AGENDA ITEM: 15 (*Supplementary - Report marked to follow*) Pages: 1 - 17

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
Subject	**Public Health Transition**
Report of	Cabinet Member for Public Health
Summary	This report provides an update on progress to prepare for the transition of the Public Health function and staff from NHS North Central London to Barnet Council

Officer Contributors	Kate Kennally, Director Adult Social Care and Health, Dr Andrew Burnett, Director of Public Health
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix 1 – Proposed Local Government Public Health Functions Appendix 2 – Public Health Transitions Project Risk Register
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: Rohan Wardena, Public Health Transitions Project Manager, telephone 0208 359 2368

1. RECOMMENDATION

1.1 Members of the Health Overview and Scrutiny Committee are requested to consider and note the contents of this report.

1.2 To comment on the options appraisal criteria set out in paragraph 9.19 on this report which will be used to develop a local Public Health function for the London Borough of Barnet.

2. RELEVANT PREVIOUS DECISIONS

2.1 Cabinet, 14 February 2011 (Agenda Item 6 - Decision Item 10) – agreed a report setting out the impact of the NHS Reforms for the London Borough of Barnet and the appointment of a Joint Director for Public Health.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 The Borough's Sustainable Community Strategy contains a strategic objective for 'Healthy and Independent Living.' The transfer of Public Health functions from the NHS to Local Government provides a significant opportunity for a whole system approach to prevention and early intervention through focusing on the wider determinants of health and the role of individuals, families, communities and public services in improving health and well-being.

3.2 The new public health operating model and system design will need to be fully aligned with Barnet Council's strategic objective to become a 'Commissioning Council.' Public Health considerations will need to inform all Council decisions and it is expected that the Director of Public Health in exercising the public health leadership role for the Council will have sufficient weight to influence service delivery across a range of Council functions.

4. RISK MANAGEMENT ISSUES

4.1 The transfer of Public Health functions from the NHS to the Local Authority from the 1st of April 2013 will result in Local authorities having responsibility for the following four domains of public health:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health

4.2 The new local authority public health function will also include new statutory duties to protect the health of the local population and ensure the NHS commissioners (Clinical Commissioning Groups, NHS Commissioning Board) receive the public health advice they need to design and commission health pathways and services which deliver good local population health outcomes, reduce health inequalities and support the achievement of local health and wellbeing strategic priorities.

4.3 Local authorities will be responsible for the commissioning of public health services and will have a mandatory responsibility to make provision for the following:

- Appropriate access to sexual health services
- Ensure there are plans in place and take steps to protect the health of the local population
- Provide NHS commissioners with the advice that they need
- National Child Measurement Programme
- NHS Health Check assessments

4.4 The Council will need to ensure that there are effective arrangements in place to ensure the effective transfer of these responsibilities and mandatory provisions are in place from the 1 April 2013.

4.5 It is expected that councils will produce transition plans by 5 April 2012 setting out the arrangements for the transfer of Public Health responsibilities. However at the 31st of January 2012, Local Authorities had not been advised of the shadow budget allocation for Public Health services on which to base their plans. Local Authorities have been advised that shadow allocations will be published from mid February 2012 onwards.

4.6 In addition, the Council has been advised that shadow budget allocations will be based on the PCT outturn spend on Public Health for 2010/11. This revealed that Barnet was an outlier with the 6th lowest spend per head at £3.40 compared with other London boroughs and substantially lower than the London average of £5.00 per head of spend. The low spend has been attributed to the financial position within the local health economy which is financially challenged. This represents a potential risk in enabling Barnet Council to adequately fund its new mandatory public health functions and could place a constraint on the scale of its ambition to invest in public health to improve the future health and wellbeing of Barnet citizens. The Government has stated its commitment to ensuring that local authorities are adequately funded to carry out their new public health functions and any additional burden will be funded in line with the Government's new Burdens Doctrine, however no adjustment is expected until 2014/15 at the earliest.

4.7 There is a risk that Public Health staff will not want to transfer to the Local Authority and will seek alternative employment opportunities within the NHS. To mitigate against this risk, the Public Health Transition work is being jointly led by the Director for Public Health and Director for Adult Social Care and Health. An Assistant Director for Public Health is a member of the Public Health Transition Project Board to provide a voice of the team into the work of the project. In addition, since December 2011, the Public Health Team have been based at NLBP to support the team transition into the Local Authority.

4.8 There is a risk that the opportunity to join up Public Health with Environmental Health could be adversely impacted by the inclusion of environmental health services in the Development and Regulatory Services bundle. To mitigate this risk, the Assistant Director for Environmental Health is a member of the Public Health Transitions Board and the interface with the DRS function will be an essential design requirement for Barnet's future public health operating model.

4.9 The Barnet Public Health Transition Project Board has developed a full risk register which is shown as appendix 2 to this report.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.2 The transfer of public health functions to local authorities will impact local NHS public health staff and Barnet citizens and communities. Both the PCT Cluster and Barnet Council will ensure that transition plans and the design and implementation of the local public health target operating model, systems and processes are impact assessed in accordance with equalities policies and take account of the Public Sector Equality Duty.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 There are a number of resource implications that will need to be considered and addressed through the project and subsequent transition plans. At this stage they remain unclear until the public health funding allocations have been confirmed and more information becomes available regarding the operating model for Public Health England and the public health functions that will be undertaken by the NHS Commission Board. The size of the local public health funding allocation will ultimately determine the scale, scope and configuration of local public health functions and operating model. Responsibility for public health will transfer to the local authority in 2013/14, and budgeting for this service will need to be picked up as part of the Council's routine financial and business planning cycle in the third quarter of 2012. The local authority public health funding allocation for 2013/14 is not expected to be notified until the Autumn of 2012.

6.2 TUPE regulations will apply to the transfer of public health functions to local authorities and this will have significant implications including the transfer of NHS staff to local authorities and the duties relating to this. The local authority public health organisation structure and job designs will be determined by the target operating model design and size of the funding allocation.

6.3 The transfer of public health will also have substantial contracting and procurement implications which may include the novation of existing public health led service contracts from NHS organisations to the local authority or re-procurement of public health commissioned services. Agreements may be required to deal with any legacy liabilities or audit requirements and may require indemnity.

6.4 The Department of Health has issued the Public Health Outcomes Framework which sets out the local authority's responsibilities for the achievement of public health outcomes although the operational detail and specific obligations, conditions and reporting requirements have yet to be defined and communicated.

6.5 Core public health business processes and systems will need to be specified, designed and built or migrated as part of the target operating model design and implementation work package in the transition plan. This will require input and alignment with the local authority's IT systems, business processes and infrastructure.

6.6 Initial local authority project costs will include project management resource costs (0.4 WTE) for the planning phase of the project, but project costs are expected to increase because of the complexity of project delivery and the need for specialist input such as HR, legal and procurement at key stages during the project lifecycle. These will be met from existing Adult Social Care budgets. There will also be a one off contributory cost in February of £5,000 for participation in West London Public Health Design Panel review of joint commissioning and procurement opportunity mapping exercise which is being commissioned by the West London Alliance.

7. LEGAL ISSUES

7.1 This report succinctly summarises the proposed health reforms in section 9 below. The Health and Social Care Bill 2011 is scheduled to commence the "report stage" on 8 February 2012 which will entail further line by line examination of the Bill. The Council is already preparing for the anticipated changes in the law which will impose new public health responsibilities and functions on the local authority. Changes include the pooling of funds and the operation of a health and wellbeing board.

8. CONSTITUTIONAL POWERS

8.1 The scope of the Overview and Scrutiny Committees/Sub-Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees / Sub-Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

8.2 The responsibilities that fall within the remit of the Council's Overview and Scrutiny function as determined by the Local Government Act 2000 have been further strengthened by subsequent legislation including the Health and Social Care Act 2001 which paved the way for scrutiny by local authorities of other statutory bodies, and the Local Government and Public Involvement in Health Act 2007.

8.3 The Health Overview and Scrutiny Committee has responsibility for performing the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions, services and activities of the National Health Services (NHS) and NHS bodies located within the London Borough of Barnet.

8.4 The Health Overview and Scrutiny Committee, among other duties, has a responsibility to receive, consider and respond to reports and consultations from the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies.

9. BACKGROUND INFORMATION

9.1 In July 2010, the Government announced in the White Paper, Liberating the NHS, its proposals to transfer responsibility for local health improvement and wellbeing to local authorities, as part of its plans to reform the NHS. The long-term vision and strategy

for the reform of the public health system in England was developed and expanded in the White Paper 'Healthy Lives, Healthy People' in November 2010 and updated in July 2011.

9.2 The public health reforms recognise that local authorities are uniquely placed to lead the local health improvement agenda, protect the health of the local population and tackle the social determinants of health such as housing, education, employment and the environment, which drive health inequalities.

9.3 The key features of the public health reforms which are included in the proposed Health and Social Care Bill 2011 are as follows:

- Establishment of Public Health England to provide leadership and delivery of integrated public health services nationally
- Transfer of local public health leadership and responsibility for health improvement and wellbeing to upper tier and unitary local authorities from 01 April 2013
- Joint appointment of Directors of Public Health by local authorities and Public Health England
- Increased focus on outcomes with the introduction of a Public Health Outcomes Framework which was published in January 2012
- Allocation of ring-fenced public health budgets to local authorities to operate, commission and delivery local public health functions
- Introduction of a health premium to incentivise improvements in local health and wellbeing outcomes and a reduction in health inequalities
- The newly created NHS Commissioning Board will commission nationally delivered public health services such as national screening and immunisation programmes on behalf of Public Health England
- Establishment of Health and Wellbeing Boards to set local health improvement and wellbeing strategy and priorities
- Establishment of local and national Health-Watch as the consumer champion for patients, carers and citizens in assuring health and social care services meet the needs of local people and provide genuine choice

9.4 The national timetable for the transition of public health functions from the NHS to Public Health England and local authorities, and the establishment of the other key components that will underpin the new system of health and social care are set out in the recent guidance issued by the Department of Health (Operating Model For Public Health England, Role Of Public Health In Local Authorities, Public Health Outcomes Framework). This is supported by the Operating Framework for the NHS in England 2012/13 which sets out in more detail the expectations and transition requirements to build and implement the new delivery system. It also sets out the obligations on NHS Strategic Health Authority (SHA) Cluster and Primary Care Trust (PCT) Cluster organisations to lead the development, assurance and implementation of transition plans with local authorities. This includes the production of integrated plans by PCT Clusters which will be assured and submitted to SHA Clusters for sign-off by 5 April 2012.

9.5 The new Public Health Outcomes Framework was published on the 23 January 2012 and sets out the vision and desired outcomes for public health and how these will be measured. The framework is underpinned by a vision for public health and is focused on the following two overarching health outcomes to be achieved across the public health system:

Vision*: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest.*

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

9.6 The outcomes recognise the importance of not only how long people live, but on how well they live at all stages of their life. The second outcome is focused on reducing health inequalities between people, communities and areas. Using measures of both life expectancy and healthy life expectancy will provide the most reliable information to better understand the nature of health inequalities both within a particular location and between areas.

9.7 The design of the outcomes framework acknowledges that substantial improvements in the two key public health outcome areas will take years or even decades to materialise. In order to track progress, a set of supporting public health indicators have been developed which are intended help to understand the pace and scale of improvement in the things that matter most to public health. The supporting public health indicators are grouped into four domains:

Domain 1 – Improving the wider determinates of health
Domain 2 – Health improvement
Domain 3 – Health protection
Domain 4 – Healthcare public health and preventing premature mortality

9.8 The Department of Health intends to improve the range of information over the coming year with continued engagement and involvement of partners at local and national level. It is intended that Local Authorities' performance against the national public health indicators will be subject to national reporting by Public Health England.

9.9 The Barnet Health and Well-Being Board is developing a Health and Well-Being Strategy which will set out at a high level how Barnet's priorities to deliver on the two overarching health outcomes set out in the Public Health Outcomes Framework. The Joint Director of Public Health is jointly sponsoring the programme of work to develop the strategy and a final draft will be considered by the Barnet Health and Well-Being Board on the 22nd of March 2012 prior to commencement of a public consultation exercise.

9.10 The Director of Public Health will be a key leadership role in enabling local authorities to carry out their new public health responsibilities and functions. There is also a requirement in the proposed Health and Social Care Bill 2011 that each authority must, acting jointly with the secretary of State for Health, appoint a Director of Public Health who will have responsibility for its new public health functions and will be the lead officer for health and championing health across all aspects of the authority's business. It is also proposed that Directors of Public Health will be added to the list of statutory chief officers in the Local Government and Housing Act 1989 and there will be direct accountability between the Director of Public Health and the local authority Chief Executive for the undertaking of the local authority's public health responsibilities.

9.11 The Director of Public Health will be responsible for the following:

- Local authority's new public health functions
- Production of an annual report on the health of the population
- Statutory member of the local Health and Wellbeing Board
- As lead officer for health, provide advice to elected members and senior officers
- Ensure health and wellbeing services are integrated across the locality
- Delegated responsibility for the public health ring-fenced grant

9.12 The Department of Health's guidance for public health in local authorities suggests that resourcing of the Director of Public Health role could be shared with another local authority where that makes sense or fits with existing management arrangements such as shared leadership teams.

9.13 Alongside the development of the Health and Well-Being Strategy, a project has been established to oversee Public Health Transitions. The Barnet Public Health Transition Board was established in December 2011 jointly led by the Director for Public Health and the Director of Adult Social Care and Health. The following is a summary of progress over the last eight weeks in establishing the project and in the development of plans to prepare for shadow operating arrangements and transition:

- Barnet Public Health Transition Board set up and roles and responsibilities agreed with dedicated project resource assigned and in place. Membership includes Barnet Clinical Commissioning Group, North Central London NHS, Environmental Health, Public Health, Human Resources, Finance, Health Protection Agency, Chief Executives Services
- Project scope, delivery approach and priorities agreed by Project Board including a commitment to produce a public health transition plan for submission to NHS London SHA by 05 April 2012
- Project delivery structure agreed and workstream leads assigned by Project Board
- Key policy statements and guidance have been issued by the Department of Health and Local Government Association for the following: Public Health Outcomes Framework; Public Health England Operating Model; Public Health In Local Government including the role of the Director of Public Health; Public Health Transition Planning Support For primary Care Trusts And Local Authorities; Local Government Transition Guidance
- Outline project resource and skills matrix produced
- Project risk and issues register produced and updated
- Cross-Borough working being explored through West London Public Health Design Panel and through liaison with North Central London NHS cluster. This includes representation and participation in public health design options analysis and review which is still in progress
- Local public health function options appraisal criteria produced in draft form

9.14 The project will lead the joint development and implementation of a new local public health system and target operating model and support the seamless transfer of public health responsibilities from the NCL PCT Cluster to Barnet Council from 1 April 2013. It will ensure that the local public health system and leadership arrangements are fully integrated with the new national Public Health England operating model and new system of health and social enacted in the Health and Social Care Bill 2011. This will be achieved through delivery of the following outcomes and objectives:

- Develop a clear and compelling local vision and strategy for the new public health role that will be undertaken by Barnet Council from April 2013
- Jointly produce a Public Health Transition Plan which has been agreed by the Council's Cabinet Member for Public Health and Cabinet and signed-off by the NHS London SHA
- Shadow public health working arrangements are in operation from 1 April 2012 that support and protect delivery of public health NHS operating plan commitments during the transition period
- Ensure the design and priorities for the public health target operating model in Barnet reflect the local health and wellbeing needs and priorities set out in the JSNA and emerging Joint Health and Wellbeing Strategy and take account of the public health funding allocation once this is known
- Design a resilient local public health target operating model, systems and processes that clearly define and support the interfaces with other parts of the national and local public health system including Public Health England and NHS Commissioning Board commissioning and delivery
- Ensure transition plans and the design and implementation of the local public health target operating model, systems and processes are impact assessed in accordance with equalities policy and take account of the Public Sector Equality Duty
- Public Health staff and their representatives are actively engaged in the development and implementation of transition plans
- Effectively consult and support staff affected by the transfer of public health functions from the NHS to local government
- HR processes for TUPE arrangements are well defined and agreed between the 'sender' organisation (NHS NCL PCT Cluster) and the 'receiving' organisation (London Borough of Barnet) and responsibilities and liabilities arising from any workforce redesign are clearly understood by all parties
- Explore opportunities and options for partnership working with other London boroughs and public health services or functions that could be delivered more effectively over an extended geographical footprint
- Ensure citizens, local partners, providers and stakeholders are engaged and kept informed of the public health transition and any local changes to public health services

9.15 A number of London PCT Clusters and local authorities across London are exploring options for future operating model designs and the potential benefits of pooling resources and combining and extending the geographical coverage for certain public health functions. Barnet Council is in contact with the Public Health transition lead at NHS NCL PCT Cluster to determine opportunities if any for strategic partnerships with North Central London boroughs in respect of Public Health functions. A meeting of Chief Executives will be taking place in early February 2012.

9.16 The West London Alliance (Brent, Ealing, Harrow, Hounslow, Hillingdon) of which Barnet is now a part has established a public health design panel to look at opportunities for public health partnership working across west London boroughs and this is being lead by Dr Andrew Howe, Director of Public Health, Harrow. The Director of Barnet Adult Social Care and Health and the Director of Public Health for Barnet are both members and are participating in a public health mapping and options appraisal exercise which is due to be completed at the end of February 2012.

9.17 The West London Design Group (WLDG) has developed an options review that focuses on the evaluation of three public health operational models covering the Director of Public Health role, Specialist Public Health functions and Procurement and Commissioning Functions:

- Option1 - Operating model supports one borough
- Option 2 -Operating model supports a small group of two to three boroughs
- Option 3 - Operating model supports a larger group of between four and six boroughs

9.18 The following table sets out the headline conclusions from the initial design options review conducted by the five borough members of the WLDG

Public Health Function	Headline Conclusions
Director of Public Health (DPH) role	Inconclusive equal split in support for a single DPH function for each borough and a DPH function covering a large group of four to six boroughs. One borough option recognises the resource demands of local accountability and leadership and management of key relationships with elected members and CCGs. Large borough group coverage acknowledges the benefits of reduced DPH function costs, greater cohesion across boroughs and aspirations for greater integration across the WLA.
Specialist Public Health Team function	Majority support for a single specialist team supporting a large group of four to six boroughs although this was split equally between a centralised team and a borough based networked team. The main advantage cited for the broader coverage appears to be lower operating cost, increased skill mix and greater capacity of an implied larger centralised specialist team.
Procurement and Commissioning	Unanimous support for a shared procurement and commissioning function covering a large group of four to six borough locations. Main advantages citied as economies of scale from a centralised function, greater ability to influence the provider market (particularly acute providers) aligned with current Cluster health service commissioning model. Issues highlighted around governance and local sovereignty for decision making

9.19 Learning from the initial WLDG options review process, a locally defined approach is being proposed to inform the options review and selection process for the future Barnet Public Health function design. This will use a stepped process that starts by specifying the key functional domains within the public health function, defining the vision and scope of activity within each domain and then applying a set of weighted criteria to determine the most appropriate operating model. This approach recognises one operating model may not be appropriate for all function domains.

Suggested Functional Domains	Suggested Options Appraisal Criteria
1. Local public health leadership, governance and relationship management	• Scale of opportunity and fit with the local authority's strategic priorities and objectives. • Fit with local management and leadership structures. • Contribution to local priorities and health and wellbeing outcomes. • Adherence to any funding conditions linked to Public Health ring fenced grant.
2. Commissioning advice and support	• Contribution to managing strategically important relationships in the NHS, especially with Barnet Clinical Commissioning Group and fit with existing strategic alliances and partnerships. • Skill mix, resource requirements, capacity constraints • Clinical Governance and assurance requirements • Operating costs and potential for scalability • Flexibility and responsiveness to changing local requirements
3. Commissioning, procurement and contract management	• Risk to the local authority and delivery of mandatory public health services • Contribution to statutory obligations and compliance requirements • Dependency on specific providers, suppliers or stakeholders • Existing performance levels
4. Local health protection and emergency preparedness and resilience	• Dependency on other functions for performance and delivery

10. LIST OF BACKGROUND PAPERS

10.1 The following reference documents were used in the preparation of this report and can be accessed online via the Department of Health website: http://www.dh.gov.uk/health/category/publications

Document Title And Department Of Health Website Link
White Paper: Equity and excellence – Liberating the NHS (12 July 2010) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
Healthy lives, healthy people: update and way forward (14 July 2011) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120

Document Title And Department Of Health Website Link
Healthy lives, healthy people: Improving outcomes and supporting transparency (23 January 2012) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358
Public health in local government – Factsheets (20 December 2011) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131889
Public Health England's operating model – Factsheets (20 December 2011) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131882
Public health transition planning support for primary care trusts and local authorities (13 January 2012) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132178
The Operating Framework for the NHS in England 2012-13 (24 November 2011) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360
Public health human resources (HR) concordat (17 November 2011) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131111
Local Government Association: Public health workforce issues – Local government transition guidance (January 2012) http://www.dh.gov.uk/health/files/2012/01/public-health-workforce-issues.pdf

Information Contact: Rohan Wardena – Email: rohan.wardena@barnet.gov.uk

Finance – MC/JH
Legal - HP

Appendix One – Proposed Local Authority Public Health Responsibilities

	Local Authority Public Health Mandatory Commissioning Responsibilities
1	National Child Measurement Programme
2	NHS Health Check assessments
3	Comprehensive sexual health services (including testing and treatment for sexually transmitted infections (STI), contraception outside of the GP contract and sexual health promotion and disease prevention)
4	Local authority role in dealing with health protection incidents, outbreaks and emergencies

	Local Authority Public Health Other Commissioning Responsibilities
5	Tobacco control and smoking cessation services
6	Alcohol and drug misuse services
7	Public health services for children and young people aged 5-19
8	Interventions to tackle obesity
9	Locally led nutrition initiatives
10	Increasing levels of physical activity in the local population
11	Public mental health services
12	Dental public health services
13	Accidental injury prevention
14	Population level interventions to reduce and prevent birth defects
15	Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
16	Local initiatives on workplace health
17	Support, review and challenge the delivery of public health funded and NHS delivered services such as immunisation and screening programmes
18	Local initiatives to reduce excess deaths as a result of seasonal mortality
19	Public health aspects of promotion of community safety, violence prevention and response
20	Public health aspects of local initiatives to tackle social exclusion
21	Local initiatives that reduce public health impacts of environmental risks

Appendix Two – Public Health Transitions Key Risks

ID	Risk Description	Timing	Likelihood (L) (1-5)	Impact (I) (1-5)	Score (L x I)	Mitigation	Owner
Finance							
1	Ring-fenced allocations are delayed in 2012/13 leaving little time for boroughs to design their organisational requirements and manage any mis-match between historic resources and new allocations	Dec 2011	2	4	8	Work should commence based on the 2010/11 allocation	Kate Kennally
2	The certainty of the financial allocations impacts the confidence to enter into shadow working arrangements	Dec 2011	4	4	16	Shadow working minimum requirement has been developed and should be adopted. This will assist in separating the issues. Working with WLA and other potential partners to mitigate impact of low allocation level for Barnet.	Kate Kennally
3	Lack of clarity of redundancy arrangements post and pre transfer and the transfer liability	Dec 2011	4	4	16	Awaiting guidance	Ian Fuller
HR, TUPE, Pensions							
4	Further change may destabilise staff and cause them to leave, become distracted or disengaged by the change	Jan–May 2012	3	3	9	Rigorous engagement during organisation design process	
5	Change may not be supported by staff and trade unions – potentially leading to industrial action	Jan–May 2012	3	4	12	Robust and frequent stakeholder engagement	
6	Reduced public health capacity, loss of corporate memory and knowledge & staff motivation, compounded by high level of local variation and complexity of some commissioning arrangements arising from staff exits.	Jun-Dec 2012	3	3	9	Rigorous engagement during organisation design Stakeholder engagement to communicate vision and co-ordinate design of service	
7	HR processes are managed locally across 32	Jan-Mar	2	4	8	Design a common process which can	London Public

ID	Risk Description	Timing	Likelihood (L) (1-5)	Impact (I) (1-5)	Score (L x I)	Mitigation	Owner
	"sending" PCTs and 33 "receiving" boroughs, leading to different local interpretations and TUPE arrangements and challenge from Unions and staff.	2012				easily be adopted by all parties Develop a common interpretation of the arrangements for transition	Health Transitions Delivery Board
8	Disputes about inheritance of liability for redundancy payments inhibit the rational design of new public health teams in local government.	Jun-Dec 2012	2	4	8	Develop a common understanding of the process for transition as early as possible to enable any disputes to be resolved as soon as possible	London Public Health Transitions Delivery Board
9	Specialist DPH functions may become lost during the transfer	Mar 2013	2	3	6	Ensure these specialism's are identified during the transition process and that clear plans are developed for where these skills will be managed	
Direction/ Vision/ Design							
10	Lack of clarity and common understanding of vision for Public Health	Dec 2011	3	5	15	Stakeholder engagement to communicate vision through HWBB	
11	Screening and immunisation programmes are put at risk as staff in PCTs managing commissioning, call-recall and fail safe systems lack certainty about future strategic direction	Jun-Dec 2012	2	3	6	Rigorous engagement during organisation design	Andrew Burnett
12	Section 75 / MoA agreements are negotiated locally, leading to wide variation in terms and confusion about accountability for supra-borough public health functions (e.g. screening) between PCTs and local government in a period when PCTs remain formally accountable for services.	Jan-May 2012	3	3	9	Design a common process which can easily be adopted by all parties Develop a common interpretation of the arrangements for transition	London Public Health Transitions Delivery Board
13	Alignment of Barnet Public Health functions with boroughs and Clusters outside of North Central London Cluster destablises the NCL public health system and adversely impact delivery.	Apr-Dec 2012	3	3	9	Options appraisal and impact analysis for shadow operating arrangements and the strategic health target operating model is being developed in partnership with NCL representatives through a jointly sponsored transition	Andrew Burnett

ID	Risk Description	Timing	Likelihood (L) (1-5)	Impact (I) (1-5)	Score (L x I)	Mitigation	Owner
						project.	
14	NCL PCT Cluster does not support the alignment of NCL public health functions with other borough or Clusters prior to formal transfer of responsibilities from April 2013	Apr 2012	3	3	9	Options appraisal and impact analysis for shadow operating arrangements and the strategic health target operating model developed in partnership and with full engagement with NCL.	Andrew Burnett
15	Health protection unit arrangements have been developed at Cluster level and Barnet is currently covered by the North Central/North East Health Protection Unit. Alignment with west London boroughs and may not be feasible within the existing Health Protection Unit structures and coverage.	April 2012	3	3	9	Options appraisal and impact analysis for shadow operating arrangements and the strategic health target operating model will be developed in partnership and with full engagement with NCL through a joint transition project and governance arrangement.	Andrew Burnett
Interfaces With Other Parts Of The System							
16	Insufficient buy-in from key stakeholders to implement organisation changes – there is not enough time to fully engage all key stakeholders due to very tight timescales	Oct 2011 - Mar 2012	2	4	8	Robust stakeholder engagement in development of OD	
17	Weakened Pan-London health protection response due to reducing expertise in PCTs and fragmented leadership. Unsustainable 24hr rota leading to difficulties in mounting a full response at critical times. Weakened London NHS Emergency Preparedness functions because of fragmented leadership and loss of staff in PCTs.	Jun-Dec 2012	3	3	9	Emergency preparedness reviewed August 2011 by SHA	London Public Health Transitions Delivery Board
Implementation							
18	Insufficient capacity to support the transition programme to meet the tight timescales Responsibility and accountabilities become confused during the transition period	Jan-May 2012	3	4	12	Need to develop detailed project plan and bid for any resources required to oversee implementation through NCL and LBB	

ID	Risk Description	Timing	Likelihood (L) (1-5)	Impact (I) (1-5)	Score (L x I)	Mitigation	Owner
	Responsibility and accountabilities become confused during the transition period	Mar-Dec 2012	4	4	16	Ensure any changes within functions are aligned with changes happening across the system	