AGENDA ITEM

REPORT TO CABINET

8 MARCH 2012

REPORT OF CORPORATE MANAGEMENT TEAM

CABINET DECISION

Adult Services & Health – Lead Cabinet Member – Councillor Jim Beall

Public Health Transition

1. Summary

The publication of '*Healthy Lives, Healthy People: Our Strategy for Public Health in England 2010*' (Department of Health) proposed radical reform of the future delivery of public health in England. This white paper proposed new responsibilities for Local Government for improving health. In order to facilitate the proposals a transition plan has been developed which identifies the key steps to transfer the current NHS services to the Local Authority and ensure that the necessary arrangements with the other parts of the health and care system are put in place.

2. Recommendations

1. To note the update on the national public health policy and its specific impact on the Local Authority with particular reference to the Public Health Transition Plan.

2. To approve delegated responsibility to the Director of Children, Education and Social Care and/ or the Local Authority Director of Public Health, in conjunction with the Lead Cabinet Member for Adult Services and Health, to oversee the public health commissioning arrangements and associated financial implications for the Local Authority during this transitional period.

3. To receive further updates as the transition and implementation arrangements take shape.

3. Reasons for the Recommendations/Decision(s)

The Local Authority will by 2013 be responsible for Public Health and this transition plan is part of the process to ensure a smooth transfer of the roles and responsibilities.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;

- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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SUMMARY

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RECOMMENDATIONS

1. To note the update on the national public health policy and its specific impact on the Local Authority with particular reference to the Public Health Transition Plan.

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DETAIL

Background

1. The NHS White Paper '*Equity & Excellence'* proposed major changes in the arrangements for the delivery of public health functions in England as part of the Health and Social care Bill. The key proposed changes, (subject to parliamentary approval) are:

   - For Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) are to be abolished by April 2013.
   - Responsibility for strategic planning and commissioning of NHS services is proposed to transfer to the NHS Commissioning Board (NHSCB) and Clinical Commissioning Groups (CCGs).
   - A national public health service to be developed, Public Health England to provide national leadership across the three domains of public health.

- Local Authorities (LAs) will assume statutory responsibilities for public health across the three domains: health improvement, health protection and health service quality from April 2013.
- LAs will receive a ring-fenced public health grant. The Department of Health will incentivise action to reduce health inequalities by introducing a new health premium.
- LAs are to establish statutory Health & Well-being Boards (HWBs) responsible for Joint Strategic Needs Assessments (JSNA) and development of a health and wellbeing strategy.

2. The *Healthy Lives, Healthy People* White Paper outlined a vision for new public health systems and subsequent documents have provided more detail about how plans must be taken forward. In December 2011, a series of fact sheets describing public health in local government and the operating model for Public Health England were published. The fact sheets covered a range of issues but confirmed the NHS functions that will move to the Local Authority and **Appendix 1** highlights this detail.

3. Further guidance on the public health outcomes framework (*Improving outcomes and supporting transparency*) was published late January 2012. Its focus has been on two outcomes around:

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

   The indicators will be grouped into four domains:

   - Improving the wider determinants of health
   - Health improvement
   - Health protection
   - Healthcare public health and preventing premature mortality.

   The outcomes are attached at **Appendix 2**.

4. In February the Department of Health (DH) published "*Baseline spending estimates for the new NHS and Public Health Commissioning Architecture*", which provided estimates of 2010-11 spend on services that would be allocated to different commissioners in the new commissioning arrangements post 2013. The estimates support some initial planning but these figures do not necessarily represent the final budgets for 2013-14. The detail states that there will be a review by Advisory Committee for Resource Allocation (ACRA) and they are informing the DH on allocations. It is anticipated that final allocations for 2013-14 will be set later this year.

5. The current allocation identified for Stockton is £11,914,000 (2012-13), which has been broadly based on a financial return that was submitted to the DH in September 2011. Detailed analysis is being undertaken to review the projected spend and assess the risks within this budget.

6. Further guidance is also awaited around the human resource toolkits and workforce strategy.

Transition Planning

7. In order to address the various changes across the NHS System a number of transition plans have been developed which outline the key actions and timescales to enable the revised infrastructure to be in place by April 2013.

8. Within Stockton, the Health and Wellbeing Management Team is taking responsibility for the various work streams supporting the public health transition arrangements. This has input from a range of Heads of Service and PCT managers.

9. The NHS has requested that the local Public Health Transition Plans are developed with input from the Clinical Commissioning Groups and Local Authority. Locally, the plans have been considered by a range of partners, including the Health and Wellbeing Board and Partnership. The draft plans were considered and reviewed by the Regional Director of Public Health in January and final plans are expected in March 2012. The detailed plan is appended (**Appendix 3**).

10. As part of the transition planning arrangements a number of areas have been identified where the detailed guidance is outstanding and/or DH policy is awaited. As part of the Regional Director of Public Health arrangements these issues have been highlighted and concerns raised with the DH where necessary. Some examples of concerns raised has been around the operational implications within screening services if a recall was required and the responsibility of the different parts of the LA and NHS system in addressing this.

11. In order to enable the smooth transfer of services it is necessary to plan for the current commissioning and finance arrangements now in order to work through the various implications for the Local Authority in 2013. Work is ongoing to assess the various transition arrangements and relative risks.

12. In parallel to the transition plans, the development of the Health and Wellbeing Board arrangements and the Joint Strategic Needs Assessment (JSNA) require significant focus to support the future oversight of health and wellbeing issues for Stockton. The Health and Wellbeing Board and Partnership continue to meet in shadow form and are developing their work plan over the coming year. A key planning document will be the JSNA which will inform the development of the Joint Health and Wellbeing Strategy. At this stage work is in progress around the completion of the various sections of the JSNA which will be considered by Cabinet in April 2012. The Strategy will be developed by Autumn 2012 which will influence future commissioning plans across health and the local authority.

FINANCIAL IMPLICATIONS

13. The current allocation identified for Stockton is £11,914,000 (2012-13), which has been broadly based on a financial return that was submitted to the DH in September 2011. Detailed analysis is being undertaken to review the projected spend and assess the risks within this budget.

LEGAL IMPLICATIONS

14. The Health and Social Care Bill is still going through Parliament. The proposed arrangements are in line with the Bill.

RISK ASSESSMENT

The Public Health transition has been categorised as high risk but it is anticipated that as work progresses on the transition arrangements and further guidance is received that the risk will reduce.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

None

EQUALITIES IMPACT ASSESSMENT

It is not considered to be necessary for an Equality Impact Assessment to be carried out for the purpose of this report.

CONSULTATION INCLUDING WARD/COUNCILLORS

A members seminar is planned to update on the NHS changes in particular the Public Health Transition.

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Background Papers

None

Ward(s) and Ward Councillors

Not ward specific

Property

None

Appendix 1 - NHS functions that will move to the Local Authority

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- 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)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

Appendix 2 – Public Health Outcomes

1. Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
- *School readiness (Placeholder)*
- Pupil absence
- First-time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise / health reasons
- Fuel poverty
- *Social contentedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

2. Health Improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (Placeholder)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (Placeholder)*
- Smoking prevalence – 15 year olds
- Hospital admissions as a result of self-harm
- *Diet (Placeholder)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adults (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (Placeholder)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

3. Health Protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plan
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

4. Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicators

- Infant mortality
- Tooth decay in children aged 5
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*

(Indicators in *italics* indicates that “major development work is required”)

Appendix 3

Stockton Transition Plan (DRAFT V 5 17/02/12)

1. Introduction

The publication of '*Healthy Lives, Healthy People: Our Strategy for Public Health in England 2010*' (Department of Health) proposed radical reform of the future delivery of public health in England. This white paper proposed new responsibilities for Local Government for improving health which are outlined below.

Implementing the new system is a complex process and one that must be completed by April 2013. Therefore, a local transition plan has been developed that describes the key issues and actions that must be undertaken to ensure a smooth transition from the old system to the new system. This paper outlines the policy context, transition plan and accountability for the plan.

2. Plan Structure

The transition plan has been compiled from DH guidance, regional work and local knowledge and is structured in the following sections:

- Infrastructure
- Commissioning Development including Health and Wellbeing Board
- Stakeholder Management
- Logistics including Funding/ Contracts/ Human Resources/ Facilities and IT
- Delivery during Transition

There is a Regional Transition Work stream which has a number of subgroups that oversees the Regional arrangements. In addition there are a number of Tees related structures that support the Public Health arrangements on a cluster basis. This plan reflects the local position but acknowledges the connection with Regional and Cluster plans.

The plan is formatted as an action plan with clear leads and timescales.

There remain some gaps in elements of national policy and guidance which means that the plan will require further iterations and development.

4. Oversight and Sign off

The Health and Wellbeing Management Team (HWMT) will be responsible for the ongoing monitoring of the transition plan. The HWMT has senior representation from across the LA and PCT and co-opts key staff where necessary to oversee the plan's progress. However, it is acknowledged that a number of the issues impact on Tees wide arrangements and require input via the current PH Management Team for consideration and review.

HWMT have been working through the arrangements for PH Transition and have a number of working groups with lead officer oversight of the work streams. They are outlined below:

Governance including HWB development	Ruth Hill
Workforce and Organisational Development	Mike Batty/ Emma Champley
Consultation and Community Engagement including HealthWatch	Lesley King
Finance	David New / Jacquie Nozedar
Performance and Information	Simon Willson
Commissioning	Khalid Azam

This plan builds on the work undertaken by these groups but identifies additional areas of focus based on the national transition requirements.

As part of the plan development there has been contributions and engagement from:

- Clinical Commissioners
- Health and Wellbeing Board
- HealthWatch
- Local Authority reps including Cabinet sign off (scheduled for March 2012)
- Public Health staff

They have been consulted as part of the plan development and have agreed to the plan to date.

5. Milestones

A recent letter from Professor Paul Johnson, Regional Director of Public Health for the North of England highlighted the following timescales for implementing the plan.

- Draft transition plans to be submitted to the RDPH by 20 January 2012 and final plans signed off by the local authorities should be submitted by 31st March 2012
- By the end of October 2012 it is expected the substantial majority of PCTs with local authority agreement will have transferred public health duties to local authorities with robust governance in place for the remainder of 2012/13
- By end December 2012 all remaining duties will be transferred
- By end March 2013 all PCTs must have completed the formal handover of public health responsibilities to Local Authorities.

To meet the initial requirements of the transition plan sign off the following timetable is being progressed:

Health and Wellbeing Management Team review of draft	4 January 2012
Health and Wellbeing Board review of draft	10 January 2012

Staff away day to review draft	10 January 2012
CMT Review	16 January 2012
Clinical Commissioner review of draft	19 January 2012
Regional Review of Draft Cluster Plans/ Feedback	19-20 January 2012
LINks Review of Plans	6 February 2012
CMT review of Cabinet Paper	20 February 2012
Review of "final draft" by Health and Wellbeing Partnership	28 February 2012
Review of "final draft" by Health and Wellbeing Management Team	29 February 2012
Cabinet Sign off	8 March 2012
CCG sign off	15 March 2012

In addition, there are regular staff meetings to ensure ongoing staff comments and contributions are considered within the plan.

Ruth Hill
Assistant Director of Health Improvement

1) Infrastructure

	Key Issue	Actions	Timescale	Lead Officer	Progress
1.1	Director of Public Health Appointment	Agreement of DPH model across Tees Valley Cabinet Paper on DPH Recruitment process developed	Dec 2011 Jan 2012 Feb 2012 onwards	Chief Executive with Director of CESC	Agreement in place Plans on track **GREEN**
1.2	Publication of the Public Health Human Resources Concordat	Consider the implications for NHS Stockton and Stockton Borough Council (SBC)	Jan 2012 onwards	Director of Corporate Affairs (NHS) and Director of Human Resources	Work ongoing with key leads **AMBER**
1.3	Support Public Health staff through transition (see also HR section)	1:1 interviews with staff Assessment of detailed arrangements, including terms and conditions Consultation and engagement	February 2011 Jan 2012 onwards	Assistant Director of Health Improvement	Work ongoing **AMBER**
1.4	Agreement of hosting arrangements for shared services	Consideration of shared services scope and host at TV CEO Criteria for host agreed Managing the transition to host	December 2011 January 2012 onwards	Chief Executive	Work ongoing **AMBER**
1.5	Agreement of what is covered as part of shared services	Understanding of options/ scope and appraisal. Agreement at TV CEO Progression of related finance, HR, commissioning and performance issues aligned to shared services function Transfer “in principle”	February 2012 March 2012 March 2012 – Oct 2012 October 2012	Chief Executive with the Clinical Director PH/ Exec DPH	Work ongoing **AMBER**
1.6	Work with Clinical Commissioning Group (CCG) on “core public	DH Guidance published Consideration at CCG detail and	December 2011 January 2012 onwards	Assistant Director of Health Improvement/ Clinical Director of	Work ongoing **AMBER**

	Key Issue	Actions	Timescale	Lead Officer	Progress
	health offer"	implications Development of a CCG core offer to PH Development of contractual mechanism to cover the CCG offer Contracts in place	January 2012 onwards Oct 2012 March 2013	Public Health	
1.7	Work with Clinical Support units/ services to understand their interface	Understand connectivity and relationship of CSS offer with PH Development of related workstreams	February 2012 March 2012	Assistant Director of Health Improvement/ Clinical Director of Public Health/ CSS Director with Regional Transition Workstream	Work at an early phase **AMBER**
1.8	PH Infrastructure in place meeting the local and national requirements	Mapping and agreement of PH "directorate", connection with other parts of the LA and delivery arrangements in place in line with PH approach and delivery. Ways of working developed in line with approach/ Vision	March 2012 – October 2012 October 2012	Chief Executive	Work in development – further analysis of finance required **AMBER**
1.9	Development of revised delegated responsibilities for PH functions to the LA	Mapping of new functions and revised accountability arrangements (see also Logistics section) Transition Arrangements agreed re accountability/ delegated limits etc	By October 2012 By October 2012	Assistant Director of Health Improvement and Director of Public Health and Director of Law and Democracy	Work in development – further analysis of finance required **AMBER**
1.10	Oversight of PH transition plan	HWBMT developed work streams and project management approach to PH transition Regular reviews at SBC CMT Review via PCT ET	March 2011 – ongoing Ongoing Ongoing	Assistant Director of Health Improvement and Director of Public Health/ PCT CEO	Plans in place **GREEN**

2. Health and Wellbeing Board Development

	Key Issue	Actions	Timescale	Lead Officer	Progress
2.1	Health and Well Being arrangements functioning in shadow form	Pathfinder expression of interest submitted. Cabinet approval to Health and Wellbeing arrangements Ongoing development of workplan, timetable, induction Review of Health and Wellbeing arrangements	April 2011 June 2011 Autumn 2011 onwards Summer 2012	Assistant Director of Health Improvement	Pathfinder status confirmed Approval of cabinet paper Work ongoing **GREEN**
2.2	Development of Joint Strategic Needs Assessment (JSNA)	Topic Leads and Stakeholder engagement process identified Guidance issued on key requirements and role of JSNA HWB and Cabinet Sign off	Autumn 2011 Autumn 2011 March 2012	Assistant Director of Health Improvement and Head of Health Intelligence	Work ongoing **GREEN**
2.3	Development of Joint Health and Wellbeing Strategy (JHWS)	Strategy developed from JSNA Consultation with stakeholders Sign off of JHWS Clear link with JHWS and commissioning plans Priority setting process and implementation	Spring – Summer 2012 Summer 2012 September 2012 September 2012- February 2013 September 2012- February 2013	Assistant Director of Health Improvement / Director of Public Health	Work will start in Spring **GREEN**
2.4	Development of Performance framework	DH publication of Outcomes Framework Consideration of model and approach by HWB	January 2012 Spring – Summer 2012	Assistant Director of Health Improvement and Head of Planning and Performance	Guidance on outcomes framework being considered **AMBER**

3) Stakeholder Management

	Key Issue	Actions	Timescale	Lead Officer	Progress
3.1	Develop increased awareness of PH Changes and the impact for the LA	Councillor briefing Baseline assessment of HoS Development of plans for communications following baseline assessment Council staffing updates Cabinet lead regional development programme attendance Induction plans for new staff to encompass PH and ways of working	March 2012 January 2012 February 2012 March 2012 January 2012 October 2012	Assistant Director of Health Improvement	Work ongoing **GREEN**
3.2	Raise awareness of PH changes with range of stakeholders (external) (see also 3.8)	Use Health and Wellbeing Partnership to update Regular LSP briefings Additional plans as required	Ongoing	Assistant Director of Health Improvement	Work ongoing **GREEN**
3.3	Develop increased awareness of PH Changes and HWB	Induction plan developed for Health and Wellbeing Board and related stakeholders	Dec 2011 – Jan 2012	Assistant Director of Health Improvement	Work ongoing **GREEN**
3.4	Develop increased awareness of PH Changes for Clinical Commissioning Group (CCGs)	Ongoing input into CCG Board Specific update as part of CCG Board	Ongoing March 2012	Assistant Director of Health Improvement	Work ongoing **GREEN**
3.5	Contribute to HealthWatch development	Consultation Development of service specification Procurement Mobilisation	Nov 2011– Jan 2012 Nov 2011– Jun 2012 Jun – Dec 2012 Jan – Mar 2013	Head of Policy and Performance and Partnerships Manager	Work ongoing **GREEN**

	Key Issue	Actions	Timescale	Lead Officer	Progress
3.6	PH Staff engagement and involvement in transition plans	Staff briefing session Regular review via Team Meetings	10/01/12 ongoing	Assistant Director of Health Improvement	Work ongoing **GREEN**
3.7	Community engagement around the Health and Wellbeing issues	Development of HealthWatch (see above) Engagement and input into the JSNA Input into Locality Partnership Boards	Nov 2011- Oct 2012 Ongoing ongoing	Head of Policy and Performance and Partnerships Assistant Director of Health Improvement	Work ongoing **GREEN**
3.8	Communications and engagement plan developed	Connection with CCGs own communications and engagement plans Development of communications approach that is relevant to local communities First draft communications and engagement plan	Ongoing Ongoing March 2012	Head of Communications/ Assistant Director of Health Improvement / Workstream lead (SHA) comms and engagement	Work ongoing **GREEN**

4) Logistics including Funding/ Contracts/ Human Resources/ Facilities and IT/ Performance

	Key Issue	Actions	Timescale	Lead Officer	Progress
Funding					
4.1	Publication of shadow public health ring fenced allocations to local authorities	Mapping of 2010/11 spend as part of DH exercise Review of DH allocation and implications	September 2011 February 2012	Assistant Director of Health Improvement, Chief Finance Officer	Work in development – further analysis of finance required **AMBER**
4.2	Review of Financial Resource Plans	Consideration of investment programme aligned to JHWBS. Prioritisation and Review at HWB	February 2012 onwards Summer 2012	Assistant Director of Health Improvement and Corporate Management Team	Need to have longer term assessment of the finance allocations **RED**
4.3	Develop revised budgetary arrangements for PH Budgets	Agree budget structure and monitoring	April 2012	Assistant Director of Health Improvement/ SBC Finance Manager	Work planned **AMBER**
Contracts/ Commissioning					
4.4	Develop comprehensive assessment of existing contracts and plan for future transition	Understand current contract position – stocktake period Agree contract principles for contracts that need consideration during transition (paper to HWB) Stabilisation period Shift Period - Develop transfer process inc.	Nov 11 – April 2012 January 2012 Dec 2011 – April 2013 April 2012 – April 2013	Assistant Director of Health Improvement, Contract Managers (NHS) and Procurement Manager (SBC) (and legal as required) and Corporate Management Team	Work ongoing but awaiting guidance on funding and outcomes which will influence approach **RED**

	Key Issue	Actions	Timescale	Lead Officer	Progress
		S75 requirements and legacy document to outline outcomes, notice periods etc Novation of contracts	By 31/3/13		
Human Resources					
4.5	Ensure clear processes and responsibilities for engaging staff	Develop clear communications process Meet with staff to discuss process	At key phases/ stages	Assistant Director of Health Improvement/ HR Leads from NHS and SBC	January 2012 onwards **AMBER**
4.6	Translate the HR Concordat into meaningful principles	Work through the TUPE implications Develop a timetable for staff transition including staff consultation/ Union input (A Regional HR Transition plan also outlines regional elements) Staff meetings / letter re expected function destination	Jan 2012 onwards Jan 2012 Jan – Feb 2012 and at key phases	Assistant Director of Health Improvement/ HR Leads from NHS and SBC (and legal as required)	Work will start in Spring **AMBER**
4.7	Determine linkages into PHE/NHS for workforce development	Develop workforce strategy	March 2012	Assistant Director of Health Improvement/ HR Leads from NHS and SBC	Awaiting workforce strategy guidance **RED**
4.8	Develop HR work stream supporting the transition plan	Set up working group with key reps Develop work plan in line with the Local Government transition issues papers	January 2012 Feb – March 2012	Assistant Director of Health Improvement/ HR Leads from NHS and SBC and SBC legal	January 2012 onwards **AMBER**
Facilities					
4.9	Transfer PH staff to Council offices	Interim move of PH staff Consider if additional capacity required following outcomes of shared services or	December 2011 By October 2012	Assistant Director of Health Improvement and Director of Public	Work ongoing **GREEN**

	Key Issue	Actions	Timescale	Lead Officer	Progress
		consideration of the scope of the PH function		Health	
4.10	Consider any lease issues	Ensure that there are no estates issues relating to PH	June 2012	Estates Manager (NHS)	No issues at present **GREEN**
Information Technology					
4.11	Consider information requirements to support PH transition	Initial staff moves have transferred from NHS to SBC Scoping of specific IT requirements Development of IT plan following scoping PH information requirements and information governance arrangements agreed	December 2011-12-23 November 2011 – January 2012 January 2012 onwards By Sept 2012	Head of Policy and Performance, NHS Information Manager	Work ongoing **AMBER**
4.12	Develop asset register and agree transfer	To be considered as part of the IT plan	January 2012 onwards	Head of Policy and Performance, NHS Information Manager	See above **AMBER**
Performance					
4.13	Maintain performance during transition	Regular review of existing KPIs, risk assessment and escalation to HWBMT	ongoing	Assistant Director of Health Improvement/ Executive DPH/ Assistant Director of Performance, Planning and commissioning	No issues at present – usual escalation routes and communications maintained **GREEN**
Other					
4.14	Agree audit plan	Agree audit plan for PH Transition and input of SBC audit in arrangements	Spring 2012	Assistant Director of Health Improvement / Audit Manager	**GREEN**

5) Delivery during Transition

	Key Issue	Actions	Timescale	Lead Officer	Progress
5.1	Maintain emergency planning arrangements and business continuity	Maintain Public Health representation on Local Resilience Forum (LRF) Continue Links with NHS Tees post - emergency planning manager Review on call arrangements and continuity of rotas during transition Test arrangements for emergency planning in new system (additional information available on key issues)	Ongoing	Emergency Planning Officer / Assistant Director of Health Improvement and Executive Director of Public Health	Ongoing **RED**
5.2	Maintain strong relationships with the Health Protection Agency as their functions migrate to Public Health England	Maintain regular dialogue with HPA Test arrangements for health protection in new system	Ongoing	Assistant Director of Health Improvement/ Clinical Director Public Health	Ongoing **GREEN**
5.3	Clarity regarding critical public health functions including immunisation screening and infection control through transition.	Work with the Regional Public Health team to identify and agree a transition plan for those public health services transferring to the responsibility of the NHS commissioning board. Work with Regional Transition Board to ensure that Public Health England plans effectively link with local plans. (additional information available on key issues)	By October 2012 By October 2012	Assistant Director of Health Improvement / Clinical Director Public Health	Some initial work has been developed but further guidance required as to roles and responsibilities **RED**
5.4	Ensure there are robust plans for clinical governance arrangements for public health initiatives delivered in clinical settings during	Scope issues and agree a process and plan to mitigate risks	By October 2012	Head of Clinical Governance(PCT)/ SBC Legal and Clinical Director Public Health	Work at an early stage but further guidance required as to roles and responsibilities **AMBER**

	Key Issue	Actions	Timescale	Lead Officer	Progress
	transition for example arrangements for the reporting of SUIs/incident reporting and Patient Group Directions				
5.5	Ensure there are robust plans in place for some PH functions that are spread across a range of agencies	Consider implications for Prisons and interconnection with NHS CB/ CCGs Consider the impact for LES arrangements with NEPCSA	By October 2012	Assistant Director of Health Improvement/ Head of Prison Commissioning/ NEPCSA	Further guidance required **RED**
5.6	Develop comprehensive risk register	Develop risk register format and approach across Tees Work with NHS reps on risk mitigation Collaboration of / Review of PH risks and next steps with LA LA Risk register updated with PH risks and integrated into LA approach	December 2011 March 2012 – June 2012 July - October 2012 October 2012	Assistant Director of Health Improvement/ Corporate Management Team/ Head of Policy and Performance	Work at an early stage **AMBER**
5.7	Legacy	Draft of legacy and handover documents Final legacy and handover documents produced	By October 2012 By January 2013	Assistant Director of Health Improvement and Director of Public Health	Work will build on transition plans **GREEN**