

Bath & North East Somerset - Public Health Transition – Draft Outline Plan.

Version 1, January 2012. Author: **Paul Scott**. Accountable Director: **Pamela Akerman**

Transition Issue	Accountable Director	Operational Lead	Commentary on current position
1 Ensuring a robust transfer of systems and services			
1.1 Is there an understood and agreed (PCT cluster/LA) set of arrangements as to how the local public health system will operate during 2012/13 in readiness for the statutory transfer in 2013?	CEOs of Council and Cluster, DPH and SD People and Communities	Paul Scott	Local Transition Plans had been agreed locally but the publication of new papers by the Department of Health in December 2012 have implications that mean we will need to review local arrangements and reconsider local transition plans.
1.2 Is there a clear local plan which sets out the main elements of transfer including functions, staff and commissioning contracts for 2013/14 and beyond?	Functions – DPH Staff – HR Director of Council / Cluster Contracts – DPH	Denice Burton, Paul Scott Steve Graham Denice Burton, Paul Scott	Following the publication of key guidance by DH in the last month, a plan will now be produced. This process is part of a bigger local process looking at the transfer of all PCT staff and the commissioning stock take of contracts.
1.3 Are there locally agreed transition milestones for the transition year, 2012/13?	CEOs of Council and Cluster, DPH and SD People and Communities	Paul Scott	The key milestones have been set out clearly nationally. Many of the key issues are already underway and we are now awaiting the shadow budget to enable concrete plans to be developed. The B&NES Public Health Transition Group is overseeing this process.

1.4 Is there a clear local plan for developing the JSNA in order to support the H&WB strategy?	DPH and DD Policy & Partnerships	Jon Poole, Paul Scott	This process is well underway. There is a dedicated JSNA governance group with membership from CCG, Council and PCT. The work is well integrated with the H&WB Strategy process and includes members who are working on both projects. We anticipate a final JSNA document will be signed off by H&WB Partnership Board in April 2012, with a web-portal launch and a public engagement event. This will also give rise to a clear ongoing work programme that work sit alongside further H&WB Strategy work and future prioritisation and review processes.
1.5 Is there a clearly developed plan for ensuring a smooth transfer of commissioning arrangements for the services described in <i>Healthy Lives, Healthy People</i> that Local Authorities will be responsible for commissioning?	DPH	Denice Burton, Paul Scott	Following the publication of key guidance by DH in the last month, a plan will now be produced. This process is part of a bigger local process looking at the transfer of all PCT staff and the commissioning stock take of contracts.
1.6 Is there a clearly developed plan for ensuring a smooth transfer of those PH functions and commissioning arrangements migrating to NHS CB and PHE?	DPH, SD People and Communities, HR Director	Denice Burton, Liz Price, Paul Scott	We will be working with local, regional and national partners to produce an assurance plan ready for March 2012.
1.7 Is there local agreement on the delivery of a core offer providing LA based public health advice to Clinical Commissioning Groups?	DPH, CCG Chair, Cluster Director of Commissioning Development, DD Service Development, HR Director	Mike Bowden, Steve Graham, Ian Orpen, Paul Scott	These discussions have begun and the recent DH guidance has been a helpful resource to guide this. We anticipate having an agreement on the core offer ready for March 2012.

2 Delivering public health responsibilities during transition and preparing for 2013/14

<p>2.1 Is it clear how future mandated services and steps are to be delivered during transition and in the new local public health services:</p> <ul style="list-style-type: none"> a. Appropriate access to sexual health services, b. Plans in place to protect the health of the population, c. Public health advice to NHS commissioners, d. National Child Measurement Programme, e. NHS Health Checks assessment? 	<p>CEOs of Council and PCT, with DPH</p> <p>DPH, CCG Chair</p> <p>DPH and DD Risk & Assurance</p> <p>DPH, CCG Chair, Director of Commissioning Development</p> <p>DPH</p> <p>DPH</p>	<p>Daniel Messom</p> <p>Chris Williams, Jeff Wring</p> <p>Mike Bowden, Paul Scott</p> <p>Denice Burton</p> <p>Daniel Messom</p>	<p>Following the publication of key guidance by DH in the last month, a plan will now be produced. We are also working closely to integrate these transitions processes in to the broader organisational changes occurring in the council and health service as they go through their own reorganisation. This provides a more robust footing for the future, but does mean plans are still in production as partners develop their own processes and structures for commissioning and delivery.</p> <p>We anticipate having an agreement on these programmes ready for March 2012.</p>
<p>2.2 Is there clarity around the delivery of critical PH services/programmes locally, specifically: screening programmes; immunisation programmes; drugs & alcohol services and infection prevention & control?</p>	<p>Screening/immms: DPH and SD People and Communities</p> <p>Drugs and alcohol: DPH and SD People and Communities</p> <p>Infection control: DPH and Cluster Nursing Director</p>	<p>Liz Price, Paul Scott</p> <p>Pamela Akerman, Jane Shayler</p> <p>Pamela Akerman, Mary Monnington</p>	

3 Workforce

3. Have the workforce elements of the plan been developed in accordance with the principles encapsulated within the Public Health Human Resources Concordat?	HR Directors for Council and Cluster	Steve Graham and William Harding	<p>Local commissioning staff, managers, executives and boards have been briefed regularly about updates nationally and locally for the public health transition. Informal conversations have occurred with the relevant Trade Union representatives, but as we have not yet reached the point of defining new structures or terms and conditions of transfer, we have not had more formal consultations.</p> <p>We are in the process of matching people to functions and identifying the destination of those functions.</p> <p>The recent HR Concordat has been shared with key officers and processes are underway to clarify the workforce elements of the overall public health transition process.</p>
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4 Governance

4.1 Does the PCT cluster with LA have in place robust internal accountability and performance monitoring arrangements to cover the whole of the transition year, including schemes of delegation agreed as appropriate?	DPH, HR Director, DD Legal and Democratic Services	Steve Harman, Paul Scott, Derek Thorne, Jeff Wring	Internal accountability and performance monitoring has been going through transition within the PCT cluster and the council and public health is part of that process. Arrangements for these functions in 2012/13 are the subject of forthcoming meetings and will be agreed by March 2013.
4.2 Are there robust arrangements in place for key public health functions during transition and	CEOs of Council and PCT Cluster, with DPH and DD Risk and Assurance	Chris Williams, Jeff Wring	These arrangements are being developed locally alongside the still emerging national arrangements. Roles and responsibilities will be

<p>have they been tested e.g. new emergency planning response to include:</p> <ul style="list-style-type: none"> a. Accountability and governance, b. Details of how the DPH, on behalf of LA, assures themselves about the arrangements in place, c. Lead DPH arrangements for EPRR and how it works across the LRF area? 			clarified by March 2012 and tested by October 2012.
<p>4.3 Are there robust plans for clinical governance arrangements during transition including for example arrangements for the reporting of SUIs/incident reporting and Patient Group Directions?</p>	<p>DPH and PCT Cluster Nursing Director</p>	<p>Pamela Akerman, Mary Monnington</p>	<p>To be agreed as part of overall transition plan by March 2012.</p>
<p>4.4 Has the PCT cluster with the LA agreed a risk sharing based approach to transition?</p>	<p>CEOs of Council and Cluster, with DPH</p>	<p>Ashley Ayre, Pamela Akerman</p>	<p>To be agreed as part of overall transition plan by March 2012.</p>
<p>4.5 Is there an agreed approach to sector led improvement?</p>	<p>DPH, SD People and Communities</p>	<p>Ashley Ayre, Pamela Akerman</p>	<p>To be agreed as part of overall transition plan by March 2012.</p>
<p>4.6 Is the local authority engaged with the planning and supportive of the PCT cluster approach to PH transition?</p>	<p>B&NES Joint Public Health Transition Group</p>	<p>Paul Scott</p>	<p>B&NES has a formal public health transition group which meets every 6 weeks, chaired by a Strategic Director of the council, with representation at senior level from the CCG, public health, the PCT cluster and the council. The group has an action plan and a risk register which are monitored at each meeting and reports monthly to the Council's Change Programme Board and every other month to the Health and Wellbeing Partnership Board.</p>

5 Enabling infrastructure

5.1 Has the PCT cluster with LA identified sufficient capability and capacity to ensure delivery of their plan?	DPH and SD People and Communities	Paul Scott	An assessment is underway and additional project management capacity will be discussed with the Council's Change Programme Board in February 2012.
5.2 Has the PCT cluster with LA identified and resolved significant financial issues?	Finance Directors of Council and PCT Cluster	Denice Burton, Sarah James, Richard Morgan, Giles Oliver	Plan to be agreed by March 2012
5.3 Has the PCT cluster with LA agreed novation/other arrangements for the handover of all agreed PH contracts?	Finance Directors of Council and PCT Cluster, with DPH	Denice Burton, Sarah James, Richard Morgan, Giles Oliver	A stock take of existing PH contracts is underway. Plan to be agreed by March 2012
5.4 Are all clinical and non-clinical risk and indemnity issues identified for contracts?	Finance Directors of Council and PCT Cluster, DD Legal & Democratic Services, with DPH	Denice Burton, Vernon Hitchman	Clinical and non-clinical risks are being identified as part of the PH Contracts Stock take. Plan to be agreed by March 2012
5.5 Are there plans in place to ensure access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during transition and beyond transfer?	DPH, IT Programme Director of Council and PCT	Angela Parratt, Cathryn Poole, Helen Tapson	Discussions have begun with key people in the PCT and the council and the regionally developed Knowledge Management Transition Plan has been used to inform enquiries and will support future planning. A plan will be agreed by March 2012. Arrangements agreed by October 2012
5.6 Have all issues in relation to facilities, estates, asset registers been resolved?	DPH, PCT Finance Director, DD Property, PCT Head of Estates	David Brain, Denice Burton, Tom McBain	Plan to be agreed by March 2012, Arrangements agreed by October 2012
5.7 Is there a plan in place for the development of a legacy handover document during 2012/13?	DPH	Denice Burton, Paul Scott	Plan to be agreed by March 2012 Legacy document to be produced by January 2013

6 Communication and engagement

6.1 Is there a robust communications plan? Does it consider relationships with the Health and Wellbeing Board; clinical commissioning groups and NHSCB; Health Watch; local professional networks?	PCT AD Communications and Corporate Affairs Council Communications & Marketing Manager	Jonathan Mercer and Derek Thorne	Public health transition has been discussed at public engagement events, at public board meetings and at our Local Involvement Network (LINK). We have met with the Cabinet of the council and the Strategic and Divisional Directors Groups. A dedicated communications strategy will be developed, in parallel with communications strategies for other Council and NHS commissioning changes by March 2012 to cover the transition year 2012/13 and for April 2013 onwards. The communications strategy will include engagement events.
6.2 Is there a robust engagement plan involving stakeholders, patients, public, providers of PH services, contractors and PHE?	PCT AD Communications and Corporate Affairs Council Communications & Marketing Manager	Jonathan Mercer and Derek Thorne	