



Health Partnerships Overview and Scrutiny Committee

29 January 2013

Report from the Director of Strategy, Partnerships and Improvement and the Director of Adult Social Care

Wards Affected:
ALL

Public Health Transfer Update

1. Summary

- 1.1 This report updates members of the Health Partnerships Overview and Scrutiny Committee on the progress being made in preparing for the transfer of public health functions from NHS Brent to the council. Members will be aware that from 1st April 2013 the council will take on responsibility for a number of public health services and staff, changes that were confirmed in the Health and Social Care Act 2012.

2. Recommendations

- 2.1 It is recommended that the Health Partnerships Overview and Scrutiny Committee considers the update on the public health transfer and takes the opportunity to question officers on the progress being made with this work.

3. Report

3.1 Public Health Staff

- 3.2 One of the most significant elements of the public health transition is the transfer of staff from NHS Brent to the council. The committee has considered a report previously on the public health structure and made recommendations on this issue. The Executive has approved a broad structure and the Chief Executive has commissioned an independent review to help finalise the structure ahead of the transfer to the council. In summary, it has been agreed that:

- Brent will have nineteen public health staff, split across two departments – Adult Social Care and Environment and Neighbourhood Services.
- There will be a Director of Public Health for Brent only, based in the Adult Social Care Department and reporting to the Director of Adult Social Care. For the first 12 months after the transfer, the DPH will manage the public health staff in the ASC directorate and the public health budget. This arrangement will then be reviewed to assess the effectiveness of the function and the structure.

- The public health staff in ASC will be responsible for commissioning public health services (such as substance misuse services and sexual health services); the staff in Environment and Neighbourhood Services will focus on delivering services and implementing health improvement programmes. Two public health consultants will be based in Adult Social Care, but will work across departments on public health activity.

3.3 Not all staff transferring to the local authority have been confirmed into post. A job matching panel met before Christmas where eight of the 19 staff were confirmed into their posts. There are a number of reasons why it was not possible to confirm appointments:

- Interviews are required for a number of posts where there was more than one person matched to the role. Only those matched into the role will be eligible for these interviews.
- For some posts there was no direct match from the Brent public health staff and so these posts will be advertised across the NHS in North West London with anyone eligible to apply, including existing Brent public health staff.
- Two people were matched into posts, but have accepted other job offers from within the NHS. Therefore, these roles will also be advertised across the NHS in North West London.
- Two jobs are still to go through the matching process, but this will happen in January 2013.

3.4 It is envisaged that all staff will be appointed by the middle of February 2013.

3.5 The exception to this is the Director of Public Health. Brent has agreed to appoint a DPH for the borough, and abandoned plans to share with another council. The post is vacant at NHS Brent and so it hasn't been possible to job match. This means that the council will need to recruit to this post, but it is unlikely that the recruitment will be completed and the post holder able to start in post by 1st April 2013.

3.6 Between January and April staff transferring to the council will attend the corporate induction, Civic Centre induction and training and work with their receiving departments on departmental specific inductions. Ahead of the transfer work plans for the coming six to 12 months will be agreed within departments so that staff are clear on what they will be doing before they move across. Arrangements will also be made to enable staff to work from the council's buildings before April to aid integration into the local authority.

3.7 Public health structure charts are attached as appendices to this report.

3.8 Public Health Contracts

3.9 The majority of the public health budget is spent on contracts with NHS, private and third sector organisations that deliver public health services. Ensuring that the contracts are successfully transferred and services continue from April 2013 onwards is critical. The council is determined that services should be unaffected during the transition period and that service users are not affected by changes in contracting arrangements.

- 3.10 The Executive has approved a report on the public health contract transfer. Members agreed that the majority of public health contracts would be extended and continued in 2013/14 to ensure current services continue in line with the existing arrangements. Once public health services are successfully transferred to the local authority members will consider how they wish to commission services in the future, but the focus at this stage is on achieving a successful transfer and service continuity.
- 3.11 The process for transferring contracts from NHS Brent to the local authority has become clearer as guidance has become available, although each borough is working in a slightly different way as the guidance is subject to interpretation. In short, the contracts held by NHS Brent for public health services due to transfer to the council will be transferred under a statutory transfer arrangement (transfer order). The transfer order's documentation will list all contracts and other property and liabilities currently held by the PCT relevant to the council. The legal transfer will take effect from 1st April 2013.
- 3.12 NHS Brent has 38 public health contracts with external providers. The majority of these contracts are for sexual health and substance misuse services. The position with all of NHS Brent's public health contracts, except for one, is that they expire on the 31st March 2013. Therefore, officers have been working with colleagues at NHS Brent and provider organisations to ensure that the work is done to progress the extension of contracts so that services continue after the 1st April 2013.
- 3.13 Guidance has been sent to councils by NHS London on what to do in the circumstance facing the council and NHS Brent. The guidance says:
- “Where current public health services contracts expire prior to 1st April 2013 the PCT and local authority should decide jointly whether they wish to continue to commission the service that will transfer to the local authority. A decision will need to be taken on the most appropriate approach. This could include:
- a. PCTs with local authority agreement working with the current provider to agree to continue to run the current services for a short period (e.g. 6, 9, 12 months). This would ensure continuity of service for service users and would allow local authorities time to implement their procurement decisions, where this is possible within the terms of the contract. In this instance, local authorities would be requesting the existing parties to the contract to amend the existing contract duration beyond 1st April 2013. Any request for an extension to duration of the existing contract would be made by the PCT to their SHA/Regional Director. An extended contract would be transferred to the relevant local authority under the statutory transfer scheme arrangements. For this approach, local authorities will need to be able to make a case to support the decision to extend the contract. This is especially the case where the service could be delivered by other providers. Reasonable defence for such decisions may include wanting to manage the impact of transition on the provision of services locally, with actions planned to engage on alternate plans for commissioning services in the future after the transition arrangement expires.

b. Local authorities commissioning a new service through available procurement routes”

- 3.14 Given the value of some of the public health contracts and the time and capacity available to re-commission services for 2013/14, officers considered that there was little option but to ask NHS Brent to extend contracts and transfer those contracts to ensure services continue through 2013/14. However, the council is committed to reviewing and re-commissioning public health services in a rolling programme over the coming two years to ensure that services are commissioned in line with our procurement rules and that they properly reflect the council’s ambitions for public health.
- 3.15 The other complicating factor with the transfer is the variety of contracts used by the NHS to commission public health services. Unfortunately there is not a single solution available that can be applied to each public health contract to ensure it can be extended and included in the transfer order. Therefore, officers are working through each one to ensure that it is dealt with appropriately and extended in the correct way.
- 3.16 A series of meetings has been held with each organisation providing public health services to ensure that they are aware of the changes that are happening and that they are happy to continue providing services on the council’s behalf after April 2013. These meetings have been very productive and all of the current contractors have confirmed that they are willing to have their contracts extended and to continue providing services.
- 3.17 Separately, discussions are being held with local GPs and pharmacists about the services they provide for public health (such as smoking cessation), which are commissioned via Local Enhanced Service (LES) agreements. Again, the intention is to extend these agreements for 12 months, assuming GPs and pharmacists agree to this. Indications are that they are willing to have their LES agreements extended and arrangements are being made to do this.
- 3.18 There are three contracts that NHS Brent has recommended aren’t extended to carry on into 2013/14. There are a few reasons for this but importantly, service users shouldn’t see any difference because alternative provision is in place for all three services. For information, the services are:
- Central London Community Services - Contraceptive services. This service is based in Barnet and NHS Brent had been making a contribution to the service to pay for activity provided to Brent residents. NHS Brent Public Health had been unaware until recently that this contract existed and it is unclear what value or service it is providing for Brent. Given that open access GUM services are commissioned by public health and will be transferring to the local authority, that there is a wide variety of contraceptive services commissioned in the borough, for example, the contraceptive services provided by CNWL, and the lack of clarity around the outcomes from this service, it was recommended that the contract isn’t extended and is allowed to lapse on 31st March 2013.

- Young Addaction - Teenage pregnancy services and sexual health services for young people at the Cobbold Road Centre. This contract was for a GUM nurse to attend the Cobbold Road Centre to provide sexual health services to young people using Young Addaction's other services. There have been problems with this contract as the provider has struggled to secure a nurse to run the sessions. The contract was only set up for one year and would have expired on 31st March 2013. There are also alternative services that people could use, such as the GUM clinics commissioned by public health, or the CNWL contraceptive service. Because of the contract issues and the short term nature of the contract, it was recommended that the contract isn't extended.
- Lonsdale Practice - Shared care for opiate users with high levels of need had been provided from the Lonsdale Practice. The GP providing the service has retired, and clients have transferred to the Junction Service provided by CNWL in order to move them on through the treatment system. Because alternative provision is in place and the provider has retired, it was recommended that this contract isn't extended.

3.19 Work will continue on the contract element of the transfer to ensure that extensions are agreed with providers so that their contracts can be written into the transfer order and passed to the council to take effect from 1st April 2013. Almost immediately work will need to start on re-procuring services in line with the council's commissioning intentions and plans for public health if this is to be done in time for services to start in 2014/15.

3.20 A full list of public health services provided by contracts with external providers is included as an appendix to this report.

3.21 Finance

3.22 The council has received details of the public health allocation in 2013/14 and 2014/15. In 2013/14 the ring fenced public health allocation will be £18.335m. In 2014/15 it will be £18.848. This grant allocation is good news for Brent, although the percentage growth in the budget is at the lower end compared to council's nationally and in London. However, it is more than the £16.007m in the baseline estimate that the council received in February 2012 and means that the authority will be able to meet contract and staffing costs and have funding for development opportunities in public health.

3.23 What isn't clear is how long public health budgets will be ring fenced, or how the Government will fund public health in the future. Final details of the funding formula are not available (to the best of our knowledge) and so there needs to be a degree of caution about the direction of public health budgets in the future. Under the formula originally proposed by ACRA, Brent would have seen an 11% reduction in funding and there has to be a risk that funding for public health will eventually fall if the Government implements the formula as originally proposed.

3.24 Work will take place between now and the transfer to build the public health budget, to ensure that contract liabilities are covered and allocations made to the public health teams in Adult Social Care and Environment and Neighbourhood Service. Any development opportunities that can be explored with the public health funding will be

subject to the approval of members, and in line with the priorities in the borough's health and wellbeing strategy.

- 3.25 As would be expected in a project of this nature, practical work such as arranging public health payroll, adding cost centres to Oracle (the council's finance system) and other preparatory work is taking place under this work stream to ensure that the council is prepared ahead of the 1st April transfer.

3.26 Information Technology

- 3.27 There is a significant IT infrastructure that needs to be established for the public health service so that officers continue to have access to the information they need to help deliver and provide services. Organising council email addresses and logins for staff will happen in due course. The main area of focus at present is on testing the council's N3 connection to ensure officers are able to access numerous systems required for public health work (such as birth and death registers), as well as systems that provide patient identifiable data that is required if the public health team is to provide population health care advice to the Brent Clinical Commissioning Group and the council.

- 3.28 Other IT support, such as the data bases for NHS Health Checks and the smoking cessation team will transfer when staff transfer on 1st April. Brent's IT team are working on this element of the transfer with staff from public health to ensure that their systems are working and tested ahead of the transfer.

3.29 Conclusions

- 3.30 Work on the public health transfer continues, but some key issues such as structure and contracts are starting to be settled. There is still a great deal of work to do ahead of the 1st April to ensure a smooth transition, but this work is in hand. Members should be reassured that staff from the council and NHS Brent are working collaboratively on this project so that services continue throughout the transition period. However, members should view the transfer as the first stage in a process that will result in a fundamental review of all public health services to ensure that they are procured and delivered in line with the council's ambitions for the function. This work will continue throughout 2013/14 and 14/15 and further updates can be brought to the committee on request.

Contact Officer:

Andrew Davies, Policy and Performance Officer
Tel – 020 8937 1609
Email – Andrew.davies@brent.gov.uk

Phil Newby
Director of Strategy, Partnerships and Improvement

Alison Elliott
Director of Adult Social Care

Appendix

Public Health Contracts

Service	Provider
Infection Control	NHS Ealing Hospital Trust
Clinical Prescribing	CNWL NHS Foundation Trust
Alcohol Brief Interventions	Compass via NHS Harrow
Treatment and recovery	Addaction
Young people substance misuse / sexual health	Young Addaction
Service user involvement	LIFT
Outreach and engagement	CRI
Counselling / abstinence	EACH
Criminal Justice	WDP
Contraceptive services	CNWL NHS Foundation Trust
Chlamydia	NW London Hospitals
School Nursing and national child measurement programme	Ealing Hospital Trust
Primary care development	SHOC
HIV Prevention	CHAT
Teenage Pregnancy	The African Child
HIV Prevention	Pan London HIV Programme
HIV Prevention	Naz Project London
Teenage Pregnancy / condoms distribution	SHOC
Web based distribution and stock ordering system – condoms	Therapy Audit
Pathology Services – Chlamydia	The Doctors Laboratory
IT Support – EHC and condoms	Sonar
Health Trainers	CHAT
Intensive Lifestyle Advice	Ealing Hospital Trust
Community Weight Management Service	Slimming World
Specialist IT Provision - Stop Smoking	Sonar
Infection Control Nursing Contract	Ealing ICO
Pharmacy Mentor Scheme	LPC
Open access GUM services	Various providers
LAC nurse	Ealing Hospital Trust
Stop Smoking LES	Brent Pharmacists
EHC (morning after pill).	Brent Pharmacists
Chlamydia GP LES - chlamydia screening.	Brent GPs
IUCD (coils) - GP LES to fit and check coils.	Brent GPs
Stop Smoking LES	Brent GPs
Stop smoking LES – Primary Care Pregnancy	Brent GPs
NHS Health Checks	Brent GPs
Breast Feeding	Brent GPs
Stop Smoking LES	Community Providers