



Tuesday, 20 March 2012

HEALTH SCRUTINY BOARD (REVISED AGENDA)

A meeting of **Health Scrutiny Board** will be held on

Monday, 26 March 2012

commencing at **4.00 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay, TQ1 3DR

Members of the Committee

Councillor Barnby (Chairwoman)

Councillor Bent
Councillor Davies (Vice-Chair)
Councillor Doggett
Councillor James

Councillor McPhail
Councillor Thomas (J)
Councillor Parrott

Working for a healthy, prosperous and happy Bay

For information relating to this meeting or to request a copy in another format or language please contact:

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HEALTH SCRUTINY BOARD

REVISED AGENDA

1. **Apologies**

To receive apologies for absence, including notifications of any changes to the committee membership.

2. **Minutes**

To confirm as correct records the Minutes of the meetings of this Committee held on 15 December 2011

(Pages 1 - 2)

3. **Declarations of interests**

(a) To receive declarations of personal interests in respect of items on this agenda.

For reference: Having declared their personal interest members and officers may remain in the meeting and speak (and, in the case of Members, vote on the matter in question). If the Member's interest only arises because they have been appointed to an outside body by the Council (or if the interest is as a member of another public body) then the interest need only be declared if the Member wishes to speak and/or vote on the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(b) To receive declarations of personal prejudicial interests in respect of items on this agenda.

For reference: A Member with a personal interest also has a prejudicial interest in that matter if a member of the public (with knowledge of the relevant facts) would reasonably regard the interest as so significant that it is likely to influence their judgement of the public interest. Where a Member has a personal prejudicial interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Democratic Services or Legal Services prior to the meeting.)

4. **Urgent items**

To consider any other items that the Chairman decides are urgent.

5. **Public Health Transition Plan**

To Discuss the Public Health Transition Plan

(Pages 3 -
28)

6. **Summary of Quality Accounts**

To consider the report on Summary of Quality Accounts



Minutes of the Health Scrutiny Board

Thursday, 15 December 2011

-: Present :-

Councillor Barnby (Chairman)

Councillors Bent, Davies (Vice-Chair), Doggett, James, Parrott and Thomas (J)

451 Minutes

The Minutes of the meeting of the Health Scrutiny Board held on 22 September 2011 were confirmed as a correct record and signed by the Chair.

452 Ocombe House update

The Board considered a report providing an update on activities undertaken in relation to Ocombe House since September 2011. The Board was advised that best interest meetings for six of the residents had taken place and that it was certain that a number of the residents would live together in supported living. The Board was informed that the preferred option was for residents to move into tailored and redesigned services as supported living on the Ocombe site and that a second option was to move into supported living in the locality.

The Board was advised that by the end of January 2012 it was envisaged that there would be a preferred provider to project manage the change from residential care to supported living.

Board members remarked on the progress achieved since the Chief Executive Officer, Torbay Care Trust, had taken the lead on the service change.

Resolved: that once a service provider to manage the change from residential to supported living for the residents of Ocombe House had been identified an update report be submitted to the Health Scrutiny Board.

453 Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities – update

The Board considered a report providing an update on the commissioning of short breaks for children and young with complex needs arising from disability. The Board was advised that all the families that currently used the John Parkes Unit had been written to and asked to indicate if they wished to explore the potential of securing a short-breaks provider within the catchment area of Torbay Hospital, through the use of their personal budgets. The Board was informed that four families had replied and indicated they wished to participate in the personal budget

work. The Board was advised that officers had met with the four families on three occasions and two providers had expressed interest in working with the families.

In response to questions, the Board was informed that indicative allocations of personal budgets would be based on existing needs and usage rather than a Resource Allocation System. The Board was informed that both potential providers would require Care Quality Commission registration.

Resolved: that an update report be submitted to the Health Scrutiny Board once a short-breaks provider within the catchment area of Torbay Hospital was secured for families that access the John Parkes Unit.

**TORBAY
LOCAL PUBLIC HEALTH
TRANSITION PLAN**

1.0 INTRODUCTION

This transition plan outlines the local approach in Torbay to the shift of Public Health responsibilities from Primary Care Trusts to Local Authorities and the creation of Public Health England as detailed in the Public Health White Paper, Healthy Lives Healthy People: Our Strategy for public health in England (November 2010).

The aim of the White Paper is to develop a public health service that will enable people to live longer, healthier, more fulfilling lives; and improve the health of the poorest fastest. In order to achieve this, Directors of Public Health will be the strategic leaders for public health and health inequalities in local communities, working in partnership with the local NHs and across the public, private and voluntary sectors.

The local vision for the Public Health service will be one which sees itself firmly rooted and integrated within the Council, influencing and working across localities, reducing bureaucracy and silo working and providing joint delivery against a number of shared improvement outcomes.

2.0 BACKGROUND

The White Paper, Equity and Excellence: Liberating the NHS published in July 2010 set out a clear timetable and framework for a complete transformation of the National Health Service. The paper included the proposal for the abolition of Primary Care Trusts from April 2013 with the responsibility for PCT commissioning passing to: GPs, local authorities and the National Commissioning Board. Newly established Clinical Commissioning Groups (CCGs) will take on many of the statutory roles currently undertaken by PCTs.

A further White Paper, Healthy Lives, Healthy People: Our Strategy for public health In England was published on 30th November 2010. This set out the Government's long term vision for the future of public health in England. Under the proposals, a new dedicated, professional public health service – Public Health England – is being set up as part of the Department of Health. There will be a ring fenced public health budget from within the overall NHS budget (originally estimated at 4% of the NHS budget). Local authorities will have a new statutory duty to take steps to improve the health of their population and there will be a new health premium to reward Upper Tier and unitary authorities for progress made against the published public health outcomes framework, taking into account underlying inequalities.

Directors of Public Health will be jointly appointed by the relevant Local Authority and Public Health England and employed by the Local Authority with accountability to locally elected members and through them to the public.

Through the Health and Wellbeing Board, Local authorities will lead the development of joint strategic needs assessments and joint health and wellbeing strategies, which will provide the means of integrating local commissioning strategies and ensuring a community-wide approach to promoting and protecting the public's health and wellbeing.

There are already well developed arrangements for joint working between Torbay Care Trust and Torbay Council. As well as long standing partnership arrangements, the DPH is a joint appointed post operating across both organisations. There is a lot of experience in the Bay of shared strategic planning for health, shared targets, performance management and pooled budgets, all of which can be built upon. Locally within Torbay we have a history of working across the NHS and local authority boundaries with a number of joint appointments such as the DPH, Assistant Director Be Healthy; Healthy Communities Project Worker, Children specialist health commissioner (Children services) and Children strategic Lead

Health in Schools; IBAY (Intelligence Torbay); Health Lead Integrated children services. This puts us in a strong position on which to build and evidence in enabling a successful transition.

There are two important elements of the new arrangements which need to be determined with regard to the NHS. Firstly, how the footprint of the GP Commissioning Group will fit in to the health strategic planning framework and the Health and Wellbeing Board hosted by Torbay Council. Secondly how PH will continue to provide input into the commissioning cycle for health services which is to be led by GPs.

3.0 BENEFITS TO BE DELIVERED BY THIS PLAN

The overall aim of this plan is to ensure the successful transfer of Public Health functions from Torbay Care Trust to Torbay Council. Public health functions/ strategies need to be aligned both to new policies and approaches and to the priorities and structures of Torbay Council plus the intentions as set out in Healthy Lives, Healthy People. The transition process will need to:

- Deliver Public Health objectives as set out in the White Papers in collaboration with Torbay Council.
- Manage an effective and efficient set of projects for each theme area of the transition plan.
- Work with Torbay Council to ensure that Public Health objectives can be aligned with the delivery of the Local Government objectives and ensure the council can support Public Health Outcomes
- Work with Cluster Public Health colleagues to develop an effective and fit for purpose model of collaborative delivery where appropriate. This is currently working effectively in terms of Public Health professional networks and Health Emergency Planning and Resilience.
- Balance the transition activity with the ongoing delivery of Public Health strategic objectives whilst contributing to the strategic objectives of Torbay Council, the Devon NHS Cluster and the new Clinical Commissioning Group.
- Support and enhance the opportunity for the delivery of in-year management cost efficiencies and effectiveness.
- Provide effective Public Health Support to the new Clinical Commissioning Group in line with the core offer to be published by the Government.

4.0 TRANSFER OF SYSTEMS AND SERVICES IN TORBAY

The approach to managing the public health transition in Torbay follows the national framework. Torbay is fully engaged with the NHS Cluster (Devon, Plymouth and Torbay) plan which is sponsored and overseen by the Transition Board. A number of theme areas are identified and these have been used to shape the Torbay plan. A staged approach is to be taken:

Stage 1: Preparing for Transfer

Stage 2: During transfer

Stage 3: Following transfer

Key milestones (incorporating the NHS Planning Guidance for 2012/13, as referenced in Public Health transition planning support for primary care trusts and local authorities) is set out in **APPENDIX ONE**.

5.0 ROLES AND RESPONSIBILITIES

Public Health practitioners in Torbay work across three domains, as outlined below, and their work often falls into more than one domain. Public Health activity is coordinated by a Senior Public Health leadership Team and is based on local health intelligence. A lot of very

important Public Health work is already carried out in Torbay Council, e.g. community sports and leisure; street wardens; road safety; etc. These activities are not covered in this document, but the work of the Lifestyle Team provided by Torbay and Southern Care Trust is included as this is a NHS funded activity.

The role of the Director of Public Health and Senior Leadership Team during the transition will be to :

- Maintain the focus in the local health community on the continued improvement in health improvement and protection and reductions in health inequalities;
- Lead and support the local delivery of Healthy Lives, Healthy People: our strategy for public health in England;
- Support staff through the transition;
- Deliver current public health operational and financial performance requirements as the basis for sustainable local health systems for the future;
- Assess the capability and capacity of current public health programmes to improve the health of the population and work collectively to ensure improved health outcomes and efficiencies within the system;
- Ensure public health risks are identified to the Transition cluster Board and mitigation actions are in place;
- Ensure the transition arrangements are robust, undertaking a key role in ensuring public health services/programmes are transferred appropriately;
- Identify, in conjunction with other Directors of Public Health and local authorities, public health services/functions that could be delivered more effectively on a larger geographical footprint;
- Prepare a legacy handover process during 2012/13.

This will be achieved by:

- Managing local operation and financial performance in line with Operational Plans for 2012/13;
- Strengthening links with Torbay Council and identifying opportunities for secondment and collaborative working for individuals and functions;
- Identifying and confirming staff transferring to Council along with any remit for provision of support to CCG and any shared role/ responsibility across cluster wide arrangements; (**APPENDIX TWO Staff list at February 2012**);
- Establishing a clear framework for human resources, supporting staff and maintaining engagement and communication with staff and Trade Unions;
- Working as a collective group to ensure delivery of effectiveness and efficiency within major public health programmes.

Role of Torbay Council during the transition will be to:

- Maintain the focus on the already significant role that it plays in protecting and improving the health of its population through planning and transport, environmental health, leisure, air quality and housing;
- Work with the Director of Public Health to develop and implement a local transition plan that will support the delivery of Healthy Lives, Healthy People: our strategy for Public Health in England;
- Support the development of Health and Wellbeing Boards and Clinical Commissioning Groups in order to bring together NHS and local government efforts to meet the needs of the local population as effectively as possible;
- Develop and support understanding of its role in improving public health across all the authority's business and through strategic influence

This will be achieved by:

- Managing local operation and financial performance in line with Local Authority Operational Plans for 2012/13;
- Building on the existing strong relationship with the Director of Public Health and agreeing the process of transferring responsibilities for public health in Torbay;
- Working with Torbay Care Trust, the Clinical Commissioning Group and other key partners in the development and implementation of the Health and Wellbeing Board and the Healthwatch body;
- Establishing a clear framework for human resources, supporting staff and maintaining engagement and communications with staff and Trade Unions.

Role of the NHS Cluster

The corporate NHS Cluster board is responsible for ensuring that the public health transition plans:

- Have been jointly developed and agreed with the local authority;
- Have been developed with the engagement of staff and trade unions;
- Have had input from other key stakeholders such as the CCG and the shadow Health and Wellbeing board;
- Are robust and comprehensive and demonstrate due regard to the Public Sector Equality Duty;
- Describe the destinations of all the public health functions, services and programmes and potential impact on the public health workforce;
- Identify transitional risks, including workforce related risks, resilience risks, and indicate how these will be managed;
- Demonstrate clear accountability for delivery during transition year of 2012/13;
- Have been developed with staff involvement, support and development;
- Are explicit about resources available for delivery in 2012/13 as well as for supporting the transition.

6.0 STRUCTURE OF TORBAY PUBLIC HEALTH TRANSITION

This section sets out how Torbay's Public Health Transition programme will be delivered, including strategic leadership and structure.

A Cluster Transition Board has been established and will retain the strategic overview of the plan. Membership of the Cluster Transition Board is:

- Chief Executive of the Cluster (proposed Chair*)
- Chief Executive, Devon County Council or their nominated officer
- Chief Executive, Plymouth City Council or their nominated officer
- Chief Executive, Torbay Council or their nominated officer
- Joint Director of Public Health, Devon or their nominated officer
- Joint Director of Public Health, Plymouth or their nominated officer
- Joint Director of Public Health, Torbay or their nominated officer

A cluster wide project steering group/team chaired by Steve Brown (Assistant Director of PH Devon) has been set up to provide delivery and assurance to the transition process. A number of cluster wide work themes have been established and will concentrate on the issues and risks identified as common across the cluster or that emerge nationally.

Torbay Public Health Transition Steering Group (Team)

The public health transition team (comprising 6 work stream leads) is tasked with the management of the programme by coordinating the work streams and ensuring consistent approaches are undertaken. Each work stream lead is responsible for delivery of their work stream. (**APPENDIX THREE: TERMS OF REFERENCE**)

Senior Responsible Owner

The Director of Public Health, Mrs Debbie Stark, is the responsible owner for the programme, responsible for ensuring the programme meets its objectives and delivers the projected benefits.

Programme Planning and Process Management.

Siobhan Grady, Associate Director of Public Health, is responsible for the programme planning process. Identified leads for each of the work streams will support this.

Progress Reporting

The Director of Public Health will report progress to the Cluster Transition Board; Health and Wellbeing Board; Overview and Scrutiny as required.

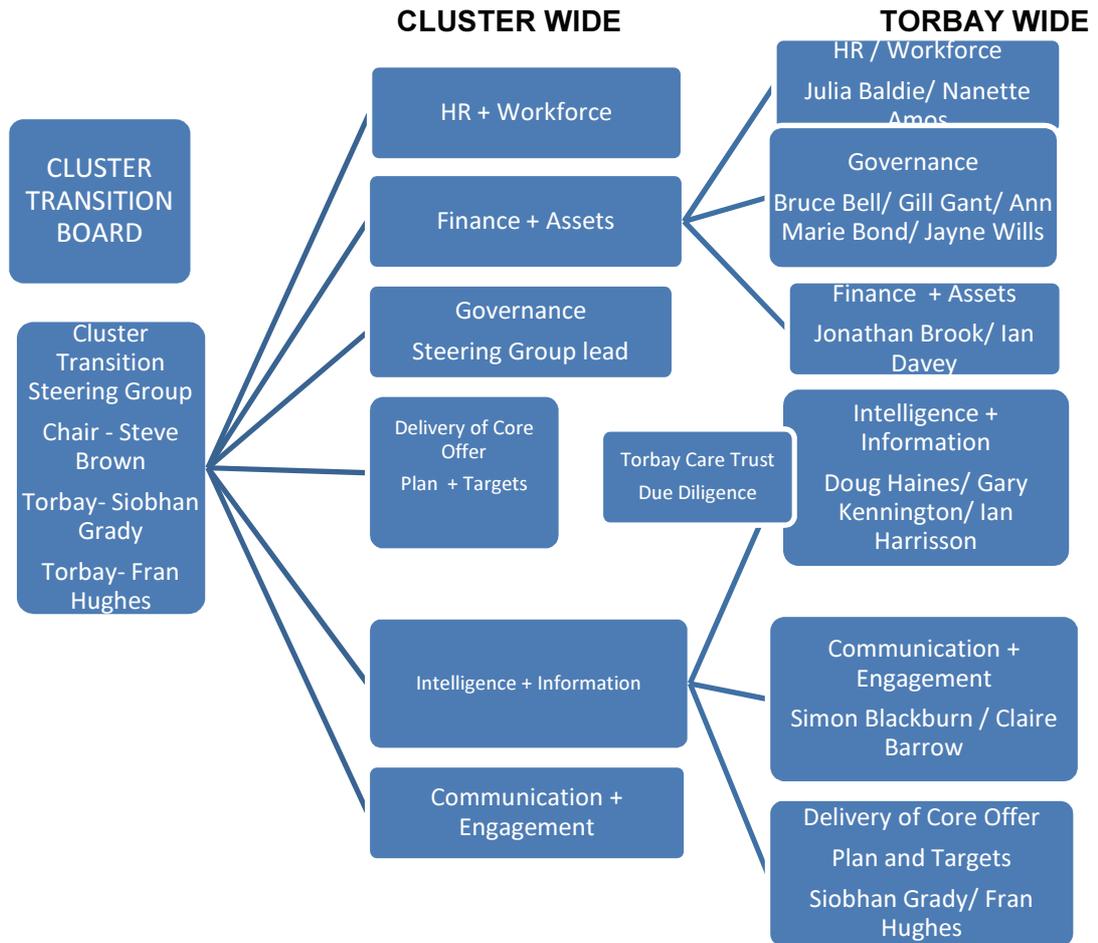
Work stream leads will formally report progress 6 weekly to the Torbay Public Health Transition Steering Group (Team) meetings. An additional level of local scrutiny has been added to ensure that the Torbay transition plan is reported to the Torbay Care Trust Due Diligence steering group which oversees the provider / commissioner split.

Communication and Engagement

A communication and engagement plan has been developed by the cluster wider work stream group and a more localised plan for Torbay has also been drafted (**APPENDIX FOUR**). Communication with staff is an integral part of the HR/ Workforce work stream and a register/log of all presentations given to any group is being maintained (i.e. CCGs, clinical cabinet, elected members etc.)

Risk Management

The Torbay Public Health Transition Team own and maintain a Risk Register which forms part of the plan. This register is updated monthly and designates risk owners, mitigating actions and timescales. The risk register will be reviewed by the Cluster Transition Steering Group and reported to the Cluster Transition Board.



7.0 TRANSFER OF SYSTEMS AND SERVICES

7.1 WORK STREAM ONE – DELIVERY OF CORE OFFER (PLAN AND TARGETS)

The Torbay Public Health team has worked closely with the CCG since its formation, in particular on joint funding of public health services as well as being actively involved in the chairing of clinical pathway groups and providing relevant PH expertise. Since December 2011 the PH epidemiologist has been formally working with the CCG one day a week in development of the JSNA and practice profiles.

We recognise that the size of the current team may make it difficult to fully provide what is set out in the draft discussion document 'Guidance to Support the Provision of Healthcare Public Health Advice to Clinical Commissioning Groups', which we expect to be a mandated function. We have identified that we have a particular gap around consultant level expertise (both funding and personnel) which we would need to address in order to provide the offer to the CCG. The proposed Clinical Commissioning Group for the Torbay and Southern Devon geography presents an opportunity for cross authority working between public health teams and opportunities need to be explored around formalising a specialist team core offer for this footprint.

Part of ensuring a managed transition of PH functions and staff in to Torbay Council will include a focus on the compatibility and alignment of public health activity within existing

council structures and priorities, particularly in working with Environmental Health colleagues. There is an opportunity to build on an existing high level of transferable and flexible skills among the workforce and the ability to refocus on organisational priorities with appropriate resources when needed, subject to effective prioritisation.

This work stream will also need to consider the successful migration of functions not transferring to Torbay Council.

Objectives

Roles and functions support for commissioning decisions including:

- Torbay & Southern Devon Clinical Commissioning Group
- commissioning support units
- priority setting

Roles and functions in health protection including:

- fighting infectious diseases and working with health protection units
- combating disasters and emergencies (emergency planning and response)
- safeguarding children and vulnerable adults to meet statutory responsibilities
- advising on health impact of environmental issues

Roles and functions to effectively meet health improvement targets

Ensuring the health and wellbeing board development arrangements and timetable

7.1.1 Function and Form

The following table is an initial mapping and RAG rating of readiness to provide proposed PH commissioning responsibilities within the Local Authority; those areas of responsibility which have clear benefits for collaborative working within Torbay council or cluster PH approach. Once approved this will provide a basis for the development of the legacy document.

CORE PUBLIC HEALTH – CURRENT POSITION	TRANSITION ARRANGEMENTS 2012-13	APRIL 2013 ONWARDS
<p>Commissioning tobacco control and smoking cessation services. PH commission stop smoking services from the Lifestyles Team. (Lifestyles Team administer GP stop smoking payments). LES for Pharmacy stop smoking service budget sits in primary care commissioning but is administered by PH.</p>	<p>Consideration and agreement to be reached for all stop smoking budget to be amalgamated into one budget held by PH. Contracts administered and commissioned by PH lead.</p>	<p>Single stop smoking services budget commissioned and administered by PH on a local Torbay population level. Consideration to be given to wider Southern Devon CCG geography for commissioning of primary care providers and commissioning tobacco control.</p>
<p>Commissioning of drug and alcohol services to support the health and criminal justice agenda's. Services include primary and secondary care prescribing services, pharmacy, drug costs, clinical governance and performance monitoring in-line with the NTA strategies and guidance of a recovery focused treatment model. Financial contributions come from a range of partners and grants including health, police, local authority, DIP grants and the pooled treatment budget and provide a whole systems approach to service provision based on needs assessment and evidence based provision.</p>	<p>TCT provider will split to become an independent provider but this will not affect the delivery of service. Police and Crime Commissioners are due to be elected during 2012/13 with an aim to taking on some budgets from April 2013. Those budgets will need to be identified along with potential risks/enhancement to service delivery. It will be important to maintain the profile of drug and alcohol in the JSNA. There is a continued risk of partner contributions reducing and a need to maintain service capacity and outcomes. Explore opportunities for integration of activities in Safer communities. DPH is now chair of Stronger Communities Board.</p>	<p>Clinical governance structures will need to be put in place for commissioners to be confident that services being commissioned are fit for purpose. It is likely that some parts of the DIP grant and local authority funding will go to the PCC. Currently this provision is spent on supporting IOM which will be one of the priority areas of service delivery. Contracts are under review and will be in place for transition to the LA.</p>
<p>Commissioning public health services for children and young people aged 5-19. PH commission health visiting and school nursing</p>	<p>PH to continue to lead the commissioning and service improvement of the integrated PH nursing specification as well as progressing the options for greater</p>	<p>National intention for Commissioning Board to commission until 2015 before transfer to Local Authority. Cluster approach to continue to be taken with agreement for PH</p>

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CORE PUBLIC HEALTH – CURRENT POSITION	TRANSITION ARRANGEMENTS 2012-13	APRIL 2013 ONWARDS
<p>from the Care Trust linking in with CCG and cluster approach. Health visiting investment business case being implemented subject to finance agreed. Despite investment there is limited school nursing capacity.</p>	<p>integration with wider children services (incl social care and early intervention support services).</p>	<p>identified lead to commission on CB behalf reporting as appropriate.</p>
<p>Commissioning the National Child Measurement Programme. Commissioned from PH nursing and contract in place which includes weight measurement.</p>	<p>PH to continue as lead commissioner; provision of data analysis; development of child weight management programme.</p>	<p>Continue to ensure weight measurement is included in Integrated PH Nursing (Health Visiting & School Nursing) contract post April 2013. PH take lead commissioner role on behalf of CCG.</p>
<p>Commissioning interventions to tackle obesity such as community lifestyle and weight management services. Limited resources within PH budget to address obesity levels and programmes for adults and children, (some resources for level 2 held in CCG) Wider lifestyle specification has been agreed. Obesity features in JSNA.</p>	<p>Following a review of level 2 adults programme, new detailed service specification to be completed. Joint funding (CCG and PH) pot to be reported via PH commissioner. Children weight mgmt programme to be reviewed. Contracts for level 2 services to be held with PH locally whilst exploring options for wider geography of Torbay and Southern Devon PH taking a lead role. Continued PH representation on clinical pathway group. Support for health check programmes to be explicit in contracts</p>	<p>Level 2 contracts to be commissioned and held by PH. Wider level 1 health improvement and lifestyle service contracts commissioned and held by PH. Potential to work across Cluster in taking lead on specific gathering and review of best evidence i.e Torbay - Obesity; or Cluster commissioning on a Torbay/southern Devon patch might be feasible. Opportunities for synergy with LA action on planning and development and leisure services.</p>
<p>Commissioning locally-led nutrition initiatives. AS ABOVE</p>	<p>Continue with existing arrangements with PH lead role. Link with work on weight management and inform options for commissioning on a wider geographical patch.</p>	<p>Contracts and commissioning continue with PH leading within local authority.</p>
<p>Commissioning increasing levels of physical activity in the local population. Commissioned as part of block contract with lifestyle service and carried out by provider staff.</p>		

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CORE PUBLIC HEALTH – CURRENT POSITION	TRANSITION ARRANGEMENTS 2012-13	APRIL 2013 ONWARDS
<p>GP referral scheme – FITBAY is joint funded by council. Risk of budget reduction from Council</p>	<p>Support for health check programmes to be explicit in contracts</p>	
<p>Commissioning NHS Health Check assessments. Specialist PH support is provided to commissioner. Current commissioning 'pot' and commissioner sits in cluster. There is Insufficient budget to fulfil proposed level of provision. Those identified as high risk requiring further testing or medical intervention are already in the programme</p>	<p>Governance group to be set up (similar to screening programme) to assure quality. Alternative / complementary providers to GPs to be considered. Budget shortfall re assessed and ready for transfer Complete data analysis and review.</p>	<p>Consideration to be given to a Commissioning programme lead for health checks needed across a Torbay & Southern Devon CCG patch to develop pathway and monitor against national standards.</p>
<p>Commissioning public mental health services. Currently PH commission Mental Health First Aid and health trainer programme as part of block lifestyle budget. Suicide prevention is part of the PH directorate.</p>	<p>Review of lifestyle block contract to ensure continuing support for public mental health services. Continue to work with Cluster commissioner on a CCG geography to identify what further provision and ideal model is needed. Suicide audits undertaken annually.</p>	<p>Potential to commission across CCG geography or wider cluster with one lead taking specific responsibility. Potential for local Suicide Prevention Group to be reinstated to address high suicide rate in Torbay</p>
<p>Commissioning dental public health services. There is no identified lead or budget allocated within existing PH Team. Oral Health Co-ordinator is commissioned via primary care team and budget and provided from Plymouth</p>	<p>Continue with current commissioning arrangements. PH specialist advice to be provided to review service specification for Oral Health coordinator</p>	<p>Potential to work across a Torbay and Southern Devon CCG geography for a lead role or cluster wide geography.</p>
<p>Commissioning accidental injury prevention. There is no identified lead or budget allocated within existing PH Team. Ad hoc support is provided to complete baseline against NICE guidance and analysis of data for A&E admissions and falls for over 65s. PH nursing specification has performance indicator included. Council commission road safety although no longer any commissioning of home safety</p>	<p>Continue with ad hoc response to publications or priority data requests. Torbay identify lead to work on draft plan with consideration to Southern Devon geography and wider Devon options.</p>	<p>Potential to work across a Torbay and Southern Devon CCG geography for a lead role within the PH local authority duties on accidental injury prevention.</p>

CORE PUBLIC HEALTH – CURRENT POSITION	TRANSITION ARRANGEMENTS 2012-13	APRIL 2013 ONWARDS
<p>Population level interventions to reduce and prevent birth defects. PH providing strategic policy, challenge and epidemiology to commissioners for ante natal vaccination and screening programmes.</p>	<p>Continue to operate at a local level with leads meeting as a cluster group and agree with DsPH the plan and model for commissioning and performance mgmt of screening programmes.</p>	<p>Potential to work across a Torbay and Southern Devon CCG geography for a lead role providing expert PH advice provided at local level</p>
<p>Commissioning behavioural and lifestyle campaigns to prevent cancer and long-term conditions. PH specialist local lead is linked in with wider Peninsula Cancer Network and strategy. Although there is limited support and capacity from communication team (both TCT & Council) and no dedicated budget to support campaign resources. Council design team provide support. General block contract with lifestyle provider service has specific remit for lifestyle campaigns to be agreed annually.</p>	<p>Continue with current arrangement linking with wider network. Identify budget for communication support role for PH to be in place.</p>	<p>Capacity to continue to lead at local Torbay level. Provider service contract includes behavioural and lifestyle campaigns. Agreed PH communication role.</p>
<p>Commissioning local initiatives on workplace health PH lead commissioner and service contracted as part of block contract with lifestyle team to deliver. Particular focus on fitness checks with manual workers, taxi drivers. However, no resources for social marketing or communications</p>	<p>Local initiatives on workplace health – jointly commission through service spec with lifestyle provider and in-house provider</p>	<p>Continue to commission at local Torbay level</p>
<p>Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as IMMUNISATIONS. PH immunisation coordinator carries out surveillance and chairs a multi agency immunisation forum at a Torbay local level. Outcomes framework indicators are being compiled for the JSNA and equity audit in progress.</p>	<p>Outbreak plan and flu pandemic plan to be reviewed and fit for purpose post transition. Immunisation coordinator capacity to continue to lead at local Torbay level. Review of provider service specification and contract to ensure requirement to respond to outbreaks and incidents where vaccination on a mass or individual basis</p>	<p>Immunisation coordinator capacity to continue to lead at local Torbay level. Specification agreed for provider contracts to ensure requirement to respond.</p>

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CORE PUBLIC HEALTH – CURRENT POSITION	TRANSITION ARRANGEMENTS 2012-13	APRIL 2013 ONWARDS
Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as SCREENING programmes PH lead specialist advise and challenge working locally and meets cluster wide to ensure consistent approach and delivery with similar service specifications in place.	Continue to operate at a local level with leads meeting as a cluster group and agree with DsPH the plan and model for commissioning and performance mgmt of screening programmes. Confirm service spec for transfer to commissioning board and PH role. Local PH lead continue to lead on incidents.	At this stage it is unclear as to model to be put in place. However Torbay will retain capacity at a local level for a screening lead to provide review and challenge and support a response to incidents.
Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention). PH team will continue to directly commission the integrated provision of sexual health services through our community GUM/contraception service and to expand the provision of STI and Long Acting and Reversible Contraception (LARC) via locally enhanced services within GP settings.	Services will continue to be reviewed through the S. Devon Commissioning Pathway Group (CPG). Funding of existing services will continue and is supported by contracts and performance monitoring. Torbay will lead on the co-ordination of a regional sexual health office to give support, consistency and tools to demonstrate 'best value for money' as appropriate. There are a number of ambitions to standardise contracts of provision and pricing e.g. LES, PGD's across the cluster. Torbay will be working with our partners to achieve this.	Potential to work across Cluster in taking lead on specific gathering and review of best evidence i.e Torbay - Sexual Health or Cluster commissioning on a Torbay/southern Devon patch might be feasible. Commissioning board to commission abortion and primary care services. Seek agreement for PH to commission on CB behalf on a CCG boundary Clarity needed form DH on sexual health services to be funded form PH grant.
Local initiatives to reduce excess deaths as a result of seasonal mortality	Health protection lead and emergency planning lead to work with Communication support, CCG and health and social care	Development of joint campaigns with Torbay Council which will address the overall needs of vulnerable people and the

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CORE PUBLIC HEALTH – CURRENT POSITION	TRANSITION ARRANGEMENTS 2012-13	APRIL 2013 ONWARDS
<p>Council lead on Warm Homes Strategy however there is limited capacity to commission and devise projects and there is no capacity to deliver</p>	<p>providers to plan for campaigns and monitoring of vulnerable people.</p>	<p>public</p>
<p>The local authority role in dealing with health protection incidents, outbreaks and emergencies. Existing Infection control nurse and analyst are working at Torbay local level with MoU with HPA. Experience and capacity within council to respond and deliver Cluster major incident plan in place.</p>	<p>PH emergency planning lead to advise on business continuity and resilience in the Torbay public health structure, health provider contracts and working as part of cluster wide Infection Control committee map arrangements and resources, gaps in capacity and draft plan to address. Development of awareness and role requirements within CCG to be developed. Health protection accountability and governance maintained via DPH to cluster CE and HPA. Opportunity to explore complimentary roles in Environmental Health + Public Health with intention to enhance overall capacity.</p>	<p>Continue with PH lead role at local Torbay level linking in to cluster community wide infection control committee. Providing surveillance and monitoring and challenge to provider performance. Provider contracts to ensure responsibility to respond to outbreaks / incidents. Council provide capacity to respond to incidents. Public Health Emergency planning lead to undertake lead role on health-related incidents e.g Pandemic flu. Close working relationships with LA locally and cluster wide to be maintained to ensure cross-LA boundary working. Outbreak Plan tested and in place.</p>
<p>Public health aspects of promotion of community safety, violence prevention and response. PH contributes members to the Crime and Disorder partnership via the DAAT and works closely on a number of projects with the Council through community safety team. Limited capacity to respond to delivery and there is limited and decreasing budget.</p>	<p>DPH is now chair role of Stronger Communities Board and line management of the community safety team. Plan to explore how PH will effect and influence local licensing decisions. PH data analysis</p>	<p>PH and Community safety management team at local Torbay level.</p>
<p>Public health aspects of local initiatives to tackle social exclusion Whilst there is no dedicated posts either in PH or Council there are a number of joint funded projects including mgmt support to Hele Project; integrated</p>	<p>Map of current and planned joint projects tackling social exclusion and any future risks to delivery.</p>	<p>Local focus and capacity at Torbay level to continue.</p>

CORE PUBLIC HEALTH – CURRENT POSITION	TRANSITION ARRANGEMENTS 2012-13	APRIL 2013 ONWARDS
<p>locality team wkg project as well as role and work of street wardens. However there is little capacity or flexibility to respond on delivery and risk to budget reductions March 2014.</p> <p>Local initiatives that reduce public health impacts of environmental risks.</p> <p>Current arrangements – MOU between HPA and LA</p>	<p>Review of MOU and options for wider cluster arrangements for sharing of consultant expertise. Plus opportunities to integrate Environmental health and Public Health work streams.</p>	<p>Potential to work across Cluster sharing consultant expertise</p>

The changes being made to the NHS commissioning and provider framework locally are :

Torbay and Southern Devon Clinical Commissioning Group and separate Devon (Plymouth, North and East Devon and Exeter) Clinical Commissioning Group well established.

The Torbay and Southern Devon Care Trust is the main provider of Community NHS health and social care and provider Public Health in Torbay as well as Community NHS health care in Southern Devon.

The Public Health provider provision in Torbay is made up of the following services:

- Lifestyles Team – NHS Stop Smoking service; Healthy Weight and Community Fitness; Health Trainer service; Healthy Lifestyle Promotion; Diabetes Education Programme not part of commissioning functions transferring to LA (i.e. diabetes)
- Public Health Nursing (School Nursing and Health Visiting)
- Drug and Alcohol Service
- Child & Adolescent Mental Health Service not part of the LA grant.

7.2 WORK STREAM TWO – HR AND WORKFORCES

The opportunities for greater joint working between existing public health and local authority colleagues will be explored to provide an integrated approach to service delivery with expected outcomes on improving people's health, reducing inequalities and improving efficiency. The group will need to take account of the impact that this uncertainty and the unknown will have on staff groups and we need to be in a position to enable change and transition in a supportive way. (**APPENDIX TWO: Current Torbay Public health Staffing Structure**).

At the time of writing this plan the national HR policy is still awaited, however local and cluster wide personnel have completed an issues and risk log which will facilitate a smooth transfer of staff and functions both during the transition period and post April 2013. Pre transfer shadowing has not been identified at this stage, however this to be considered as part of 12 month transition plan.

Facilitating the opportunity of individual team members to develop a broad range of skills to equip them well in a changing environment.

HR leads within Torbay Council and Torbay Care Trust identified providing regular contact and communication with PH team offering both 121 and group/team discussions.

Objectives of the work stream

- TUPE arrangements for staff transferring to Torbay Council employment (including pension and redundancy arrangements and liabilities); In the first instance, PH commissioning staff have been assigned to Torbay Council as part of the NHS process;
- Communication plan and support for the relevant staff;
- Induction arrangements for the relevant staff to council policies, procedures, staff structures;
- Accommodation arrangements (short and long term) that facilitate effective service delivery of Torbay Council's Public Health function. Current location of team is at St Edmunds, St Marychurch. Closer working with planners and potential integration with environmental health would benefit from co location with these services;
- An agreed process for recruiting to any vacancies during the transition period and terms and conditions offered;
- Training opportunities for Public health staff to maintain their positions through transition are provided and ensure they have the necessary skills for the new environment;
- Training and development plans for public health and local authority staff and members to support the NHS staff to through transition, and to equip all for new future roles and responsibilities.

7.3 WORK STREAM THREE - GOVERNANCE

The public health role in supporting quality, innovation, productivity and prevention will need to have sufficient core governance structures and mechanisms in place. Very early on it has been discussed and preference has been given to retaining existing reporting and clinical governance structures through the NHS during transition and beyond. There is a preference to reach agreement at cluster level for a cluster wide solution to manage the governance reporting of patient group directions. Locally the work stream will focus on governance over the transition period and processes for complaints handling and reporting of incidents.

Overall governance for maintaining the transition project planning on track will report via the Due Diligence Steering Group of the Torbay Care Trust and Cluster Transition Board with regular reporting to the senior leadership Team of Torbay Council and Chief Executive. An issues and risk log will be maintained.

Objectives of the work stream

- Governance of public health provision during transition period;
- Identification of Governance structures which will support commissioning of clinical services, including PGDs, SUIs/incident reporting;
- Managing the quality of prescribing and use of medicines;
- Managing complaints;
- Agreed emergency planning and resilience arrangements tested and documented.

7.4 WORK STREAM FOUR – FINANCE, ACCOMMODATION AND PROCUREMENT

Consideration is to be given to the functional finance and budget management systems needed to support the commissioning role of the Public Health team and its integration into the broader Council systems and processes. Whilst there is much debate about final budgetary figures to transfer, the Department of Health has issued indicative allocations for 2012/13 based on the 2010/11 outturn, as submitted to DH in September 2011. The funding formula calculation for 2013/14 will not be issued until December 2012.

The 2010/11 outturn figures have been reduced by the DH. Some of this relates to the change in responsibility for abortion, sterilisation and vasectomy services which will now be a CCG function rather than a LA one. The total reduction to the LA value however appears to exceed the amounts that have been added to the CCGs. In addition, it would appear that no adjustment has been made to reflect underspends in 2010/11, which now have commitments for 2012/13, or to reflect recent investments. This is a particular issue for the Health Checks programme.

There is an opportunity to refer significant errors back to the DH for their consideration and each LA is recommended to do so and a response is being formulated for Torbay.

The broader Public Health support to GP commissioning and commissioning support units will be picked up within the PH intelligence and Information work stream, however consideration must be given to responding to individual patient requests. Managing the quality of prescribing and use of medicines in the NHS must be covered.

Objectives

- Identification and transfer of appropriate budget;
- Future accounting arrangements; and
- Future budgetary responsibility arrangements;
- Responding to individual patient requests;
- Confirmation of the procurement process to be used for 'future' acquisition of Public Health services / contracts;
- Confirmation of the procurement process to be used for 'in progress' acquisition of Public Health services / contracts, ie NHS or Torbay Council;
- Management arrangements for procured / contracted services, ie client role (including performance, penalties and contract flexibilities to meet potential future changes during the life of a contract);
- List of assets for transfer.

ACCOMMODATION

Opportunities for colocation of PH and EH are being explored at the Town Hall as part of a wider piece of work being led by the Council. In the medium term we need to consider options for 'hot desking' for key people to build relationships and gain a greater understanding of people's roles.

Objectives

- Identify 'hot desk' spaces for PH staff to work within relevant council teams

7.5 WORK STREAM FIVE - PUBLIC HEALTH INTELLIGENCE AND INFORMATION

Public Health within the Local Authority will continue to monitor performance, analysing data and health trends to identify needs, spot gaps, problems and emerging diseases - for the joint strategic needs assessment. As well as accessing data systems to enable the support to commissioning within the LA and support for commissioning decisions within the CCGs and cluster commissioning support units. A number of issues need to be considered in order to continue to access relevant data sources in order to provide this effectively.

Objectives

- Identification of ITC requirements needed within TC to enable the PH service to operate effectively;
- Immediate and continuing access to systems requirements, including NHS systems (patient data files);
- Review data and information sharing protocols;
- Identification of potential transfer of hardware and software from TCT to TC;
- Identification of file storage, email accounts, mobile devices;
- Clarity on the support required for Public Health's ITC systems, including software licences, and who will provide it (e.g. will the NHS still be required to provide support for specialist systems?).

7.6 WORK STREAM SIX – COMMUNICATION AND ENGAGEMENT

The communication plan sets out the methods and resources through which communications will support good understanding of Torbay's Public Health function – particularly within the *receiving* local authority – and gain the support of key influencers and decision-makers to enable Public Health to maintain core activities which promote and enable the health and wellbeing of the population.

Objectives

- Establish the role and importance of Public Health functions within Torbay Council;
- Commissioners maintain links to NHS Services to ensure public health issues are considered as part of local planning;
- Create and maintain links with local media in order to sustain positive coverage with the media;
- Clarify the support and relationship between the PH commissioning staff and those public health staff who remain within the employment of the NHS in the provider organisation;
- Ensure understanding of the transition and the objectives of public health with those local, non-professional groups with a particular interest in health;
- Current and most up to date information on relevant websites.

8.0 HEALTH AND WELL BEING BOARD DEVELOPMENT

The Health and Wellbeing Board has been established meeting 6 times a year. Membership includes councillors with health portfolios and senior managers as well as the chair of the CCG, local pharmaceutical committee and patient and public group representation.

The agenda planning incorporates all ages to ensure the coverage of previous business of the Children Trust and the development of the Health and Wellbeing Plan will cover a life course. The March meeting will focus on the re fresh of the JSNA to include identification of shared priorities for inclusion in the H&W B Plan as well as the longer annual agenda planning for the Board.

The JSNA is being led by the Public Health Epidemiologist and is structured around the life course incorporating the early analysis of performance frameworks, (PH; Adult SC; NHS). The PH staff member is working one day a week for the CCG in the role of developing the JSNA ensuring relevant data sets are captured and practice profiles generated in order to influence the priority setting of the CCG.

There is a jointly planned development day with local authority and CCG schedule for May 2012 to further the working of the Board.

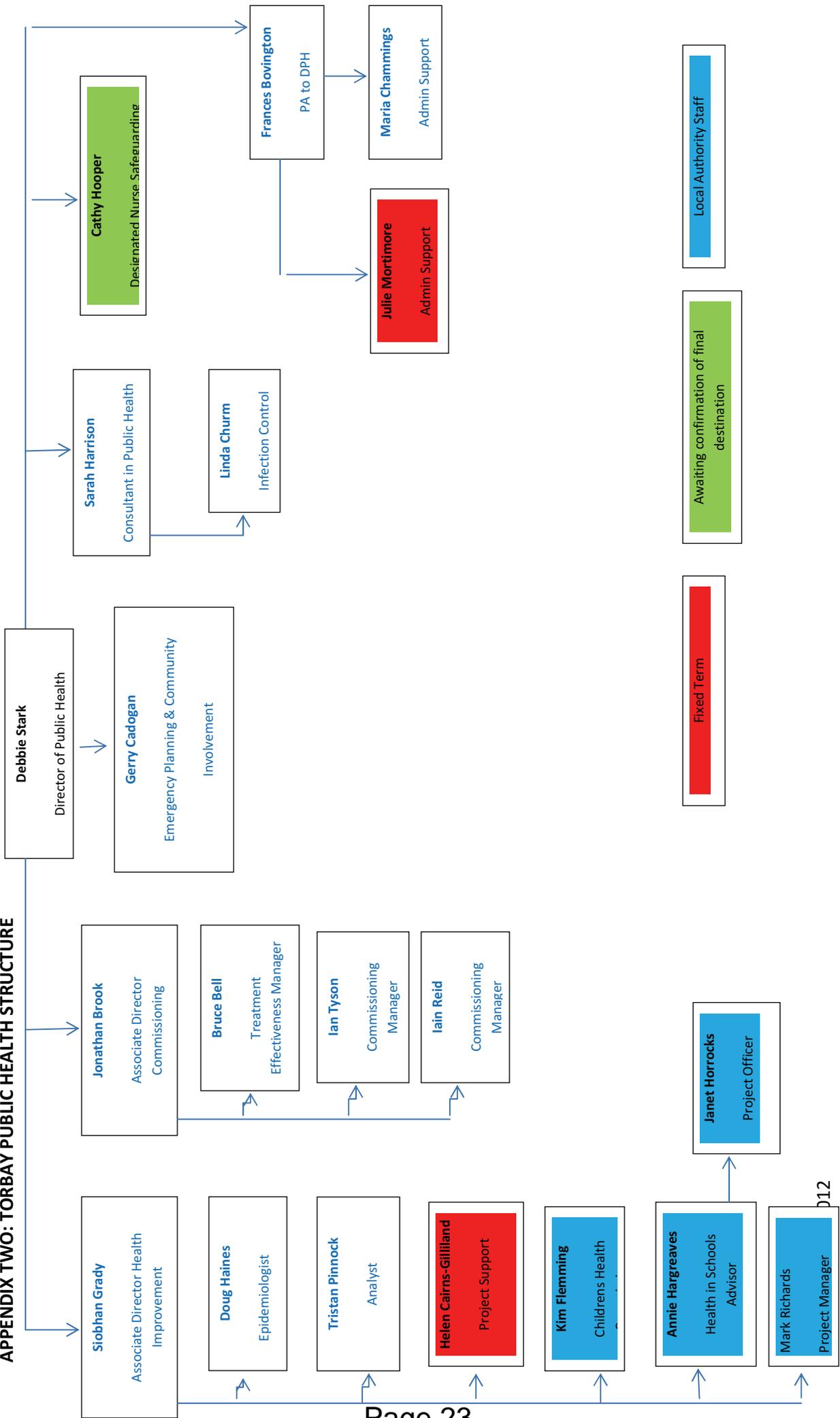
9.0 LOCAL HEALTH WATCH

Work has begun within LINK to consider how HealthWatch will best represent everyone's views. The Torbay 'Local Involvement Network' (LINK) is actively involved in the Baywide CCG and Health and Wellbeing Board.

APPENDIX ONE – Key Milestones are set out in the following table:

Timescale	Actions	Timescale	Actions
27 TH January 2012	<ul style="list-style-type: none"> ▪ First draft of public health transition plan covering all transition issues submitted to Strategic Health Authority 	October 2012	<ul style="list-style-type: none"> ▪ Ensure early draft of legacy and handover documents produced.
March 2012	<ul style="list-style-type: none"> ▪ PCT Clusters to develop communication and engagement plan 	October 2012	<ul style="list-style-type: none"> ▪ Formal assessment of progress with transfer from PCT to local authorities
March 2012	<ul style="list-style-type: none"> ▪ Establish Local public health allocations in shadow form and introduce health premium for local authorities 	October 2012	<ul style="list-style-type: none"> ▪ Local areas to test arrangements for delivery of specific public health services in particular screening and immunisation and emergency response. Test arrangements for the role of public health in emergency planning, in particular the role of the Director of Public Health and local authority based Public Health.
March 2012	<ul style="list-style-type: none"> ▪ PCTs and Local authorities to have jointly agreed processes, with Human Resources input, for how staff transfers will be made in 2012/13 	January 2013	<ul style="list-style-type: none"> ▪ PCT clusters and local authorities to produce final legacy and handover documents
March 2012	<ul style="list-style-type: none"> ▪ System preparation including new public health commissioning and contracting development, clinical and corporate governance, communications with stakeholders, providers and the public ▪ Agreement on support functions for public health in new role (HR, IT, estates, finance support) 	April - March	<ul style="list-style-type: none"> ▪ PCT cluster monthly milestone reporting as part of combined strategic health authority (SHA)/local government assurance process
End March 2012	<ul style="list-style-type: none"> ▪ Development of interface with Public Health England in shadow form from April 2012. 	Date for local determination	<ul style="list-style-type: none"> ▪ Agree arrangements for local authorities to take on public health functions – date for local determination
5 th April 2012	<ul style="list-style-type: none"> ▪ Local Transition Plans to be finalized and submitted to the South West Strategic Health Authority 	1 st April 2013	<ul style="list-style-type: none"> ▪ PCTs to provide formal governance handover document to the local authority by March 2013
April 2012 onwards	<ul style="list-style-type: none"> ▪ PCTs and local authorities to agree arrangements for any in year delegation of functions and secondments / assignment of transferring staff in line with guidance. 	1 st April 2013	<ul style="list-style-type: none"> ▪ Local authorities will receive direct grant allocation to carry out public health functions.
End April 2012	<ul style="list-style-type: none"> ▪ Assessment of transition plan (by SHA) and feedback by the end of April 2012 including the impact on current workforce evaluated 		
June 2012	<ul style="list-style-type: none"> ▪ PCT clusters to agree approach to the development and delivery of the local public health vision. 		
September 2012	<ul style="list-style-type: none"> ▪ PCT clusters and local authorities to agree arrangements for public health information requirements and information governance 		

APPENDIX TWO: TORBAY PUBLIC HEALTH STRUCTURE



APPENDIX THREE: TERMS OF REFERENCE – TORBAY PUBLIC HEALTH TRANSITION STEERING (TEAM) GROUP

Aims

The Public Health Transition Programme is being established to ensure the following:

- A successful transfer of public health functions from Torbay Care Trust to Torbay Council to include wider support to commissioning and maintenance of coherent PH function”;
- A successful transfer of specified functions to successor organisations;
- The development of Public Health functions and programmes which are ‘fit for purpose’;
- Identify areas of collaborative working within the local authority.

Purpose

- To drive forward the transition programme in accordance with the programme brief and work stream delivery plans as set out by the Cluster Transition steering group;
- To maintain an overview of all the work streams, report on progress to enable slippage to be identified as early as possible and remedial action taken;
- To maintain a transition programme risk register and mitigation plans;
- To report progress to the Cluster Public Health Transition Steering Group and ultimately Cluster Transition Programme Board, who will report onwards to SHA and any other organisations as appropriate;
- To encourage innovative thinking and develop new approaches;
- To co-ordinate delivery and performance management of allocated work streams;
- To balance the transition activity with the ongoing delivery of public health strategic objectives and supporting strategic objectives of Torbay Care Trust and Torbay Local Authority;
- To support staff through the process.

Membership

The Torbay PH Transition Team will be chaired by Siobhan Grady and membership includes:

Julia Baldie	Council HR
Nanette Amos	NHS HR
Ian Davey	Council finance
Jonathan Brook	NHS Commissioning
Ian Harrison	Council IT
Gary Kennington	NHS IT
Doug Haines	NHS Epidemiologist
Bruce Bell	NHS Governance
Gill Gant	NHS Governance
Ann Marie Bond	Council Legal
Jayne Wills	Council Complaints
Claire Barrow	Council Communication
Simon Blackburn	NHS Communication

Business Arrangements

- If a member cannot attend a meeting they should nominate a deputy who can report on their behalf;
- The agenda and papers for all Programme Team meetings will be sent out no later than three days prior to the meetings;
- Minutes of the meeting and action logs to be sent out no later than five days after the meeting;
- All correspondence will be via e-mail where possible;

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- Members must complete agreed actions within the agreed timescales;
- Members are responsible for feeding back to the staff contributing to their allocated work stream;
- Meetings are held 6 weekly.

Communication

- Programme Team meetings will be minuted and circulated to members only. Onward circulation will be at the chair's discretion.
- An action log will be written after each Programme Team meeting to ensure everyone is aware of the actions agreed. These action logs will be used by the Programme co-ordinator to monitor delivery;
- The Programme Team will agree communication of key messages arising from each meeting;
- Stakeholder engagement will be undertaken in line with national guidance and co-ordinated through the strategic communications work stream.

Terms of Reference will be reviewed after 3 months

First Draft January 30th 2012

APPENDIX FOUR – TORBAY PUBLIC HEALTH TRANSITION – COMMUNICATION PLAN - draft

Excerpt from guidance provided by Gabriel Scally, Director of Public Health, NHS South:

(10.1) 'A communication and engagement plan should be provided as an annexe to final submissions of transitions plans. Communications and engagement plans should consider relationships with the Health and Wellbeing Board; Clinical Commissioning Groups and NHS Commissioning Board; HealthWatch; local professional networks. This (comms and engagement plan) should also show engagement with stakeholders, patients, public, providers or public health services, contractors and Public Health England is being managed locally.'

Supporting the Torbay Public Health Transition

Cluster Lead: Steve Brown

Background: Torbay enjoys a history of good partnership working, at a strategic and operational level, between the NHS and the local authority, led by the joint post of Director of Public Health.

Public Health in Torbay also enjoys a largely positive profile and good media support although there are some issues which have provoked continued scrutiny and negative coverage, such as the teenage conceptions rate.

During 2012, the NHS, the local authority and the local newspaper the *Herald Express* are collaborating on the Love Life campaign, encouraging and enabling local people to pledge changes towards a healthier lifestyle.

Aim of this plan: To set out the methods and resources through which communications will support good understanding of Torbay's Public Health function – particularly within the receiving local authority – and gain the support of key influencers and decision-makers to enable Public Health to maintain core activities which promote and enable the health and wellbeing of the population.

Delivery responsibilities: Key responsibilities are allocated, though delegation is expected as required.

Core messages (draft):

This is a natural and welcome step for public health commissioning. The local NHS already enjoys a very strong partnership with Torbay Council, and both organisations are firmly focused on improving the lives and health of local people.

Links with the NHS will remain very strong. The 'frontline' public health staff will remain within the NHS and the Council employed public health managers will maintain strong, productive links with local NHS organisations.

Activities

1) Establishing the role and importance of Public Health within Torbay Council

The Director of Public Health and senior Public Health managers will work to raise their profile with Local Authority councillors and officers and provide accessible, engaging information which increases understanding of core Public Health functions, aims and objectives, local successes, and key staff.

Resources required: Communications will support Torbay's Public Health Steering Group in producing a standard presentation and a summary document which delivers the above, and can be used to support engagement with councillors and officers.

The presentation document should include suggested elements:

- Introduction to the foundations and creation of 'Public Health';
- The key functions and their leads;
- How Torbay's Public Health function enables a healthy local population, with examples of successes; particularly those with a partnership element and which have an evidenced positive impact upon the productivity, marketability and economy of Torbay;
- How councillors can support a strong, productive Public Health department;

- Planned quick wins;
- Aims and objectives for the next 12 months.

The summary document should summarise the contents of the presentation to enable 'bite-size' information on Public Health.

Leads:

- Debbie Stark
- Siobhan Grady

Key meetings for attendance

- Health Scrutiny Committee
- Full Council

2) Commissioners (Maintaining links to NHS services)

The Public Health team and senior Public Health managers will be alert to the importance of engaging providers and commissioners of NHS care to ensure public health issues are considered as part of local planning.

Resources required:

The Public Health team will use resources as described above (1) to support engagement with key provider/commissioner groups.

The communications lead for public health should establish early links to facilitate close working with the communications departments at Torbay Council (if appropriate), TSDHCT, Torbay and South Devon Clinical Commissioning Group, the Commissioning Cluster (Torbay, Devon and Plymouth) and Devon County Council. Effort should be made to utilise existing links and resources, e.g. staff bulletins, newsletters, intranets, to ensure the most efficient and effective dissemination of information. Communications leads in partners organisations should be asked to facilitate communications as appropriate for their organisation.

Leads:

- Debbie Stark
- Siobhan Grady
- Senior PH commissioning managers

Key meetings for attendance

- South Devon Clinical Cabinet
- Healthwatch

3) Media

Creating and maintaining links and positive coverage with the media

The media (print and broadcast) will require some clear messages as to the shift of Public Health into the local authority. This should also be used as an opportunity to share any short-term priorities/objectives, to establish a sense of continued progress.

Leads:

- Designated Public Health communications lead
- Debbie Stark (key spokesperson for PH)

Core messages:

- The move of public health commissioning into the local authority builds upon our existing strong partnerships and provides further opportunities for embedding the health and wellbeing of the population into Council activities and planning;
- We will continue to work very closely with NHS colleagues to ensure public health remains a priority for those commissioning and providing care. The continued role of public health provider staff, such as the Lifestyles Team, within the local NHS means close partnership working is both necessary and guaranteed;
- We remain focused upon enabling the local population, off all ages, to live healthy, active lives.

Resources required:

- Debbie Stark will use her fortnightly column in the Herald Express - part of the *Love Life* campaign – to directly communicate her key messages with readers. This is written with support from Communications;
- During the month immediately prior to formal transition, proactive contact with the press will be made through press releases (minimum of two) with follow-up telephone contact to gain broadcast interviews. This will require an operational 'hook', to be identified through PH and comms.;
- It is suggested that media relations is supported with active involvement from the Chief Executive's of Torbay Council and Torbay and Southern Devon Health and Care Trust. This should be facilitated through the comms departments partnerships.

4) Public Health provider staff

It is vital to continue open and accessible communications with those staff who remain within the employment of the NHS. Need to ascertain most appropriate methods of communicating.

5) Local groups

Effort will be made to communicate directly with those local, non-professional groups with a particular interest in health, to ensure understanding of the transition and the objectives of public health.

Leads: PH managers as appropriate

Key groups for contact:

- CCG patient group (facilitated by LINK Torbay)
- LINK Torbay
- Council of Governors, Torbay Hospital

6) Other:**Web coverage**

Relevant Public Health information currently held on the website of Torbay Care Trust (TSDHCT), will require transferring to the website of the Local Authority. This will be supported by the communications dept, facilitated by the delegated PH manager with the IT/web teams of Torbay Council and Torbay Care Trust (TSDHCT)