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**By:** Graham Gibbens Cabinet Member for Adult Social Care and Public Health  
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**To:** Corporate Policy, Overview & Scrutiny Committee

**On:** 31<sup>st</sup> March 2011

**Subject:** **Proposal for the Public Health Transition to Kent County Council**

**Classification:** Unrestricted

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**Summary:** The government proposals for moving responsibility for public health to a new organisation – Public Health England – and to local authorities have been published in a series of White Papers and associated documents. These documents are subject to ongoing consultation until the end of March. This paper proposes a 3 stage transition programme for integration of public health responsibilities and the Public Health function with some early transfers from 1<sup>st</sup> April 2011

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## **Introduction**

1.
  - 1.1 On the 12<sup>th</sup> July 2010, Andrew Lansley, Secretary of State for Health, published the white paper “Equity and Excellence: Liberating the NHS”. This document sets out their future vision for the National Health Service. The Health and Social Care Bill has now passed its second reading and confirms the move of the Director of Public Health (DPH) and public health functions to the Local Authority as well as the establishment of statutory Health and Well-Being boards and Health Watch.
  - 1.2 The Public Health White Paper – Healthy Lives; Healthy People- was published on 30<sup>th</sup> November 2010 and two very important associated documents have followed:
    - Funding and Commissioning routes for public health

- Transparency in outcomes, proposals for a public health outcomes framework.

1.3 The deadline for responses for all three live consultations is now 31<sup>st</sup> March and a separate paper will come to CMM on the 28<sup>th</sup> March 2011.

## **2 PCT Cluster arrangements**

2.1 The Kent and Medway PCT Cluster will operate from 1<sup>st</sup> April, and will have 6 main responsibilities:

- Sustain management capacity, and a clear line of accountability, providing greater security for the delivery of current PCT functions in terms of statutory duties, quality, finance, performance, QIPP and NHS Constitution requirements through to March 2013;
- Provide space for developing GP Commissioning Consortia to operate effectively;
- Provide a basis for the development of commissioning support arrangements, allowing current commissioners and new entrants to develop a range of commissioning support solutions from which consortia and the NHS Commissioning Board can secure expert support;
- Similarly, provide space for new arrangements with Local Authorities, and particularly Health and Wellbeing Boards to develop;
- Provide a mechanism to enable high quality NHS staff to move to new roles in consortia, commissioning support arrangements and the NHS Commissioning Board, including minimising unnecessary redundancy costs;
- Support the provider reform element of the transition particularly in terms of ensuring progress with the FT pipeline through commissioning plans.

2.2 1<sup>st</sup> April is also the date that the new KCC structure comes into effect. This provides an opportunity to incorporate the NHS Public Health function into the County Council.

## **3 Public Health Transition**

3.1 A Project Initiation Documents (PID) has been developed to support the implementation of the Kent and Medway Public Health transition plan.

### 3.2 **Stage 1**

Transition from February to April 2011 ensuring the cluster PCTs public health statutory and other functions are clear and clarifying early transfer of staff and responsibilities to KCC In liaison with public health staff and human resources.

### 3.3 **Stage 2**

Transition to April 1<sup>st</sup> 2012 with shadow budgets, clarifying public health responsibilities between the NHS and KCC, determining appropriate workplaces across the NHS and KCC and budgets.

### 3.4 **Stage 3**

Transition with full budgets in April 2013.

### 3.5 Budgets

Most budgets sit within the PCT's. Mapping of the budget is still taking place; however, we are currently looking at a figure of £15.5m excluding staff costs.

### 3.6 Public Health Responsibilities and staff

The Public Health team provide the full range of public health skills and responsibilities for:

- Health Improvement
- Health Care
- Health Protection
- Surveillance and monitoring the population's health

The majority of budgets sit in the PCTs to support these responsibilities and programmes.

There is a map of public health lead roles across both Kent and Medway and there is a more detailed piece of work looking at work programmes and where they can be rationalised across Public Health and across the council to enable capacity to be released and better used. (Appendix 1 shows how the range of public health responsibilities is proposed to be distributed in the public health white paper).

Currently we are looking at approximately 59 posts in three public health teams with a salary total of approximately £3.2m. 6 of these staff already sit in the Kent public health team

There are a further 5 KCC staff within the Kent Public Health team

### Current Public Health Staffing in PCTs

Director/Deputy Director/Director Consultant	3
Consultants	7
Specialists	7
Practitioners	6
Business Managers	3
Health Promotion	1
Screening	2
Training	1
Emergency Planning	4
Tobacco Control	1
Senior Nurse	1
Imms & Vacs co- ordinator	1
Health Inequalities	1
Personal Assistants	10
Managers	1
<b>Total</b>	<b>49</b>

### Kent and Medway Public Health Observatory

Head of Intelligence	1
PH Team Leader	1
Knowledge Management	2
Senior analysts	3
Analysts	3
<b>Total</b>	<b>10</b>

#### 4.0 Staff Transition

A facilitated workshop has taken place with Public Health staff, some commissioning staff and the cabinet member for public health on 1<sup>st</sup> March 2011. This workshop looked at the following:

1. Engage with staff on the shape of the public health function
2. Develop a core purpose for Kent Public Health
3. Best location for delivering work programme
4. Identify functions and workplace for 1<sup>st</sup> April 2011 and tasks that need to be completed by April 2012
5. Consider where public health programmes could be integrated within KCC

All functions are related to the delivery of:

- NHS QIPP (Quality, Improvement, Productivity and Prevention).
- Bold Steps for Kent and the three ambitions, tackling Disadvantage, Growing the Economy and putting the citizen in control

#### **4.1 The Director of Public Health (DPH)**

The DPH is responsible for the establishment of the Public Health function and reporting this to PCT boards until April 2011, cluster of PCTs from April 11 and KCC cabinet. Statutory responsibility to PCT boards will remain until April 2013, but accountabilities can be arranged locally.

The DPH currently reports to two PCT CEOs and the Group Managing Director of KCC, with NHS ECK CEO as the lead CEO for Public Health. As the DPH post moves to KCC formally by April 2013 it is proposed that the GMD becomes the lead CEO from the 1<sup>st</sup> April 2011.

It is proposed that the DPH will report to KCC as the lead for Public Health for:

1. the delivery of health improvement
2. the health improvement budgets sitting in the PCTs
3. public health support to GP consortia and QIPP

The Health Improvement budgets can be considered by the shadow Health and Well-Being Board.

The DPH will report to the PCT cluster for

1. the delivery of health improvement
2. the health improvement budgets sitting in the PCTs
3. public health support to GP consortia and QIPP
4. Health Protection

Leading on from the staff workshop on the 1<sup>st</sup> March, the team came up with its core purpose statement which is:

- Our purpose is to influence the choices we make at all levels about how we design and live our lives so that we maximise health and the achievement of aspirations.

#### **4.2 Arrangement of PH staff as of 1<sup>st</sup> April**

One Kent Public Health team will be operational from 1st April under management of the DPH. Kent and Medway will work together as a network as there are shared responsibilities and a shared observatory (see appendix 1). There will be a small Kent team based in the PCT cluster to oversee the public health budgets and health protection responsibilities.

The proposal for the transferral of staff will take the form of a Memorandum of Understanding (MOU) between the NHS and KCC. There will be no consideration of TUPE until DH HR guidance is available in the summer. Financial risk for staff will stay with the NHS, as will Terms and Conditions.

Shadow public health budgets for KCC should be available by the end of the financial year. This will comprise a staffing and management budget, and a commissioning budget

There are no planned cost implications for KCC in this financial year.

From the 1st April 14 senior public health staff, consultants and or specialists will be working with specific KCC directorates.

Attached as appendix two is a list of the current public health functions

#### **4.3 The Work Place**

- There are currently 5 KCC staff and 5 NHS staff located in Sessions House on the third floor.
- There are 2 NHS Public Health Library staff located in Sessions House with the Social Services library.
- 7 senior Public Health PCT staff are already hotdesking in Sessions House as part of their joint work programmes with KCC staff, this is helping joint work on CAMHS, alcohol and community safety, Dementia, winter planning with social services, emergency planning, JSNA.
- PCT public health staff are located in 5 different NHS sites, there has been discussion about the possibility of the observatory team moving from Preston Hall to a KCC site (all NHS staff have to move from Preston Hall by the end of April, this is known to KCC property services)

Public Health staff support populations covering District councils, communities, GP commissioners, GP practices, Kent, Kent and Medway and sometimes south east coast. As we move to locality commissioning, locality boards and GP Consortia it may be more appropriate for some public health staff to remain in localities.

There has been no budget discussions about the workplace and there are no budgets for this in public health team budgets.

The workplace is a longer term project for stage 2 by April 2012. One of the items for discussion at the workshop will be where staff are best placed to deliver work programmes in a cost effective way while maintaining team work.

#### **4.4 Human Resources**

The Director of Public Health is working with HR representatives from KCC and the PCTs to ensure correct consultation and processes are followed and staff supported.

There will be a need to consult with staff on the move and the timetable. Staff will be treated in accordance with their local change policy to ensure they are

engaged in the decision making. A consultation paper for staff will be produced on proposed moves.

It is proposed that senior NHS public health staff have access to hotdesking in Sessions House and where it makes sense for joint working with directorates and work programmes. There will be no proposed workplace moves unless it makes sense for an individuals work programme or until discussions have taken place on budgets and with property services.

It was very clear from the workshop on the 1<sup>st</sup> March that NHS staff would like an opportunity for a different type of induction programme into KCC to help them assimilate. It is suggested that this is done through the directorates with the support of HR as well as the Kent Public Health team KCC staff.

It is also important to have an induction/briefings for KCC members and staff to understand the Public Health function and to help with a joint transition.

## **5.0 Recommendations**

- Implement the transition of Public Health staff to KCC as proposed with no cost implications to KCC from 1<sup>st</sup> April 1011 and continuing during 2011/12 as described in 4.1 to 4.9
- Public Health staff to work as one team across Kent under the management of the DPH and to work as a network with Medway Public Health staff to share resources.
- Develop a memorandum of Understanding between KCC and the cluster of PCTs on the provision of public health resources and functions for 2011/12.
- Corporate directors consider 14 senior public health staff being based in senior management teams/teams where there are joint work programmes.
- Consider an induction plan for NHS public health staff from the 1<sup>st</sup> April within the directorates where senior public health staff are linked.
- Consider an induction/briefing programme for KCC members and staff from April 1<sup>st</sup>.
- We ask the NHS for responsibility for Health Improvement Budgets

### **Contact:**

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## Table of responsibilities

<p><b>Activities to be commissioned through PHE:</b></p> <ul style="list-style-type: none"> <li>• Current functions of the Health Protection Agency</li> <li>• National nutrition programmes (with some local LA activity)</li> <li>• Emergency preparedness (supported by LAs)</li> <li>• Health intelligence and information (jointly with LAs)</li> </ul>
<p><b>Activities to be commissioned through Local Authorities:</b></p> <ul style="list-style-type: none"> <li>• Sexual health services (apart from contraceptive services)</li> <li>• School immunisation programmes</li> <li>• Local initiatives to reduce seasonal mortality excess deaths</li> <li>• Local initiatives such as falls prevention services</li> <li>• Mental health promotion, mental illness and suicide prevention</li> <li>• Local activity to promote physical activity</li> <li>• Local programmes to prevent/address obesity</li> <li>• Drug &amp; alcohol misuse services, prevention and treatment</li> <li>• Tobacco control</li> <li>• NHS Health Check Programme (assessment &amp; lifestyle intervention only)</li> <li>• Local initiatives to promote health in the workplace</li> <li>• Reducing and preventing birth defects (jointly with PHE)</li> <li>• Campaigns and services to promote prevention &amp; early presentation of cancer and long-term conditions</li> <li>• Dental public health (supported by PHE for coordination of surveys)</li> <li>• Specialist domestic violence services</li> <li>• Support for families with multiple problems</li> <li>• Health intelligence and information (jointly with PHE)</li> </ul> <p>It is proposed that LAs are mandated to provide or commission a limited number of these services but it has not yet been determined which these should be.</p>
<p><b>Activities to be commissioned through the NHS Commissioning Board:</b></p> <ul style="list-style-type: none"> <li>• Contraceptive services (via GP contract)</li> <li>• Vaccine programmes for children</li> <li>• Flu &amp; pneumococcal vaccines for older people (including via GP contract)</li> <li>• Targeted neonatal immunisations</li> <li>• Screening (quality assurance and monitoring by PHE; cervical screening in GP contract)</li> <li>• Health visiting services</li> <li>• Healthy Child Programme for school age children (commissioned as part of health visiting services for under 5's)</li> <li>• Public health care for those in prison or custody</li> <li>•</li> </ul>

**Functions to be shared between KCC and Medway Council:**

- Kent & Medway Public Health Observatory - sits in Kent Public Health and is funded by each PCT including Medway
- Dentistry – sits in Medway PCT but works across Kent and Medway
- Workforce Development – sits in Kent Public Health but works across all PCT's including Medway
- Screening – sits within Kent Public Health but works across Kent and Medway

These functions have been identified and collated along with the staff that currently deliver them. Some of the main local authority contributions are included in italics:

<b>HEALTH IMPROVEMENT</b>	<b>WORKFORCE</b>
<p>Joint strategic Needs Assessments (JSNA)</p> <p>Commission Health and Well being interventions</p>	<p>Consultant in Public Health</p> <p>Public Health intelligence officers</p> <p><i>Joint work with LA's esp. KASS and CFE</i></p> <p>Consultant in Public Health</p>
<p>Building sustainable capacity and resources for health improvement and reducing health inequalities:</p>	<p>Public Health specialists with commissioning skills</p> <p><i>Many LA functions contribute directly to reducing health inequalities – HI Strategy applies</i></p>
<p>Sexual health (inc Teenage Pregnancy)</p> <p>Manage business planning, service specification and tender process for service</p> <p>Manage Service Level Agreements and contracts with providers</p> <p>Directly manage provision of chlamydia services</p> <p>Performance management and evaluation</p>	<p>Consultant in PH</p> <p>PH specialists</p> <p><i>Teenage Pregnancy Partnership</i></p> <p><i>Youth Service</i></p>
<p>Smoking cessation and tobacco control</p> <p>Manage Service Level Agreements and contracts with service providers</p> <p>Management of smoking cessation service</p> <p>Performance management</p> <p>Analysis</p> <p>Tobacco control</p> <p>Alcohol and substance abuse services</p> <p>Manage service specification and development</p> <p>Performance management, data collection and analysis</p>	<p>Consultant in PH</p> <p>PH specialists</p> <p><i>LA Trading Standards</i></p> <p><i>LA Environmental Health</i></p> <p>Tobacco control manager</p> <p>Consultant in PH</p> <p>PH specialists</p> <p><i>Kent Drug and Alcohol Action Team</i></p>

<p>Healthy weight SLA and contract with providers</p> <p>Target monitoring and data collection Analysis</p>	<p>Consultant in PH</p> <p>PH specialists</p>
<p>Mental Health Manage service specification and development Manage Service Level Agreements and contracts with providers Performance management</p>	<p>Consultant in PH PH specialists</p> <p><i>Joint Mental Health Service</i></p>
<p>Falls prevention Manage service specification and development Activity monitoring</p>	<p>Consultant in PH PH specialists</p> <p><i>LA KASS involvement</i></p>
<p>Health Care Acquired Infections Performance management and Service Level Agreement monitoring Incident reporting Target monitoring</p>	<p>Consultant in PH PH specialists</p> <p><i>Kent HealthWatch</i></p>
<b>SCREENING</b>	
<p>Antenatal; Neonatal - newborn hearing; Cancer - breast, cervical, bowel; AAA; Diabetic retinopathy; Chlamydia; Develop newborn physical exam Surveillance monitoring Quality assurance SLA and contract monitoring performance, data collection and analysis</p>	<p>PH specialists</p> <p>Consultant in PH</p>
<b>HEALTH INEQUALITIES</b>	
<p>Healthy living centres service specification, contract monitoring and data analysis</p> <p>Service development Learning difficulties expert input Vulnerable groups expert input</p>	<p>Consultant in PH</p> <p><i>Many LA functions contribute directly to reducing health inequalities – HI Strategy applies</i></p> <p>PH Specialists <i>LA LD services and policy</i></p> <p><i>LA services and policy</i></p>
<b>PARTNERSHIP WORKING</b>	
<p>Build strategic partnerships Statutory duties include participation in: LSP; CSP; JSNA; Safeguarding Children Board; Children's Trust Board; Local Health and Wellbeing Board Community engagement</p>	<p>Consultant in PH PH Specialists</p> <p>Senior Health Improvement Officers Health improvement specialists</p> <p>Campaigns co-ordinator</p>

Advocacy for health <i>Kent Partnership</i>	Consultant in Public Health Health improvement specialists
<i>Kent Agreement</i>	Communications officers  <i>Officers from all KCC directorates and policy functions</i>
<b>HEALTH AND EUROPE CENTRE</b>	
European partnership working	Director and business administrator <i>KCC International affairs</i>
Social enterprises Training opportunities for PH staff	
<b>SCHOOL HEALTH</b>	
Enhanced healthy school status promotion National Indicators <i>Healthy Schools programme and PHSE education in schools</i>	Consultant in PH  PH specialists <i>LA Function within CFE</i>
<b>HEALTH TRAINERS</b>	
Service specification and development SLA monitoring Professional development of HTs Activity data collection and analysis	Consultant in PH PH specialists
<b>COMMUNICATION</b>	
Social marketing Health promotion	<i>LA policy and comms functions</i>
<b>HEALTHCARE - PUBLIC HEALTH</b>	
Clinically and cost effective health services commissioning Needs assessment Care pathways, policies and guidelines to improve health outcomes Assess need, demand, utilisation and outcomes Commissioning support through information provision Decommission where evidence supports	DPH, Consultant in PH, PH Specialists, Information Analysts <i>JSNAs jointly with LAs</i>  <i>KASS contribution</i>
Prioritisation of health and social care services  Evaluate clinical and cost effectiveness Exceptional treatment requests •Produce evidence summaries •Panel members Clinically appraise business cases	DPH, Consultant in PH, PH Specialists, Information Analysts, PH Pharmacist
Equity of service provision  Monitor access and use of services	DPH, Consultant in PH, PH Specialists, Information Analysts <i>Kent HealthWatch</i>

Use of Health Equity Audit Use of Equity Impact Assessment Plan services for vulnerable groups	
Clinical governance and quality improvement Agree service specifications and standards to monitor performance and outcomes Generate information to support QA and monitor performance Audit services and practices to improve outcomes Benchmarking against NICE guidelines	DPH, Consultant in PH, PH Specialists, Information Analysts  <i>Kent HealthWatch</i>
Healthcare audit, evaluation and research  Links with Equity of service provision and Academic PH	DPH, Consultant in PH, PH Specialists, Information Analysts
Patient safety  Risk analysis	DPH, Consultant in PH, PH Specialists, Information Analysts, statistician <i>Kent HealthWatch</i>
Serious untoward incident management	
Healthcare development/planning  Horizon scanning Analyse cost, benefits and risks for new services/technologies Facilitate strategic and business planning Develop service frameworks	DPH, Consultant in PH, PH Specialists
Leadership for health  Strategic view of future developments in health Provide leadership for improving health and tackling inequalities	DPH, Consultant in PH, PH Specialists  <i>Public Health policy function</i>
Capacity building  Ensure access to training posts Workforce planning	DPH, Consultant in PH, PH Specialists  Workforce planner
<b>HEALTH PROTECTION</b>	
Reactive acute functions Proper Office of local authority Contact tracing  Outbreak and incident control Infection control including advice on HCAI Advice on immunisation queries	CCDC, DPH, Health Protection Nurses/Specialists
Proactive prevention functions	

Outbreak prevention plans eg. Tuberculosis, STIs, port health Environmental health liaison Microbiology and tropical diseases medicine liaison Emergency preparedness Business Continuity	CCDC  Analysts  Emergency planning officer <i>Emergency Planning function</i>
Both proactive and reactive functions Advice on novel threats to health and manage risk	Analysts, surveillance and data support staff
<b>INFECTION PREVENTION AND CONTROL</b>	
Monitoring Tuberculosis  Business plan, service specification SLA performance and monitoring Tracing and incidents participation	CCDC, DIPC Consultant in public health (PH), CCDC
Influenza planning Seasonal Pandemic	Consultant in PH, CCDC  <i>Emergency planning</i>
<b>IMMUNISATION AND VACCINATION</b>	
Performance and contract monitoring Target monitoring and data collection for the following programmes: •Childhood vaccination programme •HPV •Staff flu programme	Consultant in PH Immunisation co-ordinator
<b>PUBLIC HEALTH INTELLIGENCE</b>	
DPH annual report Health needs assessments	DPH PH Consultants
Mapping health indicators Health equity audit Health impact assessment Improving quality of health data  PBC tailored inequality planning Economic modelling and evaluation Surveillance Evidence analysis and guidance	PH Specialists PH analysts Knowledge manager Librarian <i>KCC data and information functions</i> <i>Public Health policy function</i>
<b>ACADEMIC PUBLIC HEALTH</b>	
<b>RESEARCH AND ANALYSIS</b>	
Determine priorities for PH research Formulate specific PH research questions Define outcome measures Gap analyses	PH consultant Lecturer in PH SpR/SPT in PH Social scientist

<p>Translate complex research results into information and knowledge to improve population health and wellbeing</p> <p>Evaluation of health services and PH interventions</p>	<p>Epidemiologist</p> <p>Health service researcher</p>
<p><b>EDUCATION</b></p>	
<p>Teaching of other staff, medical students and colleagues</p> <p>Mentorship and group tutorials</p> <p>London/KSS Deanery training programme</p> <p>Specialist portfolio development</p> <p>CPD</p> <p>KSF IPA</p> <p>Public Health Champions</p>	<p>DPH, Consultant in PH, PH Specialists</p>