

REPORT FOR: **CABINET**

Date of Meeting:	11 October 2012
Subject:	Shared Public Health Service Target Operating Model
Key Decision:	Yes
Responsible Officer:	Paul Najsarek, Corporate Director of Community, Health and Wellbeing
Portfolio Holder:	Councillor Margaret Davine, Portfolio Holder for Adult Social Care, Health and Wellbeing
Exempt:	No
Decision subject to Call-in:	Yes
Enclosures:	Target Operating Model Equality Impact Assessment

Section 1 – Summary and Recommendations

This report provides an update on the process and appointment of the Shared Director of Public Health, the development of the shared Target Operating Model, the proposed shared Public Health structure and an update on the development of the Inter Authority Agreement.

Recommendations:

Cabinet is requested to:

- Note the agreement for Harrow to host the Shared Public Health Team
- Note the appointment of the shared Director of Public Health
- To approve in principle the Barnet and Harrow Public Health Target Operating Model
- Note the NHS proposed structure for the shared public health service.
- To note that NHS North West London (NWL) and NHS North Central London (NCL) are still consulting NHS Public Health staff on the proposed structure during October
- To agree to adopt the proposed structure for the shared service for Harrow Council and Barnet Council from 1st April 2013
- To agree to delegate authority to the Portfolio Holder for Adult Social Care, Health and Wellbeing to accept any changes to the structure as a result of the NHS consultation.

Reason: (For recommendation)

To implement the required transfer of Public Health to Local Government.

Section 2 – Report**Introductory paragraph:**

In June 2012 Harrow Council and Barnet Council approved the outline business case and agreed to the in principle development of a shared public health service.

It was also agreed that the Portfolio Holder for Adult Social Care, Health and Wellbeing and Corporate Director for Community, Health and Wellbeing would liaise with NHS Harrow and NHS Barnet to feed into the development of the operating model and structure for the public health staff.

The decision to pursue a shared Public Health Service reflects Barnet and Harrow Council's common position that it is vitally important to establish a centre of Public Health expertise with a sufficient critical mass of Public Health specialists. A combined specialist team will create the necessary capacity

and skill mix to effectively manage the Local Authorities' new statutory public health responsibilities and provide the necessary leadership to place public health at the heart of Local Authority policy development, commissioning and service delivery.

The NHS have led the development of the proposed Target Operating Model and have recommended a new structure for the NHS public health staff on the basis that there will be a shared service between Barnet and Harrow. NHS public health staff will be consulted by the two NHS clusters during October and will then commence the matching and appointment process to the shared service structure in November 2012.

In recognition of the complexity of transferring the two public health teams from two different clusters into one shared service, the NHS restructure has adopted a 'drag and drop' principle where possible. After 1st April 2013 there will be an opportunity for Harrow and Barnet Council to further explore opportunities to maximise the interfaces with Council directorates.

1. Hosting

An in principle decision has been reached between the Lead Cabinet Members for Public Health in Harrow and Barnet Council and that decision is for Harrow to host the shared Public Health service when Public Health responsibilities transfer from the NHS.

This will mean that the public health staff from both Harrow and Barnet PCT's will be transferred via either TUPE or a Transfer Order to Harrow Council.

Harrow and Barnet Councils have an established strategic partnership and already have a shared legal service. The development of a shared public health function fits with the strategic intentions of both organisations and has been agreed in principle by both boroughs Cabinets.

The decision is predicated on a number of agreed principles regarding the establishment of a local public health presence in both Harrow and Barnet Council. This includes the protection of local relationships with the Clinical Commissioning Groups, Commissioning Support Units and Public Health provider organisations. It also includes the principle that each borough has equal access to the Director of Public Health and public health functions in both boroughs.

A range of factors have been incorporated in the design of the operating model. These include over-arching principles, the Public Health Outcomes Framework, guidance issued by Department of Health, the current Joint Strategic Needs Assessment and the Health and Wellbeing Strategies, local service delivery, and information provided by Public Health staff.

A number of operating principles were agreed alongside the in principle hosting decision, which include:

- Director of Public Health to equally share their working time physically between Harrow and Barnet.

- Dedicated Barnet based posts to spend at least 60% of their working from Barnet locations and 80% for Clinical Commissioning Group core offer posts.
- The host authority to not profit from hosting the shared service
- Staffing costs arising from restructuring within the shared service should be split pro rata
- A quarterly Governance Board is convened and chaired by the non host Portfolio Holder
- A Task and Finish Group is established to scrutinise the performance of the Joint Public Health Service and will report to both Barnet and Harrow O&S Committees every two years.

2. Appointment of the Director of Public Health Process:

The shared Public Health Service outline business case included the proposal to appoint a single Director of Public Health (DPH) for the shared service. The shared DPH will be the accountable officer for public health across both local authorities.

It was felt that a shared director of public health role covering two boroughs would be feasible if their time is allocated equally between the two boroughs and there is an appropriate public health leadership structure in place to support this arrangement.

The appointment of the Director of Public Health was identified as a key early priority to have in place so that the shared DPH can influence the final Target Operating Model for the shared service.

A recruitment process was agreed by North Central London (NCL), North West London (NWL) and the two Councils. This role was ring fenced to the two existing Director of Public Health and North Central London (NCL) led on convening the appointment panel.

The panel was made up of NHS colleagues and Council representatives including two Portfolio Holders from Barnet and Harrow Council and the Corporate Director for Community Health and Wellbeing at Harrow Council and the Corporate Director for Adult Services at Barnet Council.

Appointment of the Joint Director of Public Health was held on the 13th September 2012 and Dr Andrew Howe was recruited into the position. This is a substantive health appointment and will be subject to the transfer of public health staff to local government from 1st April 2013.

The formal start date for the new role is expected to be announced shortly. In the meantime, Andrew Howe and Andrew Burnett (the current Director of Public Health for Barnet) will be liaising closely on a smooth handover.

3. Shared Target Operating Model

Taking account of the new Public Health Outcomes Framework the integration of Public Health within Harrow and Barnet Council will afford many opportunities to develop a new approach to Public Health and delivery across Councils for the benefit of local residents.

The Shared Public Health Team will have four key responsibilities:

- Leading Health Improvement and reducing health inequalities
- Health Protection
- Public Health support to health service commissioning
- Providing knowledge and intelligence

These responsibilities will be delivered or commissioned through the following activities:

- Health and wellbeing initiatives & services: tobacco control, alcohol & substance misuse, physical activity, healthy eating, sexual health, oral health, obesity, school nursing and child measurement, NHS health checks, public mental health.
- Health & wellbeing initiatives for vulnerable groups
- Building policy, programmes & strategic partnerships to promote the health agenda including through the Health & Wellbeing strategies and Health & Wellbeing Boards
- Leading local health information, education and communication by generic and targeted 'social marketing'
- Leading on health intelligence and knowledge management (e.g. JSNA & Health & Wellbeing Strategies)
- Supporting commissioning and evaluation of secondary and tertiary prevention programmes including expert patient and self-care programmes
- Leading patient, public and community engagement, including commissioning health trainer programmes

Shared Target Operating Principles

A number of over-arching principles for the way that the shared public health service will work between the two boroughs have been agreed between the Lead Portfolio Holders of Harrow and Barnet Councils:

- The model of operation of a specialist public health team has to be responsive to local need taking account of the local Joint Strategic Needs Assessment and the Health and Wellbeing strategies

- The specialist public health team has to lead and support the whole council approach to improving health and wellbeing in both Boroughs
- The model delivers the most cost effective and efficient solution to ensuring a robust, comprehensive and specialist public health service that secures recruitment and retention of a high quality workforce.

Target Operating Model and Structure

The Target Operating Model (Appendix 1) has been developed by aligning the Public Health Outcomes Framework, guidance issued through the Department of Health, the draft Health and Wellbeing Strategies for each borough and consultation with Barnet and Harrow's Public Health staff and Council officers. An initial equality impact assessment has been undertaken for the operating structure by NHS Harrow. A further equality impact assessment will also be undertaken by NHS North West London (NWL) and NHS North Central (NCL) Cluster on the joint public health structure.

The shared Director of Public Health has led the development of the Target Operating Model and the structure in discussion with the two public health teams in Harrow and Barnet. Harrow and Barnet Council officers were also invited to comment on the operating model and associated structure.

A workshop was held on the 17th September with attendees from Barnet and Harrow Public Health teams and the NHS staff side representatives to receive feedback on the target operating design proposal. The workshop was an opportunity to discuss how the target operating model will work in practice and discuss the challenges and opportunities that a shared public health team will bring.

A Quality Assurance Process by the Public Health Action Support Team was also commissioned by Harrow and Barnet Council to review and comment on the proposed organisation design to provide assurance that the model is able to meet local and national needs and expectations.

The development of the public health shared operating model sets out the functional areas of the proposed shared Public Health Team. These functions will need to integrate with Harrow and Barnet Council, the two boroughs Clinical Commissioning Groups, Public Health England, the National Commissioning Board, the two local HealthWatch, the voluntary sector and other public health key stakeholders.

The model and associated structure aim to deliver a robust, comprehensive and specialist public health service that is more cost effective and efficient than the current two separate teams. The proposed structure (Appendix 1) is anticipated to achieve a reduction in staffing budget and overhead costs of approximately 15%. This is largely through the removal of vacancy positions, the sharing of the DPH and reduced overhead costs. An actual cost of the structure will not be available until the matching process has been completed by NWL and NCL Clusters.

Individual staff work portfolios will be described in the job descriptions (currently under development). However the following principles have been applied:

- Consultants in Public Health will hold a broad portfolio responsibilities including Borough specific work as well as broader expert roles across the two Boroughs (to provide expert public health advice to all council directorates)
- Each of the Clinical Commissioning Groups will be supported by a lead Consultant who will coordinate the support to the CCG from the rest of the wider public health team (including analytical and commissioning support)
- The public health service commissioning team will be established to lead sexual health, drug and alcohol, health checks, school nursing (and other commissioned services) and stop smoking services (including managing the directly provided current service in Harrow)
- Health improvement specialist roles will be generic and job plans will be developed in light of local priorities within both councils but it is expected that the following areas will be included: tobacco control, physical activity and obesity, children's health, sexual health, alcohol, mental health and learning disability

The operating model will be further refined over the next few months by the NHS as additional guidance from the Department of Health and the allocation on the public health budget is received.

A 30 day consultation period will be undertaken by NWL and NCL with the NHS public health staff during October before the matching and appointment process is commenced by NHS NWL and NHS NCL. The matching and appointment process needs to be completed by the end of December to allow the required three month notice period. Any redundancies as a result of the new structure will be covered by NHS up to 1st April 2013.

Over the next 3 months the Target Operating Model will continue to be revised to reflect the interfaces between the two Councils and within the Council departments. A final copy of the Target Operating Model will be attached to the Inter Authority Agreement in December.

Inter Authority Agreement:

The Inter authority agreement between Harrow and Barnet Council is currently being drafted and negotiations between Barnet and Harrow Council will be commencing in October. The final agreement and Target Operating Model is expected to be taken to cabinet in December for sign off.

Financial Implications

The ring-fenced allocations that local authorities will receive in 2013/14 to fund their new public health responsibilities will not be confirmed until

December 2012 at the latest. Local authorities are being advised by the Department of Health that public health budgets will not be less than actual 2012/13 funding levels. Until the confirmed allocations have been received by Government it is difficult to finalise the 2013/14 shared public health service and Inter Authority Agreement.

The anticipated ring fence grant across the shared service is expected to be in the region of £19.6 million. Of this the current staffing costs across the individual public health teams for Harrow and Barnet are thought to be in the region of £2.5 million.

The combined staff structure (still under development) anticipates reductions of approximately 15%. This will free up resources within the ring fence allocation which can then be applied to public health services.

The extent to which savings will be allocated to each authority will be determined as part of the shared service arrangement.

Work is ongoing to consolidate existing public health contracts across the shared service but also within existing council contracts. It is expected that this will also contribute towards efficiencies, particularly in the longer term.

Performance Issues

As the Public Health function is integrated into the Council the requirement to deliver the Public Health Outcomes Framework (final version yet to be published) will be fully integrated into the Council's existing performance management framework. Although the Council is not yet accountable for delivery of this function it is already reviewing the performance data through the Improvement Boards and will continue to do so for the remainder of the year, in order that this will support synergies with other Council services early rather than waiting until the 1st April 2014.

Once the final outcomes framework is published this will be integrated with the existing work to ensure that system and data access will be fully up and running on the 1st April. The existing framework can be found at www.dh.gov.uk

Environmental Impact

Overall there are no direct environmental impacts arising from the shared Target Operating Model and structure. However there can be expected to be some impacts on the council's carbon footprint as a result of this change. The transfer of staff can be expected to affect the council's energy consumption and carbon footprint adversely and there may also be an impact on travel emissions. At this stage it is too early to know what the net impact will be. The new function will result in increased financial turnover for Harrow and this will be reflected in the tonnes of carbon per unit expenditure (carbon

intensity), which the EA uses to determine our performance relative to other participants in the CRC scheme

Legal Comments

The position on whether TUPE or a Transfer Order will apply in relation to staffing is still unclear. Therefore there is still a risk of claims of (automatic) unfair dismissal arising)

Section 3 - Statutory Officer Clearance

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 24 September 2012		
Name: George Curran	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 18 September 2012		

Section 4 – Performance Officer Clearance

Name: Alex Dewsnap	<input checked="" type="checkbox"/>	Divisional Director Partnership, Development and Performance
Date: 25 September 2012		

Section 5 – Environmental Impact Officer Clearance

Name: Andrew Baker	<input checked="" type="checkbox"/>	on behalf of the Divisional Director (Environmental Services)
Date: 25 September 2012		

Section 6 - Contact Details and Background Papers

Contact: Trina Thompson, Senior Policy Officer, 02084209324

Background Papers:

Appendix 1 – Target Operating Model

Appendix 2 – Equality Impact Assessment

**Call-In Waived by the
Chairman of Overview
and Scrutiny
Committee**

NOT APPLICABLE

[Call-in applies]