Health Partnerships Overview and Scrutiny Committee
11th June 2013

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

For Action

Wards Affected: ALL

Public Health Transfer Update

1. Summary

1.1 This report summarises for the Health Partnerships Overview and Scrutiny Committee the position relating to the transfer of public health services from NHS Brent to Brent Council which formally took place on 1st April 2013. The transition project has come to an end and it is important that remaining activity related to the transfer passes to departments in order to "mainstream" the public health function within the local authority.

1.2 The report sets out the financial information relating to the project and the success in meeting the objectives identified at the beginning of this work. Importantly, a log of remaining activity is included in the report so that members are aware of the work that will need to be carried out now that the transfer project is completed.

1.3 This report has been to the One Council Programme Board which has agreed that the Public Health Transition Board will continue to meet to oversee the service for the foreseeable future. There are three key areas that will need to be addressed – the review and re-procurement of public health contracts, the allocation of public health development funding and the agreement of GUM contracts. The cross department Transition Board will provide the necessary leadership required to take these issues forward.

2. Recommendations

2.1 It is recommended that the Health Partnerships Overview and Scrutiny Committee considers this report and questions officers on the progress that has been made since the public health service transferred to the local authority.

3. Report

3.1 On 1st April 2013 the council formally took on responsibility for health improvement and many of the public health services that had been delivered by NHS Brent. Work has been taking place for around two years to prepare for the transfer. The project has evolved significantly during this time. Initially it focussed on the structure for

public health and how services and staff could be integrated into the council's existing teams and departments. As the project evolved and the requirements from Government on what council's will be expected to deliver became clearer, the focus of the project shifted to preparing for the transfer. Work has taken place to ensure that the various elements connected to the transfer have been properly addressed so that the council was ready for its new responsibilities from 1st April and that the public health service was successfully transferred.

3.2 Now that the formal transfer has taken place the project phase of this work is complete. With a transfer of services and staff from one organisation to another, there are inevitably some loose ends that need to be addressed. These are being dealt with by the Project Manager and the project teams during April 2013. However, it is important that this work moves from "project" to "business as usual" to aid the integration of public health staff and teams into the council.

3.3 This closure report summarises the position regarding the transfer and the work outstanding that needs to be completed. It is proposed that the services take on the responsibility for the remaining tasks and that the project phase of this work is brought to a close. The main tasks that remain open include:

- Completing recruitment to the public health structure, including the Director of Public Health.
- Secure GUM contracts with providers, to limit the financial risk to the council from activity being carried out on a non-contract basis.
- Allocation of the £500k public health development funding
- Confirm the process for reviewing public health contracts, and the areas to prioritise in 2013/14
- Financial management of the public health budget to ensure that expenditure is in line with expectations and ensure that the council has taken measures to protect itself from financial risk.

3.4 Financial Benefits Achieved to Date

3.5 The Project Initiation Document setting up the Public Health Transfer Project didn't explicitly state the level of savings that would be expected from the project. At this stage, savings to the council as a direct result of the transition work are hard to quantify. The public health structure in the council has fewer posts than was the case at NHS Brent and so the council will benefit from lower staff costs, but this was not an explicit target set at the beginning of the project. In restructuring the public health service ahead of the transfer, the costs of this were picked up by NHS Brent. This has ensured that potentially large redundancy payments that could have fallen on the council have been avoided.

3.6 Small savings have been made to the council from a desk top review of public health contracts carried out during the contract transition work. On reviewing existing public health contracts, officers recommended that a small number weren't extended and transferred because alternative services were available from other public health providers. The details are set out in the table below and have also been included in previous reports to the Scrutiny Committee and the Executive.

Net Operational Savings (gross budget savings less additional operational costs)	2013/14 £'000s
Central London Community Services - Contraceptive services.	9
Young Addaction - Teenage pregnancy services and sexual health services for young people.	33
Lonsdale Practice - Shared care for opiate users with high levels of need	100
Non-GUM Data Collection – NSCP / Health Protection Agency	2
Pan London HIV Prevention	30
Infection Control Nursing Contract	39
HIV Peer Support	51
HIV Positive Self Management	94
Total Budget Saving	**358**

3.7 One of the key areas of work as public health becomes embedded in the organisation is to review existing contracts to look at opportunities to commission services in a different way to secure better outcomes, but also better value for money. This work falls outside the scope of the transition project but could lead to savings from the public health budget.

3.8 Non-financial Benefits Achieved to Date

3.9 The overall project objective, to successfully transfer public health staff and functions has been achieved and an integrated public health services has been established within the local authority. It was clear from the outset of the project that an integrated service was the direction in which the council wanted to take public health. This has been delivered by placing public health commissioning into Adult Social Care to align it with the council's existing commissioning function, combining health improvement delivery with teams in Environment and Neighbourhood Services and children's health with Children and Families. The integrated approach should help to embed the idea that health improvement is a council responsibility, not just a public health service function. This is a positive outcome associated with the transition project.

3.10 Review of Project Objectives

3.11 The overall objective set at the beginning of the project was to create a public health system in Brent that can deliver sustainable health improvement for all the borough's residents and at the same time reduce health inequalities in the borough.

3.12 Specific objectives included putting in place:

- structures, systems and processes that effectively embed public health within the council
- integrated public health activities and functions within the council and with clinical commissioning groups
- effective working relationships and processes with the clinical commissioning groups
- governance arrangements that support effective democratic and community engagement
- the strategic public health policy and commissioning framework, linked to health and social care commissioning plans, in the run up to the formal start of the new system in April 2013
- the necessary mix of skills and capacity for an integrated strategic commissioning function
- a framework for integrating the development and implementation of commissioning strategies, plans and programmes for health care, social care and public health

3.13 One of the most significant elements of the public health transition has been the transfer of staff from NHS Brent to the council. An integrated structure for the service was agreed with members following a consultation period and review commissioned by the Chief Executive. As a result of work on the public health structure it's been agreed that:

- Twenty-two public health staff will be transferred from NHS Brent to the council, with staff split across three departments – Adult Social Care, Environment and Neighbourhood Services and Children and Families.
- 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 staffing structure.
- The public health staff in ASC will be responsible for commissioning public health services (such as substance misuse services and sexual health services), building on the links and expertise within the department around commissioning; the staff in Environment and Neighbourhood Services will focus on delivering services directly and implementing health improvement programmes.
- Three members of staff will be based in the Children and Families Department, working on children's health in schools, early years settings such as nursery's and children's centres and providing training resources, especially around safeguarding. These posts will be reviewed in 12 months time to ensure that the arrangement is working.

3.14 By setting up the structure in this way the council will achieve its objective of creating an integrated and embedded public health function within the authority. Reviewing the arrangement after 12 months makes sense so that the first year of operation can be objectively analysed. If there are changes to be made to the structure officers should make them, but building on the principle that the function is integrated into the council structure and not a stand alone service.

3.15 It was important to ensure that there was continuity of services across the transition period and that those who use public health services were not adversely affected by

the change in arrangements. The majority of public health services are commissioned from external providers and successfully transferring contracts was central to the work carried out during the transition period.

3.16 The vast majority of existing public health contracts have been extended and transferred and will run for 12 months, from 1st April 2013 – 31st March 2014. Terms and conditions and service specifications agreed by NHS Brent will remain in place during the transition year. The council has to agree a process and priorities for re-commissioning services during the next 12 months. Work has already begun on this and will be led by a reformed version of the Public Health Transition Board.

3.17 During the project work took place with providers to prepare them for arrangements after 1st April. A series of due diligence meetings has been held with each organisation providing public health services to ensure that they are aware of the changes that were happening and that they were willing to continue providing services on the council's behalf beyond April 2013.

3.18 There wasn't a single arrangement to extend each public health contract – they all had to be looked at individually to ensure that they could be extended. For a number of contracts with acute trusts the council will become an associate commissioner with Brent Clinical Commissioning Group, who will be responsible for managing the contract. This is because the public health service provided by the acute trust is a small part of a much bigger collection of services commissioned via one contract. Securing a good working relationship with the CCG has been important to ensure that these agreements can be reached. The public health service and the council as a whole have those relationships in place, formally via the Health and Wellbeing Board and CCG Board, and informally via officer working groups and day to day working relationships. The contracts for which the council will be associate commissioner are:

- Chlamydia screening services - North West London Hospitals
- Clinical prescribing services - CNWL Foundation Trust
- School nursing and national child measurement programme - Ealing Hospital Trust
- Intensive Lifestyle Advice - Ealing Hospital Trust

3.19 By transferring the majority of existing public health contracts and ensuring that services continue, those in receipt of public health services will probably be unaware of the change in commissioning responsibility and will continue to receive their service. Minimum disruption to service users was crucial to the success of the transition.

3.20 As well as continuing services delivered via contracts with third party organisations, a number of existing public health programmes will continue in 2013/14 and will be unaffected by the transition. Funding was identified for the following projects:

Children and Young Peoples' Health

- £365,000 – Funding for 2.6fte posts which will include work on enhanced healthy schools, early years health improvement and health training with a focus on safeguarding, plus the development budgets for each post.
- £183,000 – Breast Feeding Peer Support workers – the council will pay half of the cost of this service, the CCG the other half.
- £75,000 – Children's oral health projects
- £55,000 – Children's mental health services

Environment and Neighbourhood Services

- £298,000 – Funding to support the work of the smoking cessation service
- £100,000 – Development funding for the Healthy Lifestyles and Healthy Environment Teams, to review work areas and develop priorities.

Drug and Alcohol Services

- £63,680 – HIV prevention activity, to be commissioned on a pan-London basis.
- £130,000 – Residential rehabilitation services for people with drug or alcohol problems
- £55,000 – Housing officer based at Cobbold Road, the borough's drug and alcohol treatment centre.

3.21 Around £500k of public health development funding is still to be allocated during 2013/14. The Public Health Transition Board will continue in order to lead the work that needs to be done to allocate this funding.

3.22 Outstanding Work

3.23 The table attached as an appendix to this report sets out the work that needs to be completed in order to move the public health transition from the project phase to business as usual. It also includes some risks that need to be managed over the coming year or so as the services develop within the local authority. These tasks are important in order to complete the project, but need to be delivered by the service rather than the project manager.

3.24 It has been agreed that the Public Health Transition Board will continue to meet during 2013/14 to oversee the implementation of the outstanding work connected to the transfer. This will be chaired by Phil Porter, Interim Director of Adult Social Care. The majority of the tasks in the work log above can be completed relatively easily, but there are four specific tasks that are crucial to the future of public health services – the first is the allocation of the outstanding £500k from the public health budget on health improvement projects. A process for doing this needs to be agreed by the Board for members to confirm decisions on how that money should be spent.

3.24 Secondly, a review of the public health contracts needs to take place, so that services can be re-commissioned in line with the council's aims for health improvement and to ensure we abide by our procurement rules. Contracts have only been extended for 12 months. There is a degree of urgency to agree which service areas should be re-commissioned first, and which can wait. The Public Health

Transition Board needs to lead this work and oversee the Public Health Contracts Group which has already switched focus to the review of contracts.

3.25 GUM service contracts need to be agreed with providers. As this is the single biggest financial risk area to the council, this needs the oversight from senior managers to ensure that agreements are reached that limit the financial risk to the authority.

3.26 Finally, members have requested information on the recruitment of the Director of Public Health. Recruitment is underway. The post has been advertised (along with the post for the Consultant in Children's Public Health), with a closing date for applications of 3rd June. A microsite has been set up for prospective candidates - http://brentpublichealth.co.uk/content/ Interviews for the post will be held on the 20th June 2013.

3.27 Public Health Budget

3.28 The council knows its 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 £18.848m. 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 some funding for development opportunities in public health.

3.29 Development opportunities have been investigated by the departments and it is proposed that those that meet the most pressing on-going priorities for the local authority is funded for a period of 1 year.

	£'m
Budget Allocation 2013/14	£18.334
Staffing structures	-£1.522
Contracts	-£13.247
CCG Rental Recharge for Offices	-£0.170
Reserve for GP prescribing for substance misuse clients	-£0.250
Reserve for GUM Open Access Service	-£0.500
Contingency for unknown contractual and development budgets, not yet identified	-£0.400
Overheads e.g. IT / Finance / Audit / Insurance / Phones / Management costs – 2.5% of allocation	-£0.458

Drug & Alcohol Services - Adult Social Care	-£0.249
Health Improvements – Environment & Neighbourhood Services	-£0.380
Maternity & Children's Services – Children Services	-£0.665
Funding available to be allocated	£0.494

3.30 The budget position taking into account the most pressing development areas of work means that the council has available £0.494m to look at investing, after reviewing the strategic priorities and the way current services are delivered to ensure that they outcomes are being achieved. As set out above, the Public Health Transition Board will agree a process for this.

3.31 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. There is also a risk that funding could be reduced in the future if it cannot be demonstrated that the grant is being spent on projects and work areas that address the indicators in the public health outcomes framework.

3.32 Conclusions

3.33 The public health transfer project has now closed as public health becomes integrated into the council and work becomes part of the mainstream business of the authority. Some of the major pieces of work that will take place over the next 12 to 18 months need to be led by the service – the review of public health contracts is probably the best example. Already officers are looking at ways to bring together services traditionally commissioned from public health and social care to integrate where possible and improve the council's offer for residents. The council has been given a tremendous opportunity by the transfer of public health to make a real difference in reducing health inequalities in Brent and the integrated model gives us the best chance of doing that.

3.34 The first six weeks or so since the transfer took place have passed and staff are working in their new teams, becoming used to working in a different culture and environment than the NHS. The general feedback has been positive and staff are motivated by the challenge of making a success of public health services for Brent Council. There remain a number of vacant posts, but steps are being taken to recruit to these so that we have a full complement of public health staff.

3.35 It is understood that members will be interested in further updates on the public health service over the next 12 to 18 months. These can be provided in general terms, or based around the work of service areas and teams so that councillors are kept informed of the progress that is being made by the different elements of the public health service in Brent Council.

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