



# **Building a People Transition Policy for Public Health England**

## Building a People Transition Policy for Public Health England

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# Building a People Transition Policy for Public Health England

Prepared by the Public Health England Transition Team

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# Executive summary

**The establishment of Public Health England gives us a major opportunity to develop a brand new organisation that will be the authoritative national voice and expert service provider for public health.**

The *Operating Model for Public Health England* and the *Role of Public Health in Local Government* factsheets, which we published before Christmas 2011, set out how Public Health England will be created as a new and integrated executive agency to support the new public health system across all three domains of public health.

We now move into the phase of designing Public Health England to truly improve public health outcomes for all our communities. Achieving this vision will depend on those people who will form Public Health England alongside those who will be working in the public health commissioning function that will be provided by local authorities from April 2013.

Our aim is to retain the great talent we already have across the current system and to ensure all those affected by the creation of the new system, are treated consistently and fairly, through transparent transfer, appointment and recruitment processes.

This *Building a People Transition Policy for Public Health England* document sets out how we propose that the principles of the HR Transition Framework will be used to start to transfer and appoint staff to Public Health England and explains the other work, which will be in train as we progress through the next year before establishment.

This document has been developed in partnership with employers and with trade unions representatives, and I am grateful for their sound advice and commitment to helping us support all staff through this transition period.

Delivering change is challenging and it is important that we have open communication throughout. I give my personal commitment to tell you what I can, as soon as I can, and to listen to and act on your feedback. This document aims to provide helpful information for people who are affected by the creation of Public Health England, particularly those working in the sender organisations. While it cannot yet have all the answers, I hope you see it is an important step to providing you with greater clarity.

## Building a People Transition Policy for Public Health England

The success of Public Health England will depend on the staff working for it – the experience, expertise and commitment of staff working in current bodies is highly valued and we want to ensure we make a successful and fair transition to the new body.

A handwritten signature in black ink that reads "Anita Marsland". The signature is written in a cursive style with a large initial 'A'.

Anita Marsland  
Managing director, Public Health England Transition

# 1. Introduction

- 1.1 Public Health England will be established on 1 April 2013 subject to the passage of the Health and Social Care Bill.
- 1.2 Public Health England will be created as a new, integrated, executive agency to support the reformed public health system across all three domains of public health. On 20 December 2011, we published a series of [factsheets](#). These documents made clear Public Health England's operating model and set out the building blocks of Public Health England's structure and organisational design. However, this is only the start of the process. This year sees the start of much more detailed work to be done to design Public Health England.
- 1.3 We will also be working on the HR transition processes for Public Health England. These will be set out in a People Transition Policy, which will be published later this year. The purpose of a People Transition Policy is to set out the detailed HR policies and processes required to transfer, redeploy and appoint staff to posts in the new organisation. This *Building a People Transition Policy for Public Health England* document is a first step on setting out some clear principles now to keep staff as updated as possible and letting you know about the timetable for developing the full People Transition Policy later in the year.
- 1.4 With so many different functions and staff groups involved, it is vitally important that all staff are treated consistently and fairly. This document is based on the principles in the [HR Transition Framework](#) and the already published [NHS Commissioning Board People Transition Policy](#), both of which have been agreed and developed in partnership with trade union colleagues.
- 1.5 The HR processes for Public Health England cannot be finalised in isolation. They are dependent on the agreement of which functions will be carried out where and the impact of this on the current organisation structures and people; and the terms and conditions of the new body, including pensions. Work on both these aspects is under way and progress to date and the next steps are explained in this document.
- 1.6 We expect a significant majority of staff to be transferred to Public Health England continuing the roles they currently fulfil, for example because they work in business areas:
  - which rely on specialist staff (such as technical, medical and/or scientific professionals) who will continue to deliver core service functions for Public Health England in a manner that is essentially unchanged from how these functions are delivered at present

## Building a People Transition Policy for Public Health England

- where there is no immediate need to achieve significant synergies with other parts of the Public Health England establishment in the initial stages of Public Health England's operation.



## 2. Organisational design

- 2.1 Following the publication of the operating model factsheets, the organisation design work for Public Health England is now under way, supported by ongoing engagement and input from sender bodies, local authorities and other organisations. The future organisation and structure of Public Health England will recognise existing excellent organisational and working practices of the sender bodies while taking all available opportunities to improve the ways that we can protect and improve health and wellbeing of the population.
- 2.2 The ongoing organisational design work and structure of Public Health England is based on the principles set out in the operating model factsheets. Final decisions on the design for Public Health England will need to be considered by a design authority of which the chief executive designate will be a key member. The Public Health England design authority is being set up to provide an assurance process with oversight of the organisational design process and outputs. It will ensure objective and future focused decisions are made, and gaps and duplication are avoided. It will review design to ensure it is fit for purpose. We expect that a full design will be completed and signed off in May subject to the timing of the chief executive designate's appointment.
- 2.3 Our design work will clarify those functions and business areas, which will transfer essentially without redesign to Public Health England in April 2013. We will concentrate on developing those business areas where we expect to see change from the current arrangements, because we are bringing together functions from a range of existing bodies to achieve synergies or work differently within the new health and social care system, or where we are developing new functions.
- 2.4 Our focus will be on completing a design that we can be confident will address the public health challenges at all levels across the public health system.
- 2.5 Further detail on Public Health England and the emerging organisational design, drawn from the operating model, can be found in Annex A.

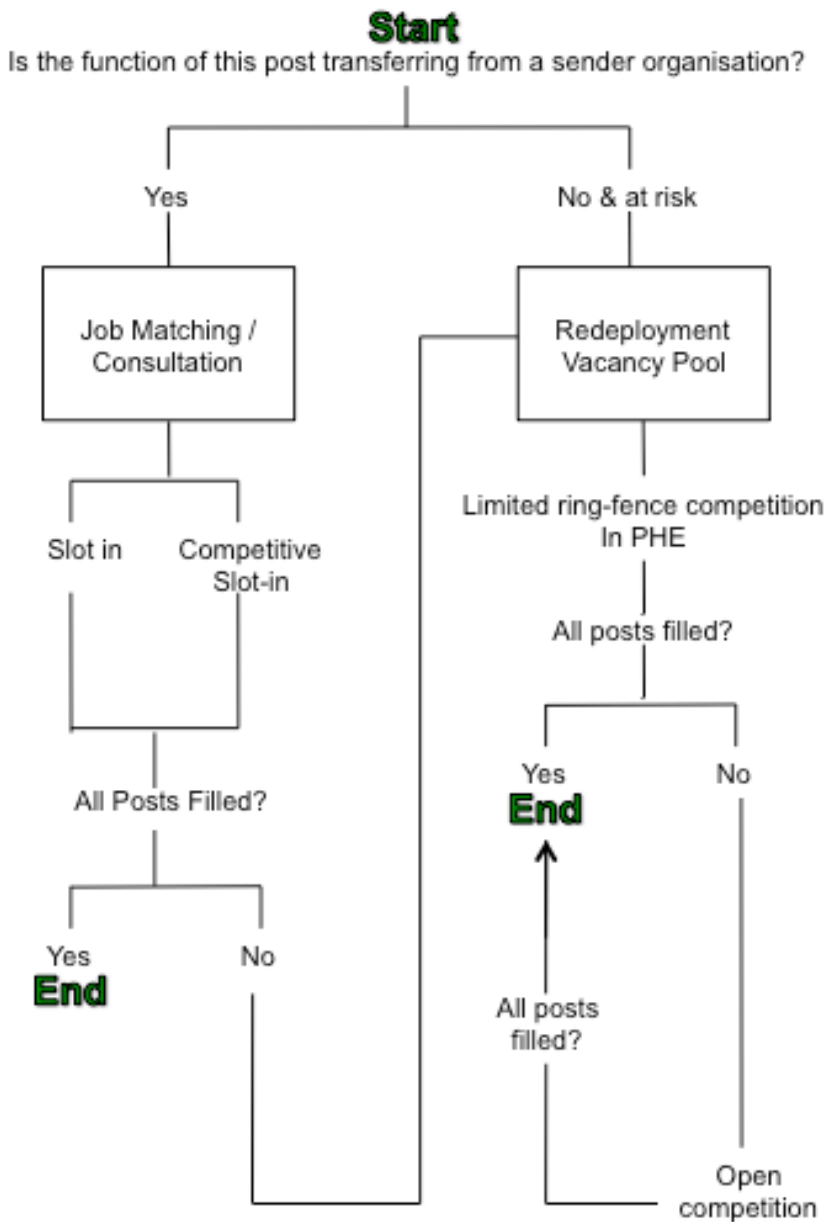
## 3. Working for an executive agency

- 3.1 Public Health England will be an executive agency of the Department of Health, and will have the operational autonomy to advise Government, local authorities and the NHS in a professionally independent manner.
- 3.2 Staff in Public Health England will be civil servants whose conduct will be governed by the Civil Service Management Code. Public Health England will be an organisation whose culture and values will demonstrate scientific and analytical rigour, dedicated to providing impartial and objective advice, evidence and expert judgement and taking action on the basis of the best available evidence. A tailored set of terms and conditions of employment for Public Health England to enable it to meet its future recruitment and retention needs will also be developed (see section 6 and Annex A below).
- 3.3 The chief executive will establish an advisory board to provide external challenge and expertise to advise on the running and ongoing development of Public Health England. Our current intention is that the chief executive will chair the board, which will include at least three non-executive members who will provide independent advice and support who we expect to have relevant experience in public health, local government and community or private sector. The Chief Medical Officer will continue to provide independent advice to the Secretary of State for Health and the Government on the population's health.
- 3.4 Public Health England will have the ability to develop its own arrangements and policies in line with its business needs. The arrangements under which it will operate and work with the rest of the Department of Health will be set out in the framework agreement to be published later this year.

## 4. How transfers and appointments will be made to Public Health England

- 4.1 Establishing Public Health England is a complex process. The agency will bring together a range of functions, which are currently performed in different parts of the public health system. It will also carry out new functions and manage new relationships with partners in the reformed health and social care system. The approach in managing the HR processes in the transition to Public Health England will be based on the Department of Health's HR Transition Framework, and will build on experience of the NHS Commissioning Board's initial People Transition Policy. Throughout the process, employers will be responsible for ensuring that all decisions comply with relevant employment law, equality legislation and the public sector equality duty in order that decisions are fair, transparent, accountable and evidence-based, and consider the needs and rights of their workforces.
- 4.2 It is important to establish and agree what functions are to "transfer" to Public Health England and what are new functions, as this affects how we will make appointments to Public Health England. Legally transfers of employment can only be made under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) or through a statutory transfer scheme. There is also the Cabinet Office Statement of Practice on Staff Transfers in the Public Sector 2000 (COSOP), which is policy guidance on how transfers involving public sector bodies should be handled. COSOP can apply at the same time as TUPE but it is not a legal mechanism for transfer so all staff transfers into Public Health England will be covered by statutory transfer schemes.
- 4.3 The application of TUPE is a matter of law. Legal advice will be taken to determine whether TUPE applies and it may vary from sender to sender, or between functions. The legal basis for each transfer from each sender has not yet been determined. However, whether or not TUPE applies, it is our intention to apply COSOP where staff are in scope to transfer with their work function to Public Health England. This document has been written on this basis. Further detail on the explanation of TUPE and COSOP and the HR processes and how they might affect staff are given in Annex B to this document, which details the potential routes into Public Health England.
- 4.4 We are committed to making appointments in a fair, transparent and rigorous way, respecting the rights of staff who may be working in functions that will transfer and ensuring that opportunities for redeployment are available to staff formally at risk of redundancy or affected by change.
- 4.5 The simple flowchart below gives an overview of the approach Public Health England will take in appointing staff to posts.

- 4.6 Once we are clear about the extent of those functions that will transfer “as is”, we will be considering arrangements to ensure a straightforward “slot in” process for staff. Any changes to currently established arrangements will only be made with the agreement of the Partnership Working Group (see section 7 below).
- 4.7 Staff whose functions are transferring into Public Health England are currently employed in a range of different settings, including arms-length bodies, the NHS and the Department of Health. Some staff have employment arrangements in their current bodies, which involve, for example, being hosted by a non-NHS body such as a university. The ongoing organisational design and HR work will recognise this and further information on the management of processes will be provided to staff in these different organisations in due course.



## 5. Senior appointments process

5.1 All Public Health England executive appointments will be to the Senior Civil Service.

### Chief executive

5.2 The chief executive post is considered to be a new post. It will be filled by open competition in line with the Commissioners' code. This exercise will not be restricted to staff currently serving in the Senior Civil Service. Search consultants have been engaged on this process and we expect interviews to take place in March 2012.

### Senior executive roles in Public Health England

5.3 We expect appointments to a number of the most senior executive designate posts in Public Health England to be made during 2012. Work to establish the senior structure of Public Health England and to identify roles is being undertaken, but no decisions have yet been reached on any posts. There are a range of routes by which appointments may be made to senior executive roles.

5.4 For transfers, we intend to follow the steps outlined in the HR Transition Framework process (see Annex B for further details). We will work with current sender organisations to define the pools of staff for specific posts to obtain the maximum inclusivity across those organisations. This will allow us to give any staff whose function will transfer, but who may not have a post in Public Health England, priority for any suitable remaining vacancies.

5.5 We are discussing the arrangements for filling any new posts with Department of Health HR colleagues, as director posts in Public Health England will be Senior Civil Service Payband 2. When we are clear on the design and detail of specific roles, we will make details of the arrangements available.

## 6. Developing Public Health England terms and conditions

- 6.1 It has been agreed by the Secretary of State for Health that we will develop a tailored set of terms and conditions of employment for Public Health England to enable it to meet its future recruitment and retention needs. As Public Health England will be an executive agency of the Department of Health its terms and conditions will necessarily be based on Civil Service terms and conditions, but will make use of available flexibilities as required. These terms and conditions will apply to any new appointments and any individuals who change roles (eg take promotion) within Public Health England.
- 6.2 We are currently working with the Public Health England Partnership Working Group to develop an initial framework to facilitate the development of terms and conditions. The focus of this framework will be on the key areas of concern as expressed by a range of stakeholders. These are pay, pensions and continuity of reckonable service. Ministers and the Department of Health Executive Board will be asked to sign off a framework for negotiations at the end of February.
- 6.3 Between February and the end of June 2012 we will then continue working with the Public Health England Partnership Working Group to develop the detailed terms and conditions. To this timescale, we shall be also exploring options concerning individuals continuing to have access to their current pension scheme.
- 6.4 These terms and conditions, together with the finalised organisational structure of Public Health England will together form the basis for the Public Health England People Transition Policy, which will be published in the summer.

## 7. Engaging with partners and partnership working

7.1 The establishment of Public Health England is one of the many changes currently taking place across the NHS, social care and public health systems. These changes involve the creation of new bodies, the closure of existing organisations, the transfer of functions between bodies and the introduction of some new activities. These changes affect staff working in organisations from across the public health system.

### Public health engagement

7.2 Following the publication in July 2011 of the policy paper *Healthy Lives, Healthy People: Update and way forward*, a Public Health Engagement Group was established to work with the Department of Health to produce further materials required for the next stage of public health policy and transition. This group is chaired by Chris Bull, chief executive of Herefordshire Council, and comprises a number of key stakeholders. From the main group, a small workforce sub group was created whose members have kept abreast of the HR and workforce issues and developments on both the local public health system (in essence the proposed transfers of staff from primary care trusts to local authorities) and the creation of Public Health England. Many of the chief executives or senior leadership of the sender organisations sit on the Public Health Engagement Group as well as having involvement in the relevant programme boards and other senior level groups involved in developing Public Health England.

7.3 In addition, we will keep all staff updated on progress in developing Public Health England, including through Anita Marsland's regular *Transforming Public Health Bulletin*.

### Working in partnership with staff and trade union representatives

7.4 The establishment of Public Health England is a complex task that requires careful and detailed consideration and meaningful partnership working to ensure that the HR issues of importance are fully addressed and resolved.

7.5 Following the decision that Public Health England should be established as an executive agency of the Department of Health, the Public Health England Transition Team has been working with the HR team in the Department of Health to consider what arrangements and machinery are needed to develop the terms and conditions and consider any other employee relations issues as we establish Public Health England.

7.6 Effective partnership working is the key to our success and undertaking early engagement with employees and their trade unions to enable effective and sustainable

change is an important principle set out in the HR Transition Framework. This approach is in line with partnership agreements, which are in place both in NHS bodies and the Department of Health industrial relations structures. It has been endorsed strongly by the Social Partnership Forum's HR Transition Partnership Forum (SPF HRTPF) chaired jointly by Stephen Welfare (NHS management) and Karen Didovich (NHS trade union side). It has been agreed that the forum should oversee the development of all people transition policies required for the system changes. However, the Public Health England arrangements will be negotiated with the unions involved in the Public Health England sender organisations.

- 7.7 The forum was particularly keen that we moved forward with pace. Consequently, a small working group comprising the Department of Health HR team, Public Health England Transition Team, the departmental trade unions and the HPA staff side was established. This Public Health England Partnership Working Group has been designed to be as representative as possible of all the unions and management working in sender organisations from which staff may transfer to Public Health England, bearing in mind the need to have a group of workable size. The group has drafted and consulted on a proposed partnership agreement that would govern the establishment of Public Health England with a final version expected shortly. A series of monthly meetings has been arranged to work in partnership to establish the new agency. Regular updates on the work of the Partnership Working Group will be shared with the SPF HRTPF and colleagues in sender organisations.



## 8. Timetable

8.1 The table below sets out the timetable we are expecting to follow to make appointments to Public Health England.

11 January 2012	Commence chief executive appointments process
February 2012	Publication of <i>Building a People Transition Policy for Public Health England</i> document
April 2012	Chief executive designate appointed
May 2012	Public Health England structure agreed
June 2012	Full People Transition Policy published, including the terms and conditions framework
July to October 2012	Confirmation of employment pools for transfers, and redeployments available Pre-transfer appointment process to match existing posts to new Public Health England establishment
October 2012	Formal consultation with all staff and trade unions on the transfer process
December 2012 to March 2013	Review and agree Public Health England People Transition Policy for phase two of transfers and appointments
1 April 2013	Public Health England assumes full powers (subject to the passage of the Health and Social Care Bill)

# Annex A: Public Health England

1. From its establishment in April 2013, Public Health England will be the authoritative national voice and expert service provider for public health.

## Mission

2. Public Health England's overall mission will be to protect and improve the health and wellbeing of the population, and to reduce inequalities in health and wellbeing outcomes.
3. It will do this in concert with the wider health and social care and public health system, and with key delivery partners including local government, the NHS, and Police and Crime Commissioners, providing expert advice and services and showing national leadership for the public health system.

## Purpose

4. Public Health England will work with partners across the public health system and in wider society to:
  - deliver, support and enable improvements in health and wellbeing in the areas set out in the *Public Health Outcomes Framework*
  - lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health.

## Role

5. Public Health England will work with its partners to provide expert evidence and intelligence, and the cost-benefit analysis that will enable local government, the NHS, and the voluntary, community and social enterprise sector, among others, to:
  - invest effectively in prevention and health promotion so that people can live healthier lives and there is reduced demand on health and social care services, as well as on the criminal justice system
  - protect the public by providing a comprehensive range of health protection services
  - commission and deliver safe and effective healthcare services and public health programmes across the whole life course and across care pathways; from prevention through to treatment, from children's services to mental health and wellbeing, substance misuse services, screening programmes and older people's services
  - ensure interventions and services are designed and implemented in ways that meet the needs of different groups in society, advancing equality of opportunity between protected groups and others, and reducing inequalities.

6. A transformed public health system will rely on a strong and capable workforce, building on the core professionalism and high standards of current practice while working in new ways and with new partners. Public Health England will work with partners to ensure the effective supply and deployment of a qualified and expert workforce across the system and to provide professional support for those working in public health specialisms.
7. The organisation will harness its experience, intelligence and evidence base to promote transparency and improvement in performance across the public health system, and to provide impartial and expert advice to policy makers across Government on the best operational means to achieve public health goals.

### Functions

8. Public Health England will carry out nationwide and specialist functions for public health. Locally public health will be led by local authorities.
9. The Public Health England Operating Model, published on 20 December 2011, set out the three main functions that it will work with partners across and beyond the public health system to deliver:
  - delivering services to national and local government, the NHS and the public
  - leading for public health
  - supporting the development of the specialist and wider public health workforce.

#### **Function 1: Delivering services**

Public Health England will:

- deliver specialist public health services to national and local government, the NHS and the public, working in partnership to protect the public against infectious diseases, minimise the health impact from hazards, and provide national leadership and coordination of the public health response to the emergency preparedness, resilience and response system<sup>1</sup>
- deliver an information and intelligence service to support effective action, locally and nationally, to promote and protect health and wellbeing, prevent illness, advance equality, tackle inequalities and improve public health outcomes
- support the commissioning and delivery of effective health and care services and public health programmes by the NHS and local authorities through public health advice, analysis, service specifications, evidence and best practice dissemination, as appropriate
- design and deliver nationwide communications and interventions to support the public to protect and improve their health, including use of social marketing and behavioural insight techniques.

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<sup>1</sup> More work will take place in the coming months to develop operational guidance for the system-wide EPRR model, including exploring how Public Health England and local government will work together to protect the health of local populations.

### **Function 2: Leading for public health**

Public Health England's second function covers activities across the whole public health system and supports health ministers, the Department of Health and the Chief Medical Officer in working across government on public health issues. Public Health England will:

- encourage transparency and accountability across the system by publishing information on local and national health and wellbeing outcomes and supporting improvement action
- support public health policy development through evidence and advice on the best operational means to achieve strategic goals
- allocate and deploy its budget and manage relationships effectively to support effective and integrated public health delivery across the system
- work with partners to build the evidence base from research and experience about what works in improving and protecting health and wellbeing; narrowing health inequalities and advancing equality; and promote and evaluate innovation
- act for public health science and delivery on the international stage.

### **Function 3: Developing the workforce**

Public Health England will support the development of the specialist and wider public health workforce.

10. Public Health England will need to prove itself as a high performing organisation and make efficient and effective use of all its resources to deliver high performance and value for money. To deliver this, Public Health England will need a range of strong corporate, business support and development functions to support its activities and staff, including business development functions to harness opportunities for generating external income.
11. Where corporate services can be delivered more effectively and efficiently Public Health England will pursue shared services. Public Health England will be able to secure income from the sources currently open to the organisations coming into it, and will provide services to the private sector as customers. This will provide income to fund public health action, foster best practice, promote innovation, ensure efficient and cost-effective operations and help to sustain critical mass of expertise to support innovation and attract research funding.

## Culture and values

12. Public Health England will be an organisation that values and promotes equality and diversity in the way it conducts its business and the way it treats its staff.

## Building a People Transition Policy for Public Health England

13. Public Health England will need to develop its culture and values, and the chief executive designate and senior team will lead this process during the transition to the new organisation in 2012-13.
14. Public Health England will demonstrate:
  - advocacy for public health, across all of its work for quality improvements and greater positive population health effects of healthcare and social care services
  - a culture of subsidiarity, focused on support for local accountability and action and commitment to adding genuine value through its nationwide activity
  - clear focus on its goals of improving and protecting health and wellbeing, and reducing inequalities
  - commitment to open, respectful and constructive partnership working across the public health system, recognising and valuing the roles and expertise of others
  - scientific and analytical rigour, dedicated to providing impartial and objective advice, evidence and expert judgement and taking action on the basis of the best available evidence
  - a forward looking, flexible, innovative approach, constantly seeking to develop new ways of tackling challenges, and harnessing learning from different sectors and countries
  - transparency and accountability in the way it delivers all its functions
  - valuing its people, with an inclusive culture and commitment to equality and to fair opportunities for all to progress
  - strong financial discipline, with value for money and cost-benefit analysis at the heart of its services and operations, and commercial expertise to enable generation of income from its activities where appropriate, to offset the costs of its operations.
15. Once established, Public Health England, in common with all other public sector employers and in line with the Equality Act 2010 Public Sector Equality Duty, will ensure it:
  - eliminates discrimination, harassment and victimisation
  - advances equality of opportunity
  - fosters good relations.
16. Public Health England will ensure that it has the appropriate skills and competencies within the workforce to deliver these equality duties.

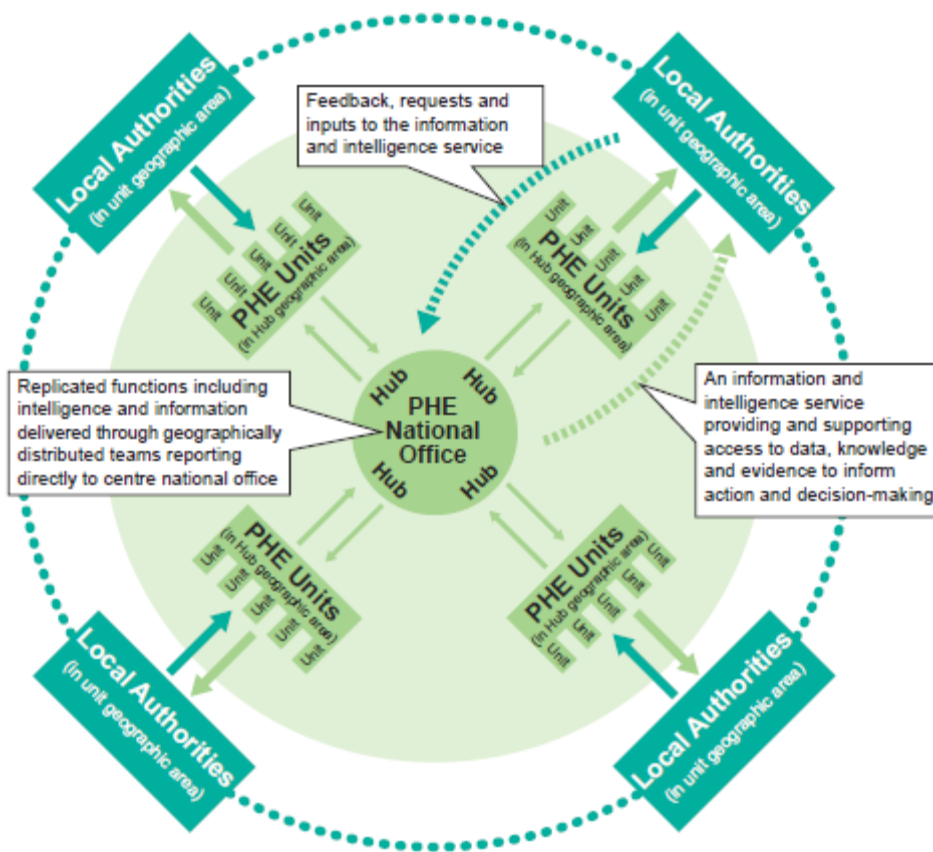
## Organisational design

17. Final decisions on the design for Public Health England will need to be considered by a design authority of which the chief executive designate will be a key member. We expect that this will be completed and signed off in May subject to the timing of the chief executive designate's appointment.

18. We expect Public Health England's structure will have three elements:

- a national office including national centres of expertise and four hubs that oversee its locally facing services
- units that deliver its locally facing services and act in support of local authorities, other organisations and the public in their area
- a distributed network for some functions including information and intelligence, and quality assurance functions, to allow them to be located alongside the NHS and academic partners.

19. The diagram below provides an overview of how each of these elements of Public Health England's structure will fit together.



There will be a number of national centres of expertise and excellence that will deliver a range of services and functions to support to frontline public health activities

## Annex B: HR processes

### Which Public Health England functions are new and which are transferring in?

1. As stated in section 4 of the main paper above, establishing Public Health England is a complex process. Public Health England will bring together a range of functions that are currently performed in different parts of the public health system, and it will also carry out new functions and manage new relationships with the reformed health and social care system. The approach, which we will use in managing the HR processes in the transition to Public Health England, will be based on the Department of Health HR Transition Framework, and will build on experience of the NHS Commissioning Board initial People Transition Policy.
2. It is important that we understand clearly what functions will be a “transfer” into Public Health England and what are new functions, as this affects how we will make appointments to Public Health England.
3. As set out in section 4, transfers can be legally effected under either, or both:
  - the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) which protects employees’ terms and conditions when a business or undertaking, or part of one, is transferred to a new employer (the application of TUPE is a matter of law)
  - a statutory transfer scheme.
4. There is also the Cabinet Office Statement of Practice on Staff Transfers in the Public Sector 2000 (COSOP), which sets out policy guidance in relation to transfers, which the Government expects public sector organisations to follow. It protects public sector staff involved in transfers by ensuring continuity of employment and of their contractual terms and conditions. Pensions are not protected by TUPE but where COSOP applies pension provision must be “broadly comparable” as outlined in Fair Deal (which is annexed to COSOP).
5. The application of TUPE is a matter of law. Legal advice will be taken to determine whether TUPE applies and it may vary from sender to sender, or between functions. The legal basis for each transfer from each sender has not yet been determined. However, whether or not TUPE applies, it is our intention to apply COSOP where staff are in scope to transfer with their work function to Public Health England. This follows the principles set out in the HR Transition Framework and will be effected through the use of statutory transfer schemes.
6. The work to develop Public Health England’s detailed organisational design will specify Public Health England’s functions and activities in detail, and how we expect to deliver



them in the future. We will use this information to work with your current employers to clarify what functions or activity will transfer and if so, the legal basis of the transfer (eg TUPE and/or COSOP), and how many people are affected. We will be seeking legal advice throughout this process to ensure that all legal obligations and processes are followed.

7. If you are working in a function that will transfer, your employer and Public Health England will consult with you and your representatives about the transfer, in good time, before starting the transfer and appointments process.
8. The detail that follows in this annex is being shared with you as it outlines the available processes and it is important that you are aware of these processes both from your own perspective and also where you are managed by people or manage people whose outcome might be different from yours. However, it is important to emphasise that we expect a significant majority of staff to transfer in to Public Health England with their current function.

### Approach

9. Public Health England will be created as an executive agency of the Department of Health in April 2013.
10. Permanent appointments will only be made to Public Health England when the executive agency is formally established. Employees transferring into these posts will do so with their contractual terms and conditions and continuity of service preserved. It is anticipated that all transferring employees will be covered by statutory transfer schemes irrespective of whether or not TUPE applies. The process will adhere to the HR Transition Framework and Public Health England People Transition Policy. No appointments will undermine any employment rights of employees affected by transfers and appointments will be made in accordance with the ring-fencing provisions set out in the HR Transition Framework. We are, however, committed to ensuring you will understand how and when appointments, which impact on your own employment, will be made, so that you can make the most appropriate decision in relation to your employment situation.
11. The Department of Health will be making appointments of a chief executive designate and a number of the senior team on a designate basis during the transition year. Following the sign off of the organisational design for Public Health England and the confirmation of the terms and conditions of employment for new staff, a period of “pre-transfer appointment” can also take place, which is intended to provide confirmation to staff about whether a post has been identified for them in Public Health England. This will include the confirmation of employment pools for transfers, and redeployments available; and a process to match existing posts to new Public Health England establishment. It is anticipated that this will take place between July to October 2012.



## Building a People Transition Policy for Public Health England

12. Despite the complexity, we want to manage this process to maximise employment opportunities for all employees affected by the transfer and those affected by change in a way that minimises the number of redundancies and enables us to retain talented and committed employees to ensure the future success of Public Health England and the wider, reformed system. Key to this will be providing you with information about timescales and progress.
13. The immediate priorities for appointments will be:
  - a) the chief executive designate
  - b) the senior executive designate team.
14. There may be further requirements for designate posts during 2012/13, and if this is the case you will be kept informed. The timetable is set out in section 4 of the main paper and might be subject to change. However, we will keep you up to date with progress through regular communications with you via your local employer and your trade union representatives.

## The potential routes into Public Health England

### Introduction

There are many different routes that could lead to an individual be appointed to a role in Public Health England. This section sets out the potential routes, how individuals will be identified for which category (or categories) and what steps will be taken along the way. These categories represent the pooling arrangements for the purposes of transfers, redeployment and appointments and follow the approach set out in the national HR Transition Framework. The routes are:

### Transfers

1. You are working in a function that will transfer; there is a job in the new Public Health England structure that substantially matches yours and you can slot into it without competition.
2. You are working in a function that will transfer; there is a job in the new Public Health England structure that matches yours but there are others who are eligible too so you will have to compete for the post within Public Health England.
3. You are working in a function that will transfer to Public Health England but because you were unsuccessful in the competitive slot-in for your role you will be “at risk”. You will have priority for any suitable remaining vacancies with other Public Health England

employees who are also “at risk”. If you are successful through this route, you will transfer to Public Health England under the arrangements set out in paragraphs 3-4 of this annex above.

4. You are working in a function that will transfer to Public Health England but there is not a matched job for you in the new structure because your role will not exist, so you will be “at risk”. You will have priority for any suitable remaining vacancies with other employees who are also “at risk”. If you are successful through this route, you will transfer to Public Health England under the arrangements set out in paragraphs 3-4 of this annex above.

### Limited ring fencing

5. You are working in a function that will not transfer to Public Health England but you are “at risk” of redundancy from the NHS, Department of Health or an arms-length body. There may be some opportunities for limited ring fenced competition if there are vacancies in Public Health England that may offer you alternative employment, eg because they are at the grade of current posts and require the same or similar skills sets. We are continuing to develop the policy and processes for filling any new posts and we will make details of arrangements available as soon as possible. Such arrangements would be subject to appropriate negotiation and consultation.
6. You are working in a function that will not transfer to Public Health England and you are “at risk” of redundancy or affected by change in the NHS, Department of Health or arms-length bodies. The vacancies within Public Health England are not ones that would be deemed similar (in respect of grade or skills) to your current role but you believe you meet the essential criteria. There may be some opportunities for limited ring fenced competition for the available roles, which could be offered on promotion. We are continuing to develop the policy and processes for filling any new posts and we will make details of arrangements available as soon as possible. Such arrangements would be subject to appropriate negotiation and consultation.

### Open competition

7. You apply for a vacant role in Public Health England via an externally advertised open competition.

### Secondment

8. You are seconded into a role in Public Health England Transition Team, for example, to assist in the establishment of the new organisation and will remain employed by your

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current employer at your substantive grade. It is important to note that these roles are for transition only, ie fixed term. If a transition post is later assessed to be needed as a permanent post in the new Public Health England structure, it will be appointed to following the routes 1 to 8 above. Secondments or fixed term posts will not be deemed Suitable Alternative Employment for staff, who are on permanent contracts and find themselves at risk of redundancy.

### In addition:

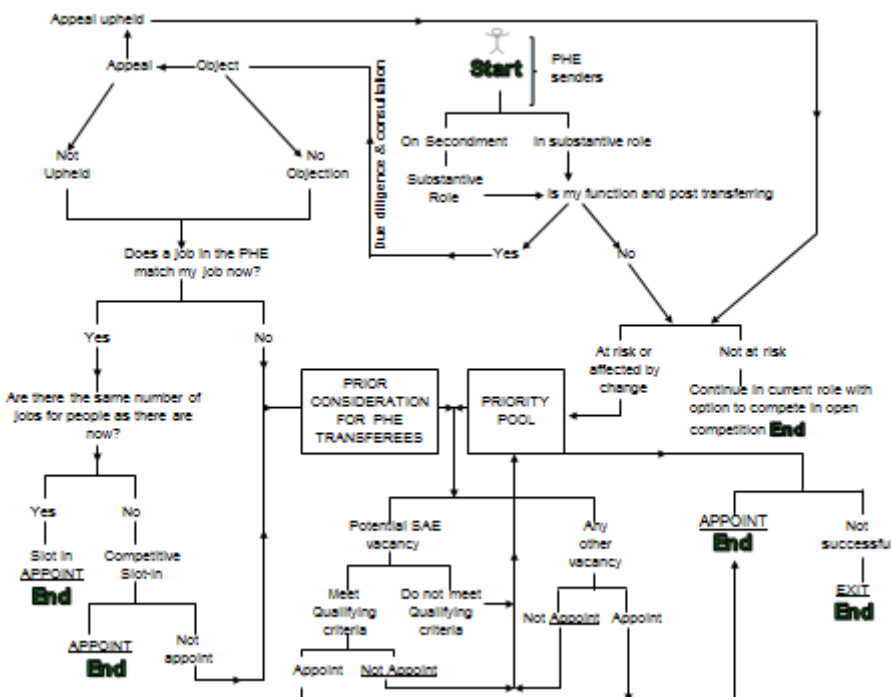
9. You may be in a function and role that will transfer but you do not want to do this.

We want to enable staff to make informed decisions about their future employment. Conducting the selection process prior to your transfer will allow you to be clear about the post you will be transferring to in the Public Health England or any alternative opportunities available to you should you chose to transfer your employment or not.

While it will not always be possible for sender organisations to retain staff who choose not to transfer, for example because the sender organisation no longer exists or because there is no suitable alternative, the general principle supporting transfers to Public Health England is that staff should, where possible, be redeployed in the sender organisation. You should seek advice from your trade union before making any decision to object to a transfer.

Where this section sets out proposed policies for Public Health England, these will be subject to ratification by its board when it is in place.

The following diagram explains how steps 1-6 may affect you.



### What you can expect

#### Overview

These are complex changes and we are very conscious that they will impact on the careers and lives of many individuals working in the NHS, Department of Health and arms-length bodies. The HR Transition Framework sets out the principles to guide the way we will manage these changes and the cornerstone of our approach will be to consult and engage with everyone affected, ensuring that you are kept fully informed and supported throughout the process.

#### From your current employer

We will work with your employer so that they have sufficient information to develop and share with you a clear transition plan, which should map out the organisational changes that are likely to impact on you during transition. You should expect your current employer to establish robust communication and engagement arrangements, which include regular staff briefings and updates on progress. Dependent on your employer's current arrangements, you may have the right to have a trade union representative at all meetings with your employer, should you so wish, and in particular those meetings where decisions about your future employment might be taken.

#### Transfers

- a) If your function is designated to transfer, you will transfer to Public Health England with that function (unless you object). Your chief executive or your head of unit will work with the senior managers in your organisation and your line manager to confirm whether your role and the Public Health England role matches. Your line manager will have discussions with you during this process. If you do not agree with the decision on the job matching, you have the right to appeal.
- b) It is your employer's legal duty to consult with you and your representatives about your transfer. Before formal consultation commences your employer will provide you with regular updates on the proposed changes, the timeline for these and the impact on you of the establishment of Public Health England.
- c) Once your function has been confirmed as transferring and the formal consultation process has begun you will continue to receive regular communications from your employer about the change process. You will also be consulted on the impact of any proposed changes to your current working arrangements. You will have an opportunity throughout this process to raise any concerns through your employer's normal grievance procedures.

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- d) If your function is designated to transfer, but you have no available role within Public Health England (eg if you have been unsuccessful in being appointed to a matched job), you will still be included in the transfer process (unless you object), though you will be “at risk” of redundancy within Public Health England. Your line manager will discuss this with you and you will receive formal confirmation in writing explaining what the next steps will be.

### Redeployment

- a) If your function is not one of those designated to transfer your line manager will discuss this with you and you will receive formal confirmation in writing explaining what the next steps will be.
- b) Your employer is responsible for trying to secure suitable alternative employment for you through the appropriate redeployment processes and/or exits. You will already have a local policy that explains this for you.

Your employer should provide you with support using one-to-one meetings, reviews and appraisal to identify your key skills that may be in demand and opportunities to address your personal development needs; preparing you for change, including information on pensions and benefits; providing opportunities to discuss career options.

While every effort will be made to manage the transition period well, you may have concerns about the change process, decisions that are taken about your future employment or the way you have been treated. If this is the case, your current employer has the responsibility to set out the appropriate grievance and appeals arrangements you should follow. You have the right to seek representation from your trade union throughout this process.