement Plan	April 12
Agree model for PH structure & DPH	April 12
Start Financial and Performance reporting	May 12
Agree approach to Developing & Delivery of Local PH Vision and Strategy	June 12
Agreed Vision, Strategy and Operating model	June 12
Agree staff transfer process	June 12
Identify staff to transfer	July 12
Staff consultation document produced	Aug 12
Staff consultation starts	Sept 12
Draft legacy and handover documents	Oct 12
Test arrangements for delivering PH Services (screening and immunisation)	Oct 12
Agree PH role in emergency planning	Oct12
Formal assessment of progress against plan	Oct 12
Test arrangements for emergency planning	Nov 12
Staff consultation ends	Dec 12
Consultation response document	Jan 12
Final legacy and handover documents	Jan 12
PH Functions transfer to successor organisations	April 13

## 11. Risks and Issues

While it is hoped that the majority of risks will be eliminated through careful planning, good communication and a joint approach to the transition, a number of risks to the success of the project have been identified and need to be managed.

The risks fall into two categories;

- Transition risks: immediate risks which affect the delivery of the Public Health functions arising during the transition period
- Legacy risks: longer term risks to the future delivery of Public Health functions as a consequence of the transfer.

The risks have been aligned to the appropriate work stream. The impact and probability of each risk will be assessed and rated and a plan for managing the risk will be agreed on a risk log, which is shown in *Appendix 6* – available separately.

The issue register template has been drafted and is attached as *Appendix 7* – available separately. The risk log and issues register will be maintained and updated throughout the duration of the project by the work stream leads and reviewed by the project board.

## 12. Communications Plan

The communications Plan describes how stakeholders will be kept informed of the project and its progress. An outline plan is shown below. This will be developed more fully by the Communications and Engagement work stream lead.

Information	Recipient	Distribution	Responsibility
Transition Plan	Project Board Project Team	Following Project Board approval to Council, Cluster, SHWB.	Project manager
Action Plans	As above	Following Board approval, as above when required	Project Manager
Project Highlight/Exception Reports	As above	Monthly	Project Manager
Project News	As above	tba	Communications Lead
Project Closure Report	As above	At the end of the project, as required	Project Manager

## 13. The Work Streams

The successful transition of the Public Health functions will be achieved through ten work streams, each with an identified lead from the PCT and the London Borough of Merton. They will be responsible for delivering a number of key tasks, which are described in detail in the Transition Action Plan, attached as *Appendix 10* – available separately.

## Future Operating Model Work Stream will:

Ensure that the future function and form of Merton Public Health is fit for purpose (keeps the population safe, improves its general health and reduces health inequalities within allocated resources).

It has three main objectives;

- i. To develop a number of options for the Council Executive and Officers to consider on how Public Health might operate following the transfer, including the role of the DPH and the wider public health team.
- ii. To agree a vision and an appropriate organisational structure for Public Health including the role of the DPH and the wider public health team.
- iii. Design a future operating model ensuring that all mandatory services continue to be delivered and specific services are developed and delivered to meet local need (based on the JSNA and Merton Health and Wellbeing Strategy).

## The finance work stream has three overall objectives:

- i. To provide a detailed financial assessment of the current services, income and expenditure on the public health services, the proposed future structure and the financial allocation due to be transferred so that the London Borough of Merton can make an informed assessment of the financial implications of the transition of the responsibilities.
- ii. To ensure that financial systems and support functions are in place and funded to support the transition of PH functions from the PCT to the LB of Merton.
- iii. To manage the handover of day to day Financial Management.

Key issues for the finance group include;

- Concerns that the baseline spending estimates calculated by the Department of Health are inadequate and inequitable. Merton has a Public Health spend of £34 per head of population which is below the average England spend of £40 per head.
- Concerns about the way the funding will be split between Merton and Sutton
- Concerns that the funding will not support the preferred operating model and structure

## The Workforce Work Stream has three Overall Objectives:

- i. To produce a workforce plan and manage the transfer of staff to their new organisation(s) in line with National Guidance
- ii. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles
- iii. Take reasonable steps to avoid redundancies and ensure that arrangements are in place to support the redeployment as necessary of any displaced staff. Engage the Local Unions in the process

The Governance and Legal Work Stream has six overall objectives:

- i. To ensure that all Legal and Governance issues have been identified and are in place to support the safe transfer of Public Health function to the London Borough of Merton by April 2013
- ii. Ensure Clinical Governance systems are in place for all relevant services to be commissioned by the Borough
- iii. Test new arrangements for specific Public Health functions, including Emergency Planning, Resilience and Response
- iv. Test new arrangements for specific Public Health functions – Screening and Immunisation
- v. Agree PH information requirements and Information Governance
- vi. Ensure a comprehensive legacy handover document is produced

The Public Health Support to Commissioners work stream has two objectives:

- i. To ensure that appropriate systems are in place for Public health officers to Advice and Support all commissioners of Public Health functions and that commissioners have systems in place to respond to PH Advice and Guidance
- ii. To establish systems to ensure support is available to healthcare commissioners to both in put and take account of the JSNA and provide Public Health skills to interpret and analyse population data to support commissioning decisions.

The Commissioning and Performance work stream has three objectives:

- i. In liaison with the Financial Group, to provide a detailed assessment of the current services and expenditure on the Public Health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities.
- ii. To ensure robust internal accountability and performance monitoring arrangements are in place to cover the transition year and beyond, including schemes of delegation, providing monthly reports to the Transition Board.
- iii. To review the contracts and performance reports in line with the Public Health Outcomes Framework

The Transition of Services and Programmes Work Stream has four objectives:

- i. To ensure current Public Health Performance and Delivery is maintained during transition
- ii. Undertake a Public Health programme analysis of functions currently commissioned and delivered by NHS Sutton and Merton, identifying the service provided to each of the Boroughs
- iii. Plan a phased separation and transfer of services as appropriate
- iv. To test the arrangements for the services that have been transferred

The Communications and Engagement Work Stream has five objectives:

- i. To produce a Communications and Engagement Plan
- ii. To Identify all key stakeholders and level of interest / involvement
- iii. To ensure that all key stakeholders are aware of and engaged in the process and implications of the transfer of responsibility of the Public Health function to the Council, at an appropriate level.
- iv. To consider events to increase awareness and engagement

The Infrastructure and IT Work Stream has one overall objective:

- i. To ensure that the appropriate infrastructure is in place for Public Health to transfer to the LB Merton by April 2013 including;
  - a. Accommodation
  - b. IT systems and hardware
  - c. Support services

The Project Management Work Stream has three overall objectives:

- i. To produce a Public Health Transition Plan for Merton setting out clear plans to ensure the smooth transition of the Public Health function to the London Borough of Merton by April 2013 in line with Government Policy and Guidance.
- ii. To manage the implementation of the plan and report progress regularly to the Transition Board
- iii. To advise the Council on the Local implications of National Guidance on the role of Public Health in LA

## 14. Resources

The project will require a substantial amount of time from staff both within and outside the Public Health Team. In addition, £30,000 has been allocated from the NHS SW London Transition Team and this has been supplemented (up to £20,000) by the Sutton and Merton Public Health budget. This resource will support project management until July 2012, and further resource will be sought to continue this capacity.

Staff from NHS SW London and the council will also need to free up time to take on specific pieces of work and attend project meetings. It is anticipated that support will be needed from the council, PCT and cluster to support the work stream tasks.

Additional costs will be identified as the project progresses. It is anticipated that there will be costs associated with the IT and infrastructure required to move Public Health staff to the council offices, with communication, and possibly redundancies, if this cannot be avoided.

DRAFT



## Publications

## Appendix 1

**Policy Documents**

- Nov 2010 Healthy lives, healthy people, our strategy for public health in England, HM Government  
<http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm>
- Dec 2011 Public Health England (PHE) Operating Model  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131882](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131882)
- Jan 2012 Public Health Outcomes Framework  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_132559.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf)

**National Guidance and Support**

- July 2011 Healthy lives, healthy people: Update and way forward, HM Government  
<http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm>
- Nov 2011 Public Health Human Resources (HR) Concordat, DOH  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131111](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131111)
- Dec 2011 Local Government leading for Public Health  
<http://healthandcare.dh.gov.uk/public-health-system/>
- Jan 2012 Public health transition planning support for primary care trusts and local authorities, DOH and Local Government Association  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_132179.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132179.pdf)
- Jan 2012 Public Health Workforce Issues, Local Government Transition Guidance, Local Government Association  
[www.dh.gov.uk/health/2012/01/public-health-workforce/](http://www.dh.gov.uk/health/2012/01/public-health-workforce/)
- Feb 2012 Building a People Transition Policy for Public Health England, DOH  
<http://www.dh.gov.uk/health/2012/02/phe-transition/>
- Feb 2012 Baseline Spending estimates for the new NHS and Public Health Commissioning Architecture  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132571](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132571)
- Feb 2012 Healthcare Public Health Advice to CCGs  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_132760](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_132760)
- March 2102 Healthy Lives, Healthy People: Towards a workforce strategy for the public health system  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_133224.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133224.pdf)



## Terms of Reference for the Appendix 2 Public Health Transition Board - Merton

<b>Constitution</b>	The London Borough of Merton Corporate Management Team and NHS SW London resolve to establish a Working Group to be known as the <u>Public Health Transition Board - Merton</u>
<b>Membership</b>	The members shall be appointed by Chair of the Board. Membership of the Board is below.
<b>Quorum</b>	A quorum shall be four members, with at least one representative from both the London Borough of Merton and NHS SW, London Sutton and Merton.
<b>Attendance</b>	Members or their deputies shall normally attend meetings.
<b>Frequency</b>	Meetings shall be held monthly.
<b>Authority</b>	The Transition Group is authorised by the London Borough of Merton Corporate Management Team and NHS SW London Sutton and Merton to investigate any activity within its terms of reference.
<b>Aim/Purpose</b>	The aim of the Board is to ensure a smooth transfer of the Public Health Responsibilities from NHS Sutton and Merton to the London Borough of Merton by April 2013 in line with government policy and guidance.
<b>Principles</b>	The principles of the Transition Board are: <ol style="list-style-type: none"><li>1. The Health and Social Care reforms propose the transfer of Public Health functions currently provided by PCTs to local authorities, a new integrated Public Health Service called Public Health England, and the NHS Commissioning Board. All three domains of Public Health; Health Improvement, Health Protection and Health Services Planning and Effectiveness are covered by these new arrangements from April 2013 and in turn, by the Public Health Transition Board – Merton</li><li>2. The objective of transition planning is to ensure current Public Health Performance and Delivery is maintained during the transition and that future function and form is fit for purpose (keeps the population safe, improves its General Health and reduces Health Inequalities within allocated resources).</li></ol>

3. This means the transition planning can be divided into three phases:
  - September – December 2011 for development of mutual understanding of baselines of public health activities, commissioning, finance, provider contracts; exploring design principles;
  - January – March 2012 for detailed design and planning/negotiation leading to agreement of formal transition plan;
  - April 2012 – March 2013 for arrangements and implementation of transfer.
4. Two Transition Boards have been established for Sutton and Merton to oversee the transition of the current Public Health Functions and Resources (including staff) to the two Councils. The two boards will work together or separately as appropriate to maximise resources, minimise duplication and ensure that both groups are in agreement with actions and decisions taken.

### **Statement of Task for the Transition Board**

1. To ensure the smooth transition of the public health function to the London Borough of Merton by April 2013.
2. To ensure current public health performance and delivery is maintained during the transition.
3. To ensure the future function and form is fit for purpose (keeps the population safe, improves its general health and reduces health inequalities within allocated resources)

### **Objectives/duties** The objective / duties of the Transition Board is:

1. To advise the Council on the local implications of national guidance on the role of Public Health in Local Authorities.
2. To provide a detailed assessment of the current services and expenditure on the public health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities.
3. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles.
4. To develop a number of options for the Council Executive and Officers to consider for how Public Health might function following the transfer.
5. To ensure that all key stakeholders are aware of and engaged in the process at an appropriate level.

6. To establish a formal project management process to deliver the aims and objectives of the group on time and within the available resources, ensuring handover and closure is planned and timed to minimise service and staff disruption.

## Reporting

The minutes of Public Health Transition Board – Merton meetings shall be formally recorded and submitted to the Council’s Corporate Management Team, the Health and Wellbeing Board, Health Scrutiny Panel, the Leaders Strategy Group, the LSCB and the Children’s Trust and the PCT Management Team.

## Membership

Dr Val Day (Chair)	Director of Public Health (Interim), NHS SW London, Sutton and Merton
Simon Williams	Director of Communities and Housing, London Borough of Merton
Yvette Stanley	Director of Children’s , Schools and Families Services, London Borough of Merton
Adam Wickings	Borough Managing Director, NHS SW London, Sutton and Merton
Julia Groom	Joint Consultant in Public Health, London Borough of Merton and NHS SW London, Sutton and Merton
Anne Reeder	Project Manager, Public Health Transition

Contact Name: Anne Reeder

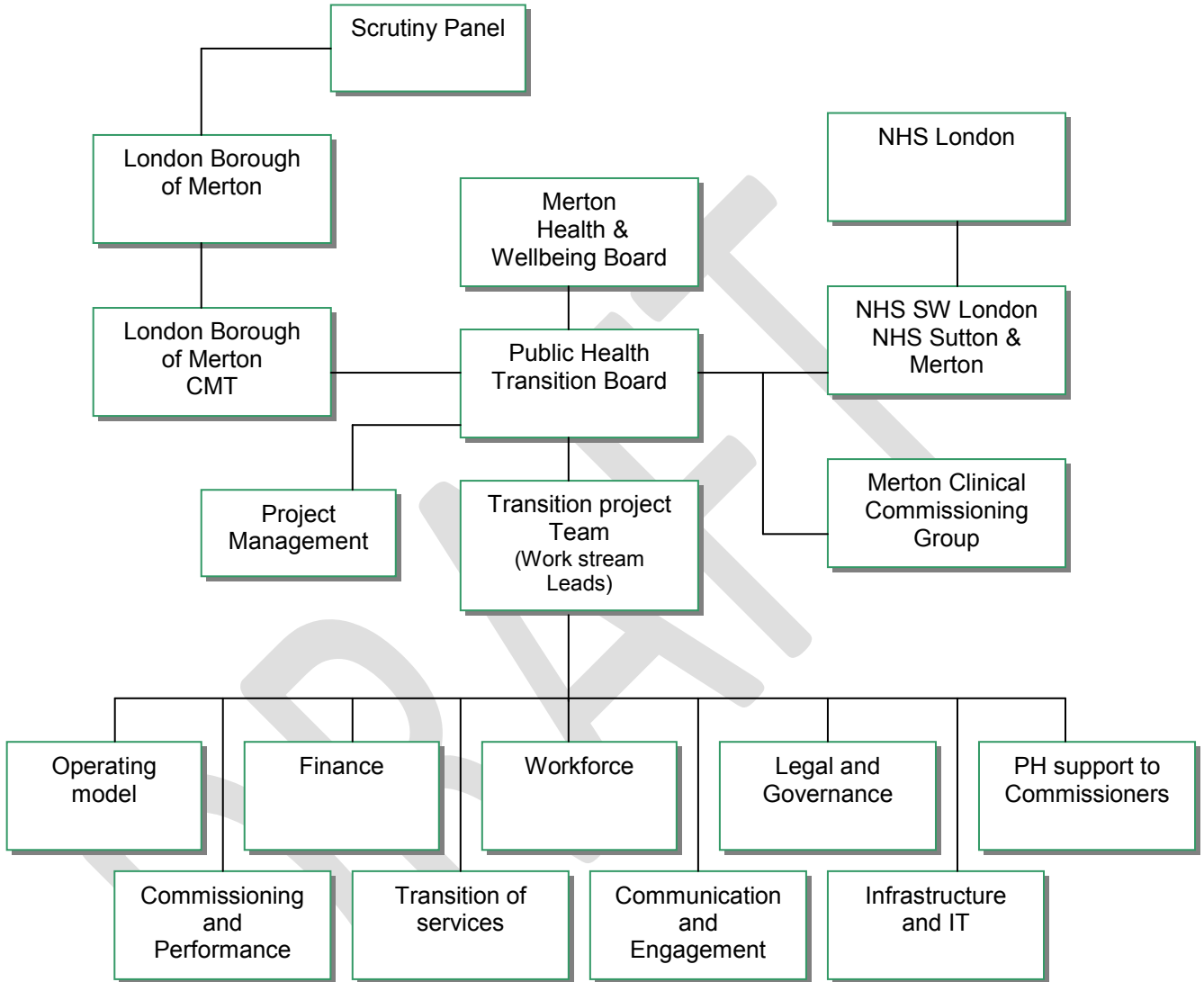
Designation: Project Manager

Date: 12.03.12

Date for Review of ToR:

## Transition Plan Project Structure

## Appendix 3



## Key Stakeholders

## Appendix 4

### Sutton and Merton Public Health Team

Consultants, managers, advisors, coordinators

### NHS Sutton and Merton

NHS Sutton and Merton Board

NHS Sutton and Merton managers and staff

### NHS London

NHS London Public Health Transition Board

### NHS SW London

NHS SW London Joint Board

Clinical commissioning groups

South London Commissioning Support Service

### London Borough of Merton

Cabinet

Chief officers, members, Senior Management Team, staff

Health and Wellbeing Scrutiny Panel

Council Departments, members and staff:

Adult Services

Children's Services

Environment and Regeneration

### Public, Patients and Service Users

PALs Managers

PPI Forums

### Partnership Organisations

Local Strategic Partnership Groups

Health and Wellbeing Board

Public Health England

Health Watch

Children's Trust

Local criminal justice services

Providers of health services

Local voluntary organisations

Local businesses

### Trade Unions

## Check List for Transition

## Appendix 5

Key Elements for Transition are:

- contributing to the development of the vision and strategy for the new public health role in local authorities
- developing robust transition plans for functions systems and services
- preparing local systems for new commissioning and contracting
- ensuring robust governance arrangements are in place during the transition year
- ensuring delivery of the public health delivery plan for 2012/13
- ensuring new clinical governance systems are in place for all relevant services to be commissioned by the local authority
- preparing for and undertaking formal transfer of staff, including appropriate mechanisms for consulting with staff and trade unions
- testing the new arrangements for specific public health functions, including emergency planning, resilience and response
- effective communications and engagement to give confidence to the public, providers and other stakeholders

Key Element	Checklist
<p><b>Ensuring a robust transfer of systems and services</b></p>	<p>Is there an understood and agreed (PCT/local authority) set of arrangements as to how the local public health system will operate during 2012/13 in readiness for the statutory transfer in 2013?</p> <p>Is there a clear local plan that sets out the main elements of transfer including functions, staff TUPE and commissioning contracts for 2013/14 and beyond?</p> <p>Are there locally agreed transition milestones for the transition year, 2012/13?</p> <p>Is there a clear local plan for developing the Joint Strategic Needs Assessment in order to support the Health and Wellbeing Board strategy?</p> <p>Is there a clearly developed plan for ensuring a smooth transfer of commissioning arrangements for the services described in <i>Healthy Lives, Healthy People</i> that local authorities will be responsible for commissioning?</p> <p>Is there a clearly developed plan for ensuring a smooth transfer of those public health functions and commissioning arrangements migrating to the NHS Commissioning Board and Public Health England?</p> <p>Is there local agreement on the delivery of a core offer providing local authority based public health advice to Clinical Commissioning Groups?</p>

# Item 3 - Appendix 1

Key Element	Checklist
<p><b>Meeting public health delivery plan and targets during transition year</b></p>	<p>Is it clear how mandated services and steps are to be delivered during 2012/13 and during 2013/14 as part of the new local public health services, ensuring:</p> <ul style="list-style-type: none"> <li>• Appropriate access to sexual health services?</li> <li>• Plans in place to protect the health of the population?</li> <li>• Public health advice to NHS commissioners?</li> <li>• National Child Measurement Programme?</li> <li>• NHS Health Check assessment?</li> </ul> <p>Is there clarity around the delivery of critical public health services/programmes locally, specifically, screening programmes; immunisation programmes, drugs and alcohol services, and infection prevention and control?</p>
<p><b>Workforce</b></p>	<p>Have the workforce elements of the plan been developed in accordance with the principles encapsulated within the <i>Public Health Human Resources Concordat</i>?</p>
<p><b>Governance</b></p>	<p>Does the PCT with local authority have in place robust internal accountability and performance monitoring arrangements to cover the whole of the transition year, including schemes of delegation agreed as appropriate?</p> <p>Are there robust arrangements in place for key public health functions during transition and have they been tested, e.g. new emergency planning response to include:</p> <ul style="list-style-type: none"> <li>• Accountability and governance?</li> <li>• Details of how the Director of Public Health, on behalf of the local authority, assures themselves about the arrangements in place?</li> <li>• Lead Director of Public Health arrangements for emergency preparedness, resilience and response, and how it works across the Local Resilience Forum area?</li> </ul> <p>Are there robust plans for clinical governance arrangements during transition including for example arrangements for the reporting of serious untoward incidents/incident reporting and Patient Group Directions?</p> <p>Has the PCT with the local authority agreed a risk sharing based approach to transition?</p> <p>Is there an agreed approach to sector-led improvement?</p> <p>Is the local authority engaged with the planning and supportive of the PCT approach to public health transition?</p>
<p><b>Enabling infrastructure</b></p>	<p>Has the PCT with the local authority identified sufficient capability and capacity to ensure delivery of their plan?</p> <p>Has the PCT with the local authority identified and resolved significant financial issues?</p> <p>Has the PCT with the local authority agreed novation/other arrangements for the handover of all agreed public health contracts?</p> <p>Are all clinical and non-clinical risk and indemnity issues identified for contracts?</p> <p>Are there plans in place to ensure access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements</p>

# Item 3 - Appendix 1

Key Element	Checklist
	<p>During transition and beyond transfer?</p> <p>Have all issues in relation to facilities, estates and asset registers been resolved?</p> <p>Is there a plan in place for the development of a legacy handover document during 2012/13?</p>
<p><b>Communication and engagement</b></p>	<p>Is there a robust communications plan?</p> <p>Does it consider relationships with the Health and Wellbeing Board, Clinical Commissioning Groups and the NHS Commissioning Board, HealthWatch and local professional networks?</p> <p>Is there a robust engagement plan involving stakeholders, patients, the public, providers of public health services, contractors and Public Health England?</p>

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## Memorandum of Understanding between London Borough of Merton and NHS South West London

### Public Health Shadow Working arrangements

April 2012 – March 2013

#### **Purpose**

This document sets out the agreed arrangements between the London Borough of Merton and NHS South West London for the joint oversight of public health delivery and transition, to cover the period from the date of signing up until the final transfer of statutory duties at midnight on 31 March 2013.

The principles of this memorandum of understanding for Shadow Working were developed through a process of co-production between the members of the London Public Health Transition Delivery Board, including members from the NHS, local government in London and London Councils. They have been designed to establish a set of core expectations for Shadow Working, recognising that there will be more work to be completed in many areas to determine the final shape of Public Health services across the capital.

#### **Background and context:**

As of 1<sup>st</sup> April 2013 local authorities will have a new statutory duty to promote the health of their population. The details of the responsibilities and duties are set out in the document: *Public Health in local government* December 2011 DH Gateway ref: 16747.

By 31 March 2013 the arrangements that will have been put into place will enable the transfer of functions and staff from PCTs – which will formally cease to exist – to local authorities.

Work is under way within Merton and across London involving local government and the leaders of the public health community to plan for the managed transfer of public health into local government. The current period is in effect a design phase, when the council and the NHS are considering various options for the future of public health within local government.

Following completion of the design stage, an implementation stage will ensue ending in the formal statutory transfer at midnight on 31<sup>st</sup> March 2013. This may include a period towards the end of the year when the management of public health services is overseen by the council under formal delegation from the NHS.

## **Shadow Working**

The year of shadow working in 2012/13 will provide opportunities for the Public Health team to work ever more closely with local authority colleagues. It will also provide the Council with opportunities to gain greater understanding of the areas of business and the financial and operational arrangements in the public health services that will be transferred to them. This may include exploration of options for shared working around areas of public health planning, commissioning or delivery in advance of the final transfer in April 2013.

## **Responsibilities and accountabilities during Shadow Working**

Whilst Shadow Working is an important stage along the road to transition, in terms of governance, formal accountability for the Public Health service will remain with NHS South West London up to and until the statutory transfer in April 2013. NHS South West London will continue to assure throughout the year of shadow working that existing public health services, including particularly arrangements for local emergency preparedness, continue to perform effectively.

## **Arrangements for Shadow Working in Merton during 2012/13**

The following arrangements for the governance and direction of the public health system are in place in the London Borough of Merton to cover the shadow working period from 1<sup>st</sup> April 2012 until 31<sup>st</sup> March 2013:

- The designated Public Health leader for the transition from NHS SW London Sutton and Merton to the London Borough of Merton is the Director of Public Health (Interim), Dr Val Day. She has access to PCT and Council Chief Officers as required.
- The Director level lead for Public Health Transition in the London Borough of Merton is Simon Williams, Director of Communities and Housing.
- The planning and implementation of Public Health Transition is the responsibility of the Joint Public Health Transition Board. The membership is:

Simon Williams, Director of Communities and Housing, London Borough of Merton  
Yvette Stanley, Director of Children's, Schools and Families Services, London Borough of Merton

Val Day, Director of Public Health (Interim), NHS SW London, Sutton and Merton

Adam Wickings, Borough Managing Director, NHS SW London, Sutton and Merton

Julia Groom, Joint Consultant in Public Health, London Borough of Merton and NHS SW London, Sutton and Merton

Anne Reeder, Project Manager, Public Health Transition



The group is chaired by the Director of Public Health (Interim). It reports to the Chief Executives of the London Borough of Merton and NHS SW London.

- The legal, professional and clinical accountability for public health functions and staff during 2012/13 is the responsibility of NHS SW London, Sutton and Merton, through the Chief Executive, Ann Radmore.
- If the London Borough of Merton takes any responsibilities for Public Health functions in year this will be through an agreed form of governance such as a Section 75 agreement.
- Clinical accountability and governance is through the NHS SW London Clinical Integrated Governance Committee, which is a Committee of the Joint Boards of the PCTs in NHS SW London.

## Emergency Planning

- The accountabilities and responsibilities of the NHS for emergency preparedness, planning and response as described in the NHS SW London Major Incident Plan remain the responsibility of NHS SW London. The London Borough of Merton will support and enable.
- Any significant changes in NHS personnel that result in changes to the officers identified above will be discussed and agreed between NHS SW London and the London Borough of Merton and the implications assessed.
- The performance and outcomes of public health functions, both in respect of finance and activity, will be reported monthly to the Public Health Transition Board. This will include, wherever possible and available, detailed analysis against the baseline expenditure as published, as well as 2012/13 budgets. The principles to be applied to the use of any uncommitted resources will be agreed. In addition, a summary position will be provided to the Shadow Health and Wellbeing Board.
- Strategic oversight for improving the health of the population of Merton is through the Shadow Health and Wellbeing Board. Strategic direction will be determined by the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy (when approved). Due regard will be given to the Children and Young People's services and the oversight of children's services commissioning will continue through the Children's trust arrangements.

- A Transition Plan, agreed jointly by NHS SW London and the London Borough of Merton, will be completed and implemented. It will include all aspects of the work required for transition, including the design of the local public health delivery system and the human resource and workforce issues, and will be signed by the Chief Executives.

**This Memorandum of Understanding is agreed by:**



.....  
**Chief Executive of London Borough of Merton**

30/3/12

.....  
**Date**



.....  
**Chief Executive of South West London Cluster**

2/4/12

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**Date**

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