

	<h2>Policy and Resources Committee</h2> <h3>27 June 2017</h3>
<p style="text-align: right;"><b>Title</b></p>	<p><b>Update report: Development of a future Public Health Service for Barnet</b></p>
<p style="text-align: right;"><b>Report of</b></p>	<p>Dawn Wakeling, Strategic Director for Adults, Communities and Health</p>
<p style="text-align: right;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: right;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: right;"><b>Urgent</b></p>	<p>No</p>
<p style="text-align: right;"><b>Key</b></p>	<p>Yes</p>
<p style="text-align: right;"><b>Enclosures</b></p>	<p>None</p>
<p style="text-align: right;"><b>Officer Contact Details</b></p>	<p>Joanne Humphreys, Project Lead, Commissioning Group  <a href="mailto:joanne.humphreys@barnet.gov.uk">joanne.humphreys@barnet.gov.uk</a>; 020 8359 3311</p>

<h2>Summary</h2>
<p>The Council’s Inter-Authority Agreement with the London Borough of Harrow for the provision of public health services expires on 31 March 2018.</p> <p>In March 2017 Policy and Resources Committee approved:</p> <ul style="list-style-type: none"> <li>• Initiation of a formal project to begin planning the closure of the shared service and the implementation of a stand-alone public health service from April 2018.</li> <li>• Discussions with officers from other boroughs to explore opportunities for greater shared functions in public health with partners in the North Central London region.</li> </ul> <p>This paper provides an update on these activities and recommends the approval of the proposed approach to closing down the shared service and implementing a stand-alone public health service.</p>

## **Recommendations**

### **That Policy and Resources Committee:**

- 1. Notes the progress report on the closure of the shared public health service with the London Borough of Harrow; the implementation of a stand-alone public health service and the financial implications of this; and continuing discussions with potential partner organisations within the North Central London region footprint.**
- 2. Approves the proposed approach to closing down the shared public health service with the London Borough of Harrow and Barnet offering roles to the staff within the teams where appropriate, and implementing a stand-alone public health service.**
- 3. Grants delegated authority to the Strategic Director for Adults, Communities and Health to liaise with Harrow and approve a new structure for Barnet's public health team, in order to create a stable and effective stand-alone public health service for Barnet.**
- 4. Agrees to end the delegation of the public health function to Harrow when the contract expires.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 The Health and Social Care Act 2012 transferred public health responsibilities from the NHS to local authorities with effect from 1 April 2013. From this date local authorities inherited responsibility for a range of public health services previously provided by the NHS including most sexual health services and services to address drug or alcohol misuse. Councils also took on a new duty to take such steps as they consider appropriate for improving the health of everyone living and working within the local authority area.
- 1.2 In March 2013 the Council entered into an Inter-Authority Agreement (IAA) with the London Borough of Harrow for the shared provision of public health services. The agreement was set for an initial term of five years, with provision to extend the agreement for a further two years, subject to the agreement of both organisations.
- 1.3 In December 2015, the NHS outlined a new approach to ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years.

- 1.4 Local health and care systems have come together in STP 'footprints'. The five London boroughs of Barnet, Camden, Enfield, Haringey and Islington make up the North Central London (NCL) footprint.
- 1.5 Increasingly, preventative and public health services are being developed along STP boundaries, mirroring patient flows through health systems. This means Barnet potentially has a much greater strategic fit with the other four boroughs in the NCL region than with Harrow, which falls within the North West London STP region.
- 1.6 On 21 March 2017, Policy and Resources Committee considered four options for delivering future public health services in Barnet:
- Extend the current contract with Harrow by a further period of up to two years, with Harrow continuing to host the service.
  - Extend the current contract with Harrow by a further period of up to two years, with hosting responsibility transferring to Barnet.
  - Develop a stand-alone public health service for Barnet.
  - Implement shared arrangements for public health with other neighbouring boroughs in the North Central London region.
- 1.7 Committee agreed that the development of STPs had resulted in a situation where there is no strategic rationale for continuing to share a public health service with Harrow. Given the proven benefits of a shared service, and the additional benefits that can be realised through working more closely with NCL partner organisations, Committee agreed that the option of a shared public health model with one or more NCL boroughs should be explored fully.
- 1.8 As it would not be feasible to develop and implement such joint arrangements before the Council's IAA with Harrow expires on 31 March 2018, Committee agreed that, in order to maintain a stable and effective public health service, officers would begin work to establish a stand-alone public health service in parallel with exploration of opportunities to develop public health shared services and joint arrangements with NCL partner organisations.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 A Project Board has been convened to lead the planning and implementation of the transition from a joint public health service to a stand-alone service. The Project Board includes officers from both Barnet and Harrow, who will manage and implement the actions required to exit the current IAA and set up a stand-alone service.
- 2.2 The Project Board is overseeing the development of an Exit Plan that sets out:

- The tasks and activities that are required to complete the transition, including the role of each authority during the period leading up to termination.
  - The governance structure for the transition phase.
  - Details of all equipment, files, file notes, correspondence, records, documents and other papers used by, produced by or stored by Harrow to deliver the public health services.
  - Details of all data (hard copy and electronic), including staff records for staff transferring to Barnet, to be transferred from Harrow to Barnet.
- 2.3 Barnet and Harrow will both require appropriate staffing capacity to maintain an effective stand-alone service. The two organisations have therefore agreed to carry out a joint restructure of the public health service. The restructure will be conducted in accordance with the Council's Managing Organisational Change Policy.
- 2.4 Staff in the Barnet Health Improvement Team (14.7 FTEs, 100% funded by Barnet) will be eligible to transfer their employment to Barnet under the TUPE regulations. All other staff in the shared public health team will be able to apply for posts in Harrow's new stand-alone service and in Barnet's new stand-alone service where TUPE does not apply. Separate interviews for the Barnet and Harrow posts will take place where TUPE does not apply and those staff recruited to a post in Barnet's service would start their new role (not under the TUPE regulations) when the shared service contract ends on 31 March 2018.
- 2.5 The Director of Public Health (DPH) role is a statutory function and every local authority must have a DPH. DPHs are employed by the local authority with a line of accountability into Public Health England which is also involved in the recruitment of each DPH. On 28 June 2017 the Council's General Functions Committee will be asked to approve the creation of a DPH post within the Council's organisational structure.
- 2.6 All contracts for commissioned public health services currently provided to the Council are already held by the Council directly and therefore there will be no requirement for contract novation.
- 2.7 The new stand-alone public health service for Barnet must be operational from 1 April 2018 and there is no tolerance to extend this timescale. The Gantt chart on the following page shows the key activities and milestones leading up to the implementation of the stand-alone service, including:
- June 2017: Approval for proposed approach sought from Barnet's Policy & Resources Committee and from Harrow's Cabinet.

- August 2017: Formal (30 day) period of consultation with affected staff members and trade union representatives.
- March 2018: Transfer of all relevant data and records (held in both electronic and hard copy formats) from Harrow to Barnet.

Activities/milestones	2017							2018			
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Approval of proposed approach by Barnet members and Harrow members	■										
Identify suppliers who will need to be set up in Barnet finance ledger		■	■								
Formal consultation (30 days) with staff members & trade unions			■								
Carry out job matching exercise to identify posts to be ring fenced				■							
Undertake selection exercise for ring fenced Barnet and Harrow posts					■						
External recruitment for any remaining unfilled posts						■					
Five year plan to 2019/20 recorded to support General Ledger set up							■				
Harrow submits due diligence data to Barnet for staff TUPE transferring									■		
Update the Council's constitution and schemes of delegation										■	
Transfer of all relevant data and records from Harrow to Barnet										■	
Stand-alone service goes live (1 April); TUPE transfer/redundancies take effect											■

2.8 The Exit Plan sets out key workstreams and enabling activities required to exit the current IAA and set up a stand-alone public health service for Barnet. The key areas of work in each of these workstreams have been identified as follows:

Workstream	Key activities
Finance	Set up new general ledger structure; define internal financial accounting and management reporting requirements; develop and agree budget plans.
Legal	Advise on development of new organisational structure; support the decision making process in accordance with the Council Constitution.
Human Resources	Establish proposed establishment for standalone service; TUPE transfer of some staff to Barnet; manage restructure activity including recruitment and redundancies.

<b>Workstream</b>	<b>Key activities</b>
Commercial	Reflect creation of stand-alone service in CSG contract for corporate HR, ICT and Procurement services.
Contracts	Identify contracts and agree which will be maintained and which terminated; develop and agree new Memorandum of Understanding with Barnet CCG.
ICT, Information Management and Governance	Data security testing; create assets register; agree what data/information Harrow will be keeping and for what purpose; agree information sharing protocol.
Communication and Engagement	Ongoing communication and engagement with affected staff; notify providers and partners of the changes and how this may impact existing contracts and SLAs.
Performance Management	Identify systems and resources required; map public health operating framework to Directorates; confirm governance and accountability.

2.9 The project will continue to develop these areas to ensure all activities are captured and timeframes and resources to deliver are built into project and resource plans. Dedicated working groups will be established where appropriate.

2.10 Discussions with officers from other NCL boroughs to explore opportunities for greater shared functions in public health have been initiated. These conversations are at an early stage and are potentially commercially sensitive. Clear proposals, should these be realised, will be brought to Policy and Resources Committee in due course.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 As described in the Policy and Resources Committee paper of 21 March 2017, the development of STPs has resulted in a situation where there is no strategic rationale for continuing to share a public health service with Harrow.

3.2 The potential benefits of working more closely with other local authorities and CCGs within the NCL health economy mean the option of a shared public health model with one or more NCL boroughs is being explored. However it would not be possible to develop and implement such joint arrangements before the Council's IAA with Harrow expires on 31 March 2018.

### **4. POST DECISION IMPLEMENTATION**

4.1 The transition from a joint public health service to a stand-alone service will be completed by 1 April 2018.

- 4.2 Discussions with potential NCL region partner organisations will continue. Any shared service proposals resulting from these discussions will be brought to Policy and Resources Committee for consideration.

## **5. IMPLICATIONS OF DECISION**

### **Corporate Priorities and Performance**

- 5.1 Through continued delivery of a stable and effective public health service, this work will help to support the vision for health and wellbeing in Barnet, as set out in the Joint Health and Wellbeing Strategy for Barnet 2016-2020:
- Providing a shared vision and strategic direction across partners.
  - Continuing the emphasis on prevention and early intervention including secondary prevention (slowing the progression of disease).
  - Making health and wellbeing a personal agenda as well as increasing individual responsibility and building resilience.
  - Joining up services so residents have a better experience.
  - Developing greater community capacity; increasing community responsibility and opportunities for residents to design services with us.
  - Strengthening partnerships to effect change and improvement.
  - Putting emphasis on working holistically to reduce health inequalities.

### **Resources (Finance & Value for Money, Procurement, Staffing, ICT, Property, Sustainability)**

- 5.2 The ring-fenced public health grant paid by central government to the Council in 2017/18 will be £17.61 million. The Council's contribution budget for the public health team staff in 2017/18 is £1.284m.
- 5.3 The public health service model for 2018/19 onwards assumes efficiency savings of £0.1m on the current contribution budget for the public health team staff. Therefore the Council's contribution budget for the public health team staff in 2018/19 is expected to be £1.184m.
- 5.4 The cessation of the shared public health service with Harrow and creation of a stand-alone Barnet public health team is likely to incur redundancy costs. While the final redundancy liability will depend upon which existing posts are deleted and the number of staff who are ring-fenced or assimilated into posts in the new structure, it is estimated that redundancy costs of between £125,000 and £185,000 could be incurred by the Council. The specific public health reserve of £500,000 is expected to meet these redundancy costs and any other costs incurred as part of the transition.

5.5 On 28 June 2017 the Council's General Functions Committee will be asked to approve the creation of a Director of Public Health post within the Council's organisational structure. There may be scope to fund this post for 2018/19 from any unused reserve but future funding for this post will need to be identified.

### **Legal and Constitutional References**

5.6 The Health and Social Care Act 2012 gave councils new statutory responsibilities in respect of public health functions. Under this Act which amends the National Health Service Act 2006, (73A Appointment of Directors of Public Health) each local authority must, acting jointly with the Secretary of State, appoint an individual to have responsibility for:

- the exercise of public health functions.
- the exercise by the authority of any of its functions that relate to planning for, or responding to, emergencies involving a risk to public health, including such other functions relating to public health as may be prescribed.

5.7 The individual so appointed is to be an officer of the local authority and is to be known as its Director of Public Health.

5.8 A local authority may terminate the appointment of its Director of Public Health. Before terminating the appointment of its Director of Public Health, a local authority must consult the Secretary of State.

5.9 A local authority must have regard to any guidance given by the Secretary of State in relation to its Director of Public Health, including guidance as to appointment and termination of appointment, terms and conditions and management.

5.10 Council Constitution, Responsibility for Functions, Annex A sets out the terms of reference of the Policy and Resources Committee including 'Strategic Partnerships', 'Ensuring effective Use of Resources and Value for Money' and 'To be responsible for those matters not specifically allocated to any other Committee affecting the affairs of the Council'.

5.11 Section 6.5 of the Responsibility for Functions (Council Constitution) defines a key decision as one which:

- will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- is significant in terms of its effects on communities living or working in an area comprising two or more wards.

5.12 On 25 February 2013 a report was presented to Barnet's Cabinet meeting and it was agreed that there would be a delegation of function to Harrow from Barnet of the public health function under section 101 of the Local Government Act 1972.

### **Risk Management**

5.13 The establishment of a stand-alone public health service and the development of any new shared public health models will be managed within the Council's risk management framework.

### **Equalities and Diversity**

5.14 The public sector equality duty is set out in s149 of the Equality Act 2010: a public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.15 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

5.16 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

5.17 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to:

- a) Tackle prejudice, and
  - b) Promote understanding.
- 5.18 Compliance with the duties in this section may involve treating some persons more favourably than others but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- 5.19 The relevant protected characteristics are:
- Age;
  - Disability;
  - Gender reassignment;
  - Pregnancy and maternity;
  - Race;
  - Religion or belief;
  - Sex; and
  - Sexual orientation.
- 5.20 It is important that the equalities duties are considered in the provision of public health. It is not expected that provision to the public would be affected by the creation of a stand-alone service. An equalities impact assessment will be completed prior to the beginning of formal staff consultation.

### **Consultation and Engagement**

- 5.21 The proposed transfer of staff from the shared public health service to a stand-alone service will be subject to a period of formal staff consultation.
- 5.22 Staff within the public health service have been notified of the proposals for the future of the Harrow/Barnet shared public health service. A full staff briefing will take place in July, after final approval for the transition has been confirmed by the Members of both Barnet Council and Harrow Council.

## **6. BACKGROUND PAPERS**

- 6.1 On 25 February 2013 Cabinet approved delegation of authority to the Cabinet Member for Public Health and the Leader of the Council to sign an Inter-Authority Agreement for the shared Public Health service between the Council and the London Borough of Harrow.  
<http://barnet.moderngov.co.uk/documents/s7491/Public%20Health%20Transition.pdf>
- 6.2 On 13 November 2014 the Health and Wellbeing Board approved the Public Health Commissioning Plan, subject to public consultation.  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MID=7783>
- 6.3 The Policy and Resources Committee received an update on the North Central London Sustainability and Transformation Plan on 1 December 2016.  
<http://barnet.moderngov.co.uk/documents/s36323/North%20Central%20London%20Sustainability%20and%20Transformation%20Plan.pdf>
- 6.4 On 8 February 2016 the Barnet Scrutiny Committee noted Barnet and Harrow Joint Public Health Service's plans to participate in the North Central London sub-regional arrangements for sexual health commissioning, as part of the London Sexual Health Transformation Project.  
<https://barnet.moderngov.co.uk/documents/s29341/London%20Sexual%20Health%20Transformation%20Project.pdf>
- 6.5 On 8 December 2016 the Cabinet of the London Borough of Harrow approved Harrow's Medium Term Financial Strategy for the period 2017-2020.  
<http://www.harrow.gov.uk/www2/documents/g62840/Public%20reports%20pack%20Thursday%2008-Dec-2016%2018.30%20Cabinet.pdf?T=10>
- 6.6 On 23 February 2017 the Policy and Resources Committee approved the Council's savings proposals and capital programme for the period 2017-2020.  
<http://barnet.moderngov.co.uk/mgAi.aspx?ID=20662#mgDocuments>
- 6.7 On 21 March 2017, the Policy and Resources Committee approved the proposed approach to developing the option of a stand-alone public health service for Barnet.  
<http://barnet.moderngov.co.uk/documents/s38756/Future%20of%20Barnet%20Public%20Health%20Service.pdf>