

By: Graham Gibbens – Cabinet Member for Adult Social Care & Public Health  
Roger Gough – Cabinet Member for Business Strategy, Performance & Health Reform

To: County Council – Thursday 21 July 2011

Subject: The alignment of PCT public health staff to KCC and associated Memorandum of Understanding

Classification: Unrestricted

---

### **Summary:**

1. Responsibility for public health is proposed to transfer from the NHS to local authorities and new body called Public Health England from 2013. This report introduces a Memorandum of Understanding (MOU) between KCC and the Kent PCT's designed to facilitate the alignment of PCT staff to KCC management without changing their terms and conditions of employment or the accountabilities of the PCTs, which will remain responsible for public health until 2013.
  2. The MOU is attached to this report.
- 

### **Introduction:**

3. The changes to the organisation of public health in England have been proposed in the White Paper – Healthy Lives, Healthy People – and incorporated in the Health and Social Care Bill currently before Parliament. The key changes proposed and their implications have been accepted by KCC Cabinet and the Kent PCT Boards on previous occasions. The timetable that applies and therefore the period covered by the proposed MOU is as follows:
4. Local authorities have been able to begin preparations for the change in responsibilities from April 2011 onwards.
5. The Human Resources Framework for transition of public health staff is expected to be issued by the Department of Health during Summer 2011. A "Concordat" covering the principles relating to the transfer, selection and appointment processes affecting public health staff moving to local authorities is also being developed by the NHS, DH and local government.
6. Shadow arrangements for discharging the public health responsibilities within upper tier local authorities such as KCC should be in place by April 2012.
7. Indicative budgets will be issued for April 2012 onwards. Ring fenced budgets based on the funding currently devoted to public health activity in the NHS and according to population profiles will be given to local authorities from 2013.
8. Current proposals are that public health commissioning will be subject to oversight by the Health and Wellbeing Board (H&WB Board) to ensure it reflects the

priorities identified in the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that the new legislation requires. KCC is an early implementer for H&WB Boards and the emerging Kent “Shadow Shadow” board’s latest meeting took place on 20<sup>th</sup> July. H&WB Boards should be established in proper shadow form by April 2012 and be fully operational by April 2013.

9. Public Health England will be established from April 2013.

### **Transition in Kent**

10. The purpose of the MOU is to align PCT staff currently engaged in public health with KCC day to day management. There is no intention to change terms and conditions of service for these staff or the responsibility for their employment which will remain clearly with the PCTs until other arrangements are made or the PCTs cease to exist. In particular any and all financial responsibility for these staff including any redundancy payments or pension arrangements will remain with the PCTs unless and until a full formal transfer of staff to KCC is negotiated separately. The MOU specifically excludes the aligned staff from accruing from KCC any employment rights under TUPE.

11. These staff will report to the jointly appointed Director of Public Health (DPH) who holds dual accountability to KCC and the Kent PCTs and will continue to remain accountable to the PCT Boards (via the PCT Cluster Board), for specific public health performance delivery, during the life of the PCTs.

12. Full legal accountability for the public health service will continue to remain with the PCTs unless and until it is formally transferred to KCC through legislation.

13. Schedule 3 of the MOU describes the accountabilities under the proposed arrangements.

14. The staff mainly comprise the public health consultants (the highest qualified public health staff) and associated colleagues. Staff will be aligned with districts within Kent to ensure local responsiveness is maintained and also with KCC directorates so that the function can be integrated across all of KCC’s activities and responsibilities.

15. The alignment involves approximately 55 staff with an annual salary cost of approximately £3.2m.

### **Public Health functions:**

16. The functions of public health that are the responsibility of the DPH are listed in the MOU Schedule 5.

17. The budgets within PCTs identified as supporting public health activity so far are listed in the MOU Schedule 4. Work continues to locate other relevant budgets within the PCTs and it is expected that the figure of c. £17m reached so far will increase in the near future.

18. Taken together these schedules list the many current and new functions that will be assumed by KCC from 2013. Given the extent of the new responsibilities it is

sensible for the staff involved to be aligned within KCC structures sooner rather than later to enable both staff and KCC itself to adjust to the new arrangements.

**Recommendation:**

19. The County Council is asked:

to AGREE the alignment of the PCT staff and posts to KCC management structures under the terms of the MOU, as attached to this report.

Meradin Peachey  
Director of Public Health  
Ext 4293

**Attached**

Memorandum of Understanding for alignment of PCT public health staff to KCC