Public Document Pack

Cabinet Member for Health and Wellbeing

Agenda

Date:	**Wednesday 14th March 2012**
Time:	**12.00 pm**
Venue:	**Fred Flint Room, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests in any item on the agenda

3. **Public Speaking Time/Open Session**

   In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the meeting. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

   Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: Paul.Mountford
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4. **Public Health Transition Plan Assurance Update and Sign Off** (Pages 1 - 32)

To consider a report which provides an overview of the Cheshire East Public Health Transition Plan and the CECPCT assurance return document that is to be submitted to the Cheshire, Warrington and Wirral PCT Cluster on the 16th March 2012 as part of the Department of Health assurance process for the transition of PCT Public Health responsibilities to local government, Public Health England and the NHS Commissioning Board

Agenda Item 4

CHESHIRE EAST COUNCIL

Cabinet Member for Health and Wellbeing

Date of Meeting:	**14 March 2012**
Report of:	**Director of Public Health**
Subject/Title:	**Public Health Transition Plan Assurance Update and Sign off**
Portfolio Holder:	**Cllr Janet Clowes**

1.0 Report Summary

1.1 The report provides an overview of the Cheshire East Public Health Transition Plan and the CECPCT assurance return document that is to be submitted to the Cheshire, Warrington and Wirral PCT Cluster on the 16th March 2012 as part of the Department of Health assurance process for the transition of PCT Public Health responsibilities to local government, Public Health England and the NHS Commissioning Board.

2.0 Decision Requested

2.1 That the Portfolio Holder consider the report and:

- endorse the approach of the Transition Plan and support its submission to the PCT Cluster
- confirm that they are assured that the local approach to public health transition will enable the successful transition of public health functions to the council

3.0 Reasons for Recommendations

3.1 To demonstrate that the Authority has seen, considered and agreed the Transition Plan and assurance return prior to its submission to the PCT Cluster.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Carbon Reduction - Health

6.1 The transfer of Public Health functions to the Local Authority from April 2013 is one of the outcomes of the Health and Social Care Bill 2011 and forms a key element of the new local health landscape, together with the

development of the Cheshire East Health and Wellbeing Board and the Clinical Commissioning Groups in Eastern and South Cheshire. It offers significant opportunities for the Authority to set policy, provide leadership and commission activity that will contribute to improved health outcomes and wellbeing for the population of Cheshire East.

7.0 Financial Implications (Authorised by the Borough Treasurer)

7.1 There are no direct financial implications in relation to the transition process described in this report. During 2012/13 there is a shadow year in operation, with activities, responsibilities and funding continuing via the two PCT's covering the Cheshire East Council area, but working closely with the Councils. A shadow allocation of £10.7m has been indicated for the Cheshire East Council by the Department of Health for the shadow year. In effect part of the allocation covering the Central and Eastern PCT and part covering the small area within the Western Cheshire PCT. The Council will be required to establish with the two PCT's, and because of the split coverage across the Cheshire area, Cheshire West and Chester Council, the level of activity that would be operated in the shadow mode and ready both Councils and PCTs for the transfer of the functions in 2013/14. The allocation for the financial year 2013 - 2014 will be announced later in the year along with details of the allocation formulae.

7.2 There are concerns that the funding allocation to the Authority has been based upon previous spend that was historically influenced by PCT budget pressures, overall PCT prioritisation processes and not by the Public Health needs of the area. This may well lead to a lower level of resourcing than is required when the allocation for 2013-2014 is made known. This does present a risk to the Authority, and its ability to adequately fulfil the functions that will be required of it in relation to Public Health.

7.3 During the transition year the Council is incurring additional costs, for example in relation to officer time from finance, IT and HR in providing support for the move of public health staff and functions. The Council has one senior colleague from Finance linked in to the North West Finance Transition Group which is helping to support the transition process, but there is a severe restriction on the capacity required to ensure that the implications of the inherited financial position are fully understood. The capacity issues will be discussed with the Director of Children, Families and Adults seeking to explore priorities and/or additional resources. From 2013 – 2014 onwards, financial, HR and other infrastructure support, such as ICT support, will be covered by the Public Health NHS budget which is moving into the local authority.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 Apart from the references within this report, there are no other obvious legal implications specific to this report. Legal Services are engaged in the transition planning work, for example providing advice and guidance on governance arrangements.

9.0 Risk Management

9.1 The Public Health Transition Plan helps us to mitigate our **Corporate Risk 8 – Health Partnerships:** Risk that we fail to understand strategic changes and the opportunities and risks that this presents and take the necessary actions including integration with Health partners, resulting in fewer opportunities to maximise health benefits and reduced efficiency gains, and affecting our ability to meet our corporate objectives to work with others to improve health.

Potential Risks Identified
Risk that the Health & Social Care Bill 2011 is not approved by Parliament resulting in changes to the expected responsibilities for the Council. This may result in significant amendments to the transition plan which the Council may not have the ability and/or resources to respond to; it would undermine activity already taken towards the plan and compromise the Council's ability to meet its seven priorities.
Risk that the £10.7m shadow allocation indicated by the Department of Health is less than expected, resulting in insufficient funding to cover the Council's expected responsibilities. This may result in difficulties in managing expenditure within budget; have a negative effect on the delivery of the Council's responsibilities and a significant impact on its ability to meet its priorities.
Risk that the Council fails to adequately understand and prioritise all of the activity and expectations related to its responsibilities in relation to Public Health in the Transition Plan, such that it fails to meet expectations, resulting in possible legal and reputational damage and compromising its ability to meet its priorities.
Risk that inadequate staff planning during the transition, in particular for technical or specialist skilled staff, leads to significant challenges in the Council's ability to deliver its priorities and objectives particularly in relation to public sector health.
Risk that infrastructure and related operational resource costs are not fully considered and accounted for as part of the Transition Plan leading to additional costs and a negative impact on staff moral for those staff involved in the Transition. This may result in difficulties in managing expenditure within budget; have a negative effect on the delivery of the Council's responsibilities and a significant impact on its ability to meet its priorities.
Risk that the Council fails to take account of the operational running, maintenance and security of IT systems and applications required for the Transition and the costs associated with these. This may result in difficulties in managing expenditure within budget; have a negative effect on the delivery of the Council's responsibilities and a significant impact on its ability to meet its priorities.
Risk that actions arising from the Transition Plan increase workload pressures on existing staff and decrease staff resource available for existing responsibilities. This may have a negative impact on staff morale and compromise staff ability to fully support the Council in achieving its priorities.
Risk that the Council fails to allocate clear, appropriate and equitable ownership and responsibility for the production of management and performance information within the Transition Plan such that there is duplication of effort or things missed. This would impact on the Council's ability to achieve and demonstrate achievement of its aims and priorities in relation to public health.

9.2 A risk analysis is included as part of the Public Health Transition Plan. A Public Health Transition Oversight Board is overseeing the transition planning, reporting up to the Cheshire East Shadow Health and Wellbeing Board and providing progress updates to the Cheshire East Health and Wellbeing Scrutiny Committee. Measures to mitigate the risks identified above are or will be incorporated into the Transition Plan.

10.0 Background

10.1 The Health and Social Care Bill 2011 is currently proceeding through Parliament. One of its key proposals is the transfer of the existing Public Health functions currently being undertaken through PCTs. These functions will be split between Public Health England the NHS Commissioning Board and Local Authorities. The publication of *Healthy Lives Health People: Update and way forward (July 2011)* and the *Public Health in Local Government factsheet (Dec 2011)* identified the expected and mandated public health commissioning responsibilities for local authorities from April 2013.

10.2 The publication of *Healthy lives, Healthy people: Improving outcomes and supporting transparency: a Public Health Outcomes Framework for England 2013-2016 (Jan 2012)* identified the 66 indicators that local authorities, Public Health England and the NHS Commissioning Board will use to measure progress against the two main national Public Health outcomes, a selection of which will be identified by local authorities to work towards as priorities locally and which will contribute towards achieving the health premium.

10.3 The publication of *Public Health transition planning support for primary care trusts and local authorities (Jan 2012)* outlined the transition planning process to be measured by the Department of Health and identified key milestones to be achieved before the abolition of the PCTs by end of March 2013. Key milestones and dates can be seen in **Appendix A**. The publication of *Baseline spending estimates for the new NHS and Public Health commissioning architecture (Feb 2012*) identified shadow Public Health allocation to local authorities, based on the results of the recent 2010-2011 PCT Public Health spend audit. This publication identified the Public Health allocation figure of £10,700,000 that will be spent by Central and Eastern Cheshire on Public Health for the Cheshire East area during the shadow transition year 2012-2013.

10.4 A requirement of the Department of Health is that a Public Health Transition Plan is in place in each local area that outlines the process of transition of Public Health functions and responsibilities to upper tier authorities, identifying details of activities, milestones and risks. The finalised version of this Plan for the transition year 2012-2013 needs to be agreed by the PCT and the Local Authority before its submission to the Cheshire, Warrington and Wirral PCT Cluster on 16th March 2012. This plan will be submitted to the Department of Health on the 5th April 2012 by the SHA Cluster NHS North of England.

10.5 A Public Health Transition Oversight Board has been established since September 2010, chaired by the portfolio holder for Health and Wellbeing. This Board has been responsible for overseeing and managing the transition of public health functions in Cheshire East. The Board has been monitoring a regularly updated Transition Plan since last summer. This was used to form the basis of the first draft Public Health Transition assurance submission to the PCT cluster by the PCT on 12th January 2012.

10.6 Progress on Public Health transition in Cheshire East is reported back to the Cheshire East Shadow Health and Wellbeing Board and Health and Wellbeing Scrutiny committee, as well as to the Cheshire, Warrington and Wirral PCT Cluster Board.

11.0 Update on progress

11.1 The first draft Public Health Transition assurance submission was rag rated as **Amber** by North of England NHS as part of their planning assurance process. This submission was the only one to achieve this out of all the PCT's within the Cheshire, Warrington and Wirral PCT Cluster as all others were rag rated Red. Further detail on the rag rating and feedback of this initial assurance assessment return can be seen in the return letter from NHS North of England in **Appendix B**. Updates and supporting evidence focussing on the areas indicated as **red** or **amber** in the assessment return of the first draft Public Health Transition assurance submission can be seen in **Appendix C**.

11.2 The specific areas of focus for future work identified in the return were:

- A clear plan for the transfer of staff (including handover of PH contracts) and public health functions including Commissioning arrangements to PHE and NHS Commissioning Boards
- A clear plan for the delivery of NHS Health check and sexual health services
- Emergency planning
- Putting a plan in place for handover of legacy documents
- Resolution of facility, estates and assets issues
- Communications and Engagement

11.3 Further work is being undertaken in all these areas although in some the outstanding national guidance will hinder progress. The aim is to ensure that each area is at least 'amber' at the final assessment by the Department of Health in April 2012. This is an iterative process and as such further assurance will be required through 2012-2013 to ensure the key milestones at **Appendix A** are met and formal hand over occurs by April 2013.

11.4 **Transfer of staff** - a proposal for the transfer of PCT Public Health staff has now been agreed by the Director of Public Health and Senior Officers of the PCT and Cheshire East. In short this is to move the team from within the PCT *'as is'* into the Authority and to then work towards an integrated structure building strong links with the Cheshire East teams that are already

engaged in activity that impacts upon the health of the population. A further report will provide more detail in relation to this process.

11.5 **Relocation of staff** - the Council's Asset Management team are proactively engaged with the Assistant Director of Public Health responsible for overseeing the transition planning process and are currently identifying location options for the relocation of the PCT Public Health staff. Plans are in hand within the PCT to vacate Universal House by the end of June 2012, due to the closure of Universal House by September 2012. The Assistant Director of Public Health has also been actively engaged with the Councils ICT Strategy team in ensuring the ICT requirements for PCT staff are met and achievable within council premises. Progress on this is quite advanced with accessibility to PCT accounts, servers and data now possible from within key Council facilities (Westfields, Macclefield Town Hall, Dalton House, and Delamere House), which would / will enable PCT staff to carry out their daily duties if located within council facilities in the very near future. A number of other considerations around data sharing agreements (influenced by national decisions and legislation), access to servers, continuation of contracts, identification of one off and recurrent costs for ICT infrastructure and support is being overseen by a pan-Cheshire working group whose membership is comprised of the shared ICT services for the two Cheshire Councils, two Cheshire PCTs and officers from Public Health and the council. Where possible, costs for ICT infrastructure support and assets (Computers, software, set-up costs) are trying to be met in-year using PCT funding.

11.6 The implications of the transfer of CECPCT Public Health functions and resources to Public Health England and the NHS Commissioning Board are being considered. Further guidance is anticipated and there will be an active engagement with the regional outposts of these organisations to ensure a smooth handover, once these have been established and staff appointed.

11.7 Work is under way to put in place the appropriate plans for the delivery of the local authorities mandatory Public Health functions of NHS Health Checks, Sexual Health Services, health protection and Public Health advice to NHS Commissioners. The commissioning of drug and alcohol services is also being considered alongside the Integrated Commissioning Board. The re-commissioning of substance misuse and healthcare services for prisoners in HMP & YOI Styal will also be reviewed as part of this process. It is expected that test arrangements / exercise for the delivery of specific public health services – in particular screening and immunisation – is to occur in October 2012.

11.8 The Director of Public Health is engaged in discussions sub-regionally in relation to Emergency Planning arrangements. Locally, the Council's Emergency Planning team will work closely with the Public Health staff to ensure appropriate and robust plans are in place to cover both the transition period and beyond April 2013. It is expected that there will be a test arrangement / exercise for the role of Public Health in emergency planning,

in particular the role of the DPH and local authority based public health in October 2012.

11.9 The Council's Records Management Team have been contacted and are in a position to provide support in relation to the handover of PCT Public Health legacy documents. Work is underway to unpick the Public Health services contractual arrangements that are currently in place between the PCT and local providers of these services.

11.10 The Council's Head of Communications is working with the Assistant Director of Public Health to develop a communication and engagement plan around the transition, a finalised draft of which is required to be ready for the end of March 2012.

11.11 **Appendix D** contains the *Cheshire East Public Health Transition Plan – actions and progress planner* which provides further detail of what has been carried out so far and what will need to be done to ensure the smooth transition of public health responsibilities into the Council in the interim period up to the end of March 2013 and upon the abolition of the PCT in April 2013.

12.0 **Access to Information**

The background papers relating to this report can be inspected by contacting the report writer(s):

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Designation: Head of Health Improvement
Tel No: 01270 686560
Email: guy.kilminster@cheshireeast.gov.uk

Name: Matthew Cunningham
Designation: Assistant Director of Public Health
Tel No: 01606 544382
Email: matthew.cunningham@cheshireeast.gov.uk

APPENDICES

A) Key milestones
B) NHS North of England assurance return letter
C) NHS North of England assurance rag rated return
D) Cheshire East Public Health Transition Plan – action and progress tracker

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Appendix A

Key milestones and dates of note

14/03/2012	Presentation on finalised Cheshire East Public Health Transition Plan and assurance document by DPH to Cheshire, Warrington & Wirral PCT Cluster Board
16/03/2012	Submission of finalised Cheshire East Public Health Transition Plan and assurance document to the Cheshire, Warrington & Wirral PCT Cluster
26/032012	All PCT clusters should have an integrated plan which includes public health transition. The plans should be agreed with Local Authorities. The NHS North of England expects Clusters to append the local public health transition plans to their integrated plan
End of March 2012	Cheshire East Public Health Transition Communication and Engagement plan to be drafted
05/04/2012	NHS North of England to submit integrated plans to DH
April 2012	Appointment of Public Health England Chief Executive
May/June 2012	Potential moving period of PH Staff from Universal House into Cheshire East premises
June 2012	Local areas have an agreed approach to the development and delivery of the local public health vision and strategy
Sept 2012	Closure of Universal House (PCT HQ)
October 2012	DH expectation that majority of PCTs - with local authority agreement – have transferred Public Health duties to local authorities with robust governance in place for remainder of 2012/12
October 2012	Test arrangements for the delivery of specific public health services – in particular screening and immunisation
October 2012	Test arrangements for the role of Public Health in emergency planning, in particular the role of the DPH and local authority based public health
October 2012	First draft of legacy and handover document is produced
January 2013	Final version of Public Health legacy and handover document is produced
31/03/2013	Formal handover of public health commissioning duties and staff completed, Abolition of PCTs
01/04/2013	Public Health grants to upper tier local authorities made

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Appendix B

NHS North of England assurance return letter

Our ref: PJ /
Your ref:
Ask for: Donna Melia
Direct Line: (0113) 2952803
E-mail: patodirectorofph@yorksandhumber.nhs.uk

NHS
North of England

Blenheim House

West One

Duncombe Street

Leeds

LS1 4PL

Tel: 0113 295 2000

To: Cluster PCT Chief Executives, North of England Directors of Public Health
Cc: Corresponding Local Authority Chief Executives, North of England,
Ian Dalton, Richard Barker, Annette Laban

From: Paul Johnstone, DPH NoE

Ann Hoskins, RDPH NW (for NW)

10 February 2012

Dear Colleagues

Feedback on draft plans for Public Health Transition

Further to our letter of 22nd December outlining the NHS planning requirements for public health transition, we'd like to thank you for submitting your draft public health transition plans on January 20th. As you know, a 'checklist' was included in national planning guidance to support the development of local plans and we'd like to offer you some more detailed feedback based on this and confirm how the process goes forward from here.

Plans and processes for public health transition are generally developing well. We expect these to be strengthened significantly in the next phase of your work with the publication and completion of several key elements of work including:

- Publication of financial allocations for public health in 2012/13 (February 2012);
- Further national guidance on the emergency planning process (February 2012);
- Completion of local contracts mapping exercises by PCT Clusters – to include public health;

- Completion of local functions mapping work by PCT Clusters;

We'd also expect to see more detail on how you plan to manage the governance processes for public health transition in the period Oct 2012 onwards. This will be a critical time – particularly as it coincides with the start of NHS winter planning and flu and other viral outbreaks can be more common. Governance and operational mechanisms therefore need to be prioritised in the final version of your plans.
In terms of further detail, using the checklist we have put together an analysis of your current plans and this is attached with a 'Red/Amber/Green' rating for each of the questions. Some further comments are also included below as part of the feedback.

East Cheshire - Overall RAG rating AMBER
Good progress is being made in developing the local transition plan but there are a number of areas where further more detailed work is required. These are:

- A clear plan for the transfer of staff (including handover of PH contracts) and public health functions including Commissioning arrangements to PHE and NHS Commissioning Boards

- A clear plan for the delivery of NHS Health check and sexual health services

- Emergency planning

- Putting a plan in place for handover of legacy documents

- Resolution of facility, estates and assets issues

- Communications and Engagement

The overall picture formed from the results of the assurance process and the risks identified will also be discussed with partner organisations at the next meeting of the Public Health Transition Oversight Group and Directors of Public Health.
As outlined in the earlier letter we expect PCT Clusters to manage the Public Health Transition at the local level in partnership with local government. In practice, we expect Directors of Public Health to be leading this work with their local authority and be working closely with local government colleagues to develop clear and credible plans.
In line with the planning guidance we are expecting final versions of plans to be jointly developed and signed off by local government as well as NHS processes. We recognise that local government timelines are specific to local areas but for the final submission in March we will need confirmation and details (dates) of the local processes you are using to sign off these plans.

Timetable
To remind you, the key dates for the next 14 months are as follows:

- By 26th March 2012, all PCT clusters should have an integrated plan which includes public health transition. The plans should be agreed with Local Authorities. The SHA expects Clusters to append the local public health transition plans to their Cluster submission document in line with this timetable. A summary of the plans will be submitted to the DH on 5th April.

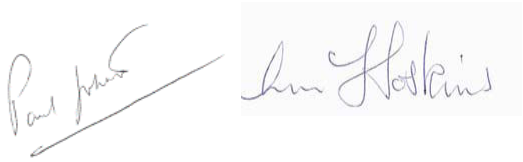
- By the end October 2012 we expect the substantial majority of PCTs with local authority agreement to have transferred public health duties to local authorities with robust governance in place for the remainder of 2012/13. E.g. Service level agreement or memorandum of agreement.

- 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.

Finally, as you may know, Allison Cooke has recently taken up post as Public Health Transition Director for the North. Allison and colleagues in the SHA and regional Public Health teams are available to help you to work through this process. Should you wish to contact Allison she can be contact on: allison.cooke1@nhs.net

Yours sincerely



Paul Johnstone
Cluster DPH NoE

RDPH NW

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Appendix C

NHS North of England assurance rag rated return highlighting areas where further evidence was needed.

Note:
This return has been updated to contain supporting statements and evidence to show were action and progress has or is planned to be taken

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Public Health Transition Planning Assurance
2011-13

PCT Cluster: East Cheshire

Date assurance completed: 40935

Completed by: PH Team, DH and NHS NW

Criteria Met

Criteria partially met. Actions identified to fulfill requirement by April 2012.

Criteria not met. No actions identified as to how requirement will be met by April 2012.

Objective	Ref no.	Requirement	Covered in Plan (Reference Section/Page)	Evidence of Assurance	Is assurance complete? PLEASE TICK					Update on progress
					YES	NO	Partially	Rag rating	Comments	
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?	Transition Update p 6 PHTransition Update, p4,5 , Transition PM governnce p12,16 p5, 2.7.1	Awaiting further progress Update due Jan 12.			√		Awaiting further guidance.	
	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?	Transition Update p4, action and progress p 9 Page 6 cluster report PH Transition Update, p4,5 Staffing: 2.7.1	Update due Jan 12. Commissioning not described in detail. Formal arrangements for the 'shadow' and full transfer of NHS Public Health directorate staff to Cheshire East Council will be defined upon the publication of the LG & PHE Transition Guidance, Funding allocation and PH Outcomes Framework. The size of the funding allocation for Cheshire East and the agreed vision of public health delivery will be crucial to ensuring that the right staff are appropriately redeployed from both organisations into the new function by October 2012. A draft structure of the planned Cheshire East Public Health team is to be formulated by the end of January 2012. Cheshire East have made a number of hot desks available for NHS staff.			√	Red (IPC, and staffing) Amber (Functions and Commissioning)	Majority of staff within East Cheshire hospitals. Awaiting further guidance but insufficient reference to commissioning in plan. Work in progress.	This is captured within the Cheshire East PH Transition Plan - action and progress tracker - see for further details. Once staffing structure agreed, consultation period complete, move in date and location finalised, and final notification of budget then more robust timelines can be identified.
	1.3	➢ Are there locally agreed transition milestones for the transition year, 2012/13?	Appendix 3 of the Transition Plan				√		No milestones per se but Cheshire East Public Health Transition Plan 2012-2013 includes planned actions and progress	These have been highlighted further in the Cheshire East PH Transition Plan - action and progress tracker - see for further details
	1.4	➢ Is there a clear local plan for developing the JSNA in order to support the H&WB strategy?	Page 4	No evidence, only references made in the text			√		Insufficient detail provided, plan appears to be at an early stage.	Progress on developing the JSNA is now quite advanced with the resurrection of the JSNA Steering Group, appointment of a JNA Programme Manager, completion of the JSNA refresh and ongoing work to improve the JSNA platforma nd data content.
	1.5	➢ Is there a clearly developed plan for ensuring a smooth transfer of commissioning arrangements for the services described in*Healthy Lives, Healthy People* that Local Authorities will be responsible for commissioning?		Not described in detail			√		Insufficient detail provided. Work in progress.	• Working with finance, the public Health Team have been identifying contracts and SLAs for Public Health Services as part of the recent (Jan) PCT Cluster contract and tacit knowledge exercise • Work is currently underway to separate out Vale Royal element • existing contracts are under review with a view to develop contracts and SLAs that address future commissioning (NHS CB, PHE & LA) and provider arrangements
	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?		Not referenced.		√			The plan does not appear to include those elements of Public Health functions that will be transferring to PHE	• Working with finance, the public Health Team have been identifying contracts and SLAs for Public Health Services as part of the recent (Jan) PCT Cluster contract and tacit knowledge exercise • Work is currently underway to separate out Vale Royal element • existing contracts are under review with a view to develop contracts and SLAs that address future commissioning (NHS CB, PHE & LA) and provider arrangements
	1.7	➢ Is there local agreement on the delivery of a core offer providing LA based public health advice to Clinical Commissioning Groups?	page 13 appendix 5	Public health offer outlined	√					local support arrangements are strong and will be reviewed in light of draft 'core offer' guidance released Feb 2012 http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_132760
Delivering public health responsibilities during transition and preparing for 2013/14	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:								
		➢ Appropriate access to sexual health services,		Not referenced		√			Further work is needed to look at the specific issues for sexual health programmes and the future of the sexual health networks. Further national policy announcements expected.	Service performance review of existing services is underway – firstly to identify scope of all existing contracts, costs, performance monitoring systems and outcomes. Further information is outlined in section 1.0 of the Cheshire East PH Transition Plan - action and progress tracker for further details
		➢ Plans in place to protect the health of the population,					√		Work underway, but will need to be reviewed in line with national policy developments	work underway
		➢ Public health advice to NHS commissioners,	page 13 appendix 5	Public health offer outlined	√					local support arrangements are strong and will be reviewed in light of draft 'core offer' guidance released Feb 2012 http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_132760
		➢ National Child Measurement Programme,					√		Could not find specific reference to CHMP. Reference commitment to HV and FNP, and safeguarding.	2011/12 • Service specification for delivery of NCMP is as part of block contract in place with provider (East Cheshire NHS Trust School Health Service) • Regular monitoring of process and progress taking place, regular steering group meetings take place • feedback letters are in operation • Action Plan to move commissioning to LA to be completed by end of year. 2012/13 • Work is underway to implement plan, ensuring inclusion of review of commissioning arrangements and separation of Vale Royal responsibility by working with NHS Western Cheshire.
		➢ NHS Health check assessment?	Not referred to in documents provided			√			No reference to Health Checks. There is no mention of drug and alcohol commissioning moving to the LA and what this will entail. There is also no mention of the recommisssioning aspects of substance misue and healthcare services in HMP Styal. It is impossible to tell from this submission whether local assurance is adequate.	2011/12 • SLA for Health Checks is in place with all general practices for 2012/13 • Scoping exercise of current service and issues to be completed is currently underway • Action Plan to move commissioning to LA to be completed by end of year. 2012/13 • Action plan will be implemented, ensure inclusion of by • Will be working closely with NHS Western Cheshire review of commissioning arrangements and separation of Vale Royal responsibility • Continue to work on assurance regarding data submission to DH
	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?	No delivery plan for IPC. In PH transition plan 2.8.6 to test by Oct 12	No infection prevention control (IPC) delivery plan mentioned or immunisation plan. For screening, some assurance available from self-assessment and cluster screening risk register.			√	Red (IPC) Amber (Imm and Screening)	No reference to infection prevention control delivery plan or immunisation plan. Risks identified regarding cost pressures at ECHNHST. For screening, no progress reported. Work underway, but will need to be reviewed in line with national policy developments.	Health protection section of the Cheshire East Transtion plan is to be radically altered in light of release of recent guidance and through linking into regional and sub-regional work. Work is underway. Guy Hayhurst / Heather as main contacts
Workforce	3.1	➢ Has the workforce elements of the plan been developed in accordance with the principles encapsulated within the Public Health Human Resources Concordat?	2.7.2	Meetings have occurred between HR Directors from CECPCT and Cheshire East and the DPH to discuss transitional arrangements, differences in terms and conditions etc in advance of and since the publication of national guidance (HR Concordat, NHS HR Transition Framework).	√					
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?					√			
	4.2	➢ Are there robust arrangements in place for key public health functions during transition and have they been tested e.g. new emergency planning response to include: o Accountability and governance,				√			No Plan just an excel spreadsheet provided.	awaiting national guidance

Objective	Ref no.	Requirement	Covered in Plan (Reference Section/Page)	Evidence of Assurance	Is assurance complete? PLEASE TICK					Update on progress
					YES	NO	Partially	Rag rating	Comments	
		○ Details of how the DPH, on behalf of LA, assures themselves about the arrangements in place, ○ Lead DPH arrangements for EPRR and how it works across the LRF area?								
	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?	In PH transition plan 6.1.1	Establish governance arrangements for new public health responsibility.		red(KD)	* (SG)	Amber (SG) red(KD)	All PCTs are awaiting national guidance on role of LA PH in screening Serious Incidents. Further detailed work required	awaiting national guidance
	4.4	➢ Has the PCT cluster with the LA agreed a risk sharing based approach to transition?	Transition Update p 6	No schedule for agreement			√		No schedule for agreement.	
	4.5	➢ Is there an agreed approach to sector led improvement?		No reference to SLI or evidence		√			No reference to sector led improvement or evidence provided.	
	4.6	➢ Is the local authority engaged with the planning and supportive of the PCT cluster approach to PH transition?	Transition Update pp 5-7 PH Transition Update p 4, 2.3 refes to shared leadership and references App 4.p5, 2.4 senior level collaboration , good scope of membership referred to p 8, 3.4 , p 15, and App 7 cited.		√					
Enabling infrastructure	5.1	➢ Has the PCT cluster with LA identified sufficient capability and capacity to ensure delivery of their plan?	Reference P11 of cluster plan on capability.	'Steps toward identification of' sufficient capacity and capability but not sufficiently evidenced PP. 1-4 Planning and Assurance in Central and E.Cheshire document. Robust 'steps toward' C&C assurance detailed but not sufficiently evidenced			√		Insufficient evidence provided.	Capacity is a local issue with a diminshing PH resource and limited council resource with the knowledge and skill sets required, and comptering against exiting pressures through reorganisation
	5.2	➢ Has the PCT cluster with LA identified and resolved significant financial issues?					√		Work in progress; awaiting publication of baseline/shadow allocation and 2013/14 allocations	funding allocation has now been released and implications - including staffing structure, existing contract arrangeemtns are being looked at
	5.3	➢ Has the PCT cluster with LA agreed novation/other arrangements for the handover of all agreed PH contracts?				√			Not referenced within plan	These discussions have not yet occurred whilst the identification of contracts, the unpicking of Vale Royal element continues
	5.4	➢ Are all clinical and non-clinical risk and indemnity issues identified for contracts?				√			Not referenced within plan	This is being investigated alongside the identification of Public Health service contracts
	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?	Transition plan p 6; action and progress pp 8,9,10, 17,18	IT and intelligence	√					This is well advanced with discussions ongoign between the two ICT shared services of the Council and the PCT and through the work of the pan-cheshire Public Health /ICT steering group. Progress is clearly outlined in section 8.0 of the Cheshire East PH Transition Plan - action and progress tracker - see for further detail
	5.6	➢ Have all issues in relation to facilities, estates, asset registers been resolved?				√			Not referenced within plan	This is an ongoign discussion but is being picked up in the workstream as identfied in section 8.0 of the Cheshire East PH Transition Plan - action and progress tracker - see for further details
	5.7	➢ Is there a plan in place for the development of a legacy handover document during 2012/13?				√			No evidence to support plan in place.	This is referenced in section 9.0 of the Cheshire East PH Transition Plan - action and progress tracker - see for further details
Communication and engagement	6.1	➢ Is there a robust communications plan? Does it consider relationships with the Health and Well being Board; clinical commissioning groups and NHSCB; Health Watch; local professional networks?	Public Health Transition in Central and Eastern Cheshire pg 2	None		√			There is no evidence that a communications plan is in place. However, the Transition Board has been given responsibility for ensuring effective communication and some communication underway.	Assistant Director of Public Health and Head of Communications for CE meeting again on 24.02.12 to finalise approach to comms and engagement plan. Proposal outline drafted. See Cheshire East PH Transition Plan - action and progress tracker for further details
	6.2	➢ Is there a robust engagement plan involving stakeholders, patients, public, providers of PH services, contractors and PHE?	Public Health Transition in Central and Eastern Cheshire pg 2	None		√			There is no engagement plan evident although the Transition Board has been given responsibility for key stakeholders, which have been highlighted.	Assistant Director of Public Health and Head of Communications for CE meeting again on 24.02.12 to finalise approach to comms and engagement plan. Proposal outline drafted. See Cheshire East PH Transition Plan - action and progress tracker for further details

Appendix D

Cheshire East Public Health Transition Plan – action and progress tracker

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Quick link tip – place cursor over highlighted section, press ctrl and click to go to the section

1. Improving the health of the public
2. Health Protection & Emergency Planning
3. Public Health support to NHS Commissioners
4. Research and Public Health Intelligence
5. Funding for Public Health
6. Leadership and Governance
7. Communications & Engagement
8. Workforce development and Integration
9. Legacy documentation
10. Miscellaneous / additional duties of the DPH

1	Improving the health of the public…		Jane Branson Sheila Woolstencroft					
1.1	Public Health Functions for transfer to LA as identified in 'Public Health in Local Government: Factsheets' December 2011.	1.1.1 Using locally developed scoping template, scope each function. Template includes: Needs assessment, current commissioning arrangements, provider arrangements, funding, gaps, future commissioning arrangements and future provider arrangements	**JB/SW**	**30/06/2012**	1.1.1 Template developed and currently being tested. First draft of scoping exercise for Health Checks completed			2011-12-21 Scope - Health Checks.doc
1.2	**Health Improvement Mandatory services** **1.2a Health Checks** **1.2b NCMP** **1.2c Sexual Health Services**	**1.2a.1 identify SLA** **1.2a.2 develop action plan for moving responsibility of commissioning HealthChecks from PCT to local authority** **1.2a.3 Unpick Vale Royal element of Health Check contract and funding** **1.2b.1 review Service specification** **1.2b.2 monitor progress and process of NCMP collection and delivery** **1.2b.3 develop action plan for moving responsibility of commissioning NCMP from PCT to local authority** **1.2b.4 Unpick Vale Royal element of NCMP delivery** **1.2c.1 perform service review of existing services - –** firstly to identify scope of all existing contracts, costs, performance monitoring systems and outcomes. 1.2c.2 promote workshop on sexual health services for senior members of local authority 1.2c.3 oversee continuation of existing services for 2012/13 period 1.2c.4 Research into service user experiences of termination services to inform future care pathways 1.2c.5 Present to Health and Wellbeing Board / Clinical Commissioning Group on overview of sexual health services with recommendations for next stage of review **1.2c.6 arrange** efficiency and effectiveness, evidence of good practice Visits to providers to review positive aspects of services / areas for review. 1.2c.7 Refresh local Sexual Health Strategy in line with national Strategy to be published.	**JB/SW** **DP**	31/03/13 29.02.12 08.03.12 31.3.12 31.3.12 May 2012 cycle of meetings Feb – May 2012 Following publication of national sexual health strategy	1.2a.1 SLA in place with all general practices for 2012/13. Scope of current service and issues to be completed. 1.2a.2 Action Plan to move commissioning to LA to be completed by end of year. 1.2a.3 Working with NHS Western Cheshire to review commissioning arrangements and separation of Vale Royal responsibility. 1.2b.1 Service specification is part of block contract in place with provider (East Cheshire NHS trust). 1.2b.2 Regular monitoring of process and progress taking place. 1.2b.3 Action Plan to move commissioning to LA to be completed by end of year. 2012/13. 1.2b.4 Working with NHS Western Cheshire to review commissioning arrangements and separation of Vale Royal responsibility 1.2c.1 - Service review of all sexual health services underway. Contracts and costs identified, performance monitoring arrangements ratified. Completion on track. 1.2c.2 Workshop for Cheshire East Council staff and Members on sexual health services organised by Cheshire and Merseyside Sexual Health	1.2b.1 Service Specification in place. Regular monitoring shows process and progress of Programme giving good outcomes		

					Network).Attendees confirmed 1.2c.3 Confirmation of continuation of existing services for 2012/13. On track. Contracts to be rolled over for 2012/13 1.2c.4 Research commissioned via Cheshire and Merseyside Sexual Health Network. 1.2c.5 Agreed by DPH and scheduled for May cycle of meetings. Input from CCG lead. 1.2c.6 Visits planned in calendar. 1.2c.7 Pending publication of national strategy			
1.3	**Health Improvement Non-Mandated services** 1.3a Drug & Alcohol services	1.3a.1 Services commissioned with specialist public health advice 1.3a.2 support of minimum unit pricing	**DP**	.Feb 2012 Ongoing through the work of the Cheshire and Merseyside Task and Finish Group .	1.3a.1 Current alcohol services being reviewed and retendered with public health input. Review of Cheshire **Drug** and Alcohol Team underway 1.3a.2 Cheshire East Council leading on work at sub regional level to lobby for and introduce minimum unit pricing on alcohol.	1.3a.2 Cheshire East Council & Cheshire West has agreed to support minimum unit pricing for alcohol.		
1.4	**Public health Outcomes**	1.4.1 Include in scoping exercise, assess against current outcomes and develop plan to achieve outcomes.	**JB/SW**	30/06/12				
1.5	**Health Improvement Contracts and Service Level Agreements**	1.5.1 Identify contracts and SLAs for Health Improvement Services 1.5.2 Separate out Vale Royal element 1.5.3 Review and develop contracts and SLAs to address future commissioning (NHS CB, PHE & LA) and provider arrangements	JB/DP	30/06/12 30/09/12	1.5.1 SLAs in place for many services 1.5.2 Working with NHS Western Cheshire on Vale Royal			
1.6	**Embedding Public Health Improvement Outcomes into Council Services Service delivery**	1.6.1 develop a systematic approach across Council services to improving health outcomes. 1.6.2 Raise awareness of the Council's public health responsibilities	**JB/SW**	ongoing	1.6.1 – role/person identified to lead on this (GK) with outline goals agreed 1.6.2 - Councillor Clowes leading discussions with Directorates. Places and C&F engaged.	Embedding Public Health needs to be built into budget setting /Service planning guidance for 2012/2013.		
2	**Health Protection & Emergency Planning**		**Guy Hayhurst Peter Hartwell**					
2.1	**Assess current activities outcomes / indicators against those outlined within Public Health Outcomes Framework**	2.1.1 Identify gaps 2.1.2 Identify duplication 2.1.3 Identify areas to be commissioned/decommissioned/ recommissioned						

2.2	**Strategic aims and priorities**	2.2.1. Identify strategic aims and priorities for health protection in conjunction with PHE 2.2.2 Influence Joint health and Wellbeing Strategy to ensure Health Protection is a priority 2.2.3 Influence corporate strategy 2.2.4 Progress follow up actions from report to Board 31.08.2011			List of topic areas established e.g. respiratory disease, Port health. 2.2.1 Report to Public Health Transition Board 31.08.11 identifying which areas we are locally interested in delivering and those HPA could/should undertake.			2011-08-31 Health Protection Report to
2.3	**Embedding Public Health Protection Outcomes into Council Services Service delivery**	2.3.1 Identify the Council's existing statutory powers that are relevant to public health protection 2.3.2 map out what role other parts of the Council play in health protection 2.3.3 Establish Training and Development plans to support and embed a 'whole council approach' to Health and Health Protection 2.3.4 Ensure all Council services embed health protection outcomes into service delivery 2.3.5 Carry out an audit of the occurrence, prevention and management of gastrointestinal infections in Cheshire East to inform planning and future targeting of preventive work and disease control initiatives			2.3.1 and 2..3.2 Exercise undertaken by Tracey Bettaney in Environment Health highlighting role and links to Public Health Agenda	Needs to be considered as part of budget setting/service planning for 2012-2013		Microsoft Word - Public Health Protecti
2.4	**Partnerships**	2.4.1 Influence and establish working relationships with other partners			Legal responsibility likely to be placed upon CCG to work with Council.			
2.5	**Provision and Commissioning of Health Protection Services**	2.5.1 Identify current services in all categories, direct and commissioned 2.5.2 In partnership with the PCT Cluster, assess the issues involved in re-commissioning the community infection control nursing and TB nursing services 2.5.3 identify current contracts with commissioned providers of health protection services			2.5.1 - GH prepared for PCT. PH initiated			
2.6	**Accountability**	2.6.1 Establish clear accountabilities for delivery of all key elements of HP work				White paper awaited. Will probably state where legal responsibilities lie and the requirements upon others to work with DPH		
2.7	**Resources**	2.7.1 Identify CECPCT Health Protection resource needed to achieve outcomes 2.7.2 Identify CEC Health Protection resource needed to achieve outcomes 2.7.3 identify current staffing structures in CECPCT and CE identifying Posts – skills, knowledge, job role, scale /grade 2.7.4 Identify vacancies potential shortfalls 2.7.5 Identify overlap, relationship, and joint responsibilities with other public health roles 2.7.6 Understand current and anticipate future workforce requirements resulting from identified			2010-2011 CECPCT Prevention Spend audit completed Sept 2011 identifying CECPCT investment in health protection Papers received and passed to respective finance teams	Need to determine what responsibilities we take on and what we require HPA to take on.		

		reform responsibilities						
2.8	**Integration**	2.8.1 Develop an interim Local Agreement (based on the National Model Memorandum of Understanding) between Cheshire East Borough Council and the Cheshire and Merseyside HPU 2.8.2 Undertake an audit of current notification practices and information flows between Cheshire East Borough Council, the PCT and the HPU 2.8.3 Develop access to the ICNet surveillance and management system for appropriate environmental health practitioners, with corresponding access to the Council's CIVICA system by appropriate public health practitioners 2.8.4 Identify which functions of Public Health England might appropriately be located within Cheshire East Borough Council, or possibly devolved to the Council 2.8.5 Develop arrangements for supporting, reviewing and challenging the delivery of vaccination and immunisation services in Cheshire East (and possibly continuing to provide leadership and coordination for immunisation programmes locally) 2.8.6 test arrangements for the delivery of screening and immunisation services by October 2012						
2.9	**Emergency Planning**	2.9.1 Develop plans and arrangements for emergency planning and resilience 2.9.2 plan and carry out emergency planning exercise – testing role of PH in emergency planning and in particular that of the DPH and LA based PH staff - by October 2012	**GH/HG / Martin Grimes**		Initial meeting occurred with GH/MG and Matthew Cunningham to discuss emerging information round emergency planning responsibilities. Future meeting to be arranged to set date for exercise			
3	**Public Health support to NHS Commissioners**		**Julie Sin / Lucia Scally**					
3.1	**Resources**	3.1.1 identify current staffing structures in CECPCT and CE identifying Posts – skills, knowledge, job role, scale /grade 3.1.2 Identify vacancies potential shortfalls 3.1.3 Understand current and anticipate future workforce requirements resulting from identified reform responsibilities			3.1.1 – Consultants (JS/GH) placed within emerging CCGs providing public health support and lead in development of commissioning intentions 3.1.2 Staffing structures identified within CECPCT and Cheshire. Proposed PH Staff structure for CE includes PH Support to NHS Commissioners roles, with identified grades			
3.2	**Embedding Improving care Public Health into all aspects of PCT Transition planning**	3.2.1 ensure within all public health transition planning 3.2.2 ensure public health pillar and associated resources are included in PCT/Cluster transition considerations			3.2.1 completed 3.2.2 Public Health representation at PCT cluster board 3.2.2 Public Health representation at PCT Transition Board			

3.3	**Providing support and advice to partners**	3.3.1 provide public health support and advice to developing CCGs 3.3.2 support promotion of importance of public health pillar to wider partners 3.3.3 provide prioritisation support			3.3.1 – Consultants (JS/GH) placed within emerging CCGs providing public health support and lead in development of commissioning intentions 3.3.2 contributing to CHAMPS PH work 3.3.2 - Nationally engaged with NHS consultation and engaging with national conferences to influence thinking 3.3.3 development of prioritisation process for Eastern Cheshire CCG	Seeking clarity regarding respective roles within PCT/Cluster JS to try and establish capacity within PCT Cluster Review support in light of draft 'core offer' guidance released Feb 2012 http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_132760		Microsoft Word - Priority setting- Tool.
4	**Research and Public Health Intelligence**		**Sara Deakin, Jane Strange, Jane Stairmand**					
4.1	**Resources**	4.1.1 Identify current staffing structures in CECPCT and CE identifying Posts – skills, knowledge, job role, scale /grade			4.1 Staffing structures identified within CECPCT and Cheshire. Proposed PH Staff structure for CE includes PH Intelligence roles, with identified grades	Need to undertake analysis of current staffing Awaiting Bill to be finalised and national responsibilities / structures to be finalised e.g. Public Health England, NHS CB		
4.2	**Public Health Outcomes framework**	4.2.1 Develop monitoring system for Public Health Outcomes framework	SD	30/06/12	Performance Monitoring for Cluster established Local monitoring system being discussed			
4.3	**2011 Annual Public Health Report**	4.3.1 Production of intelligence for 2011 Annual Public Health Report		March 2012	Final draft written. Going to PCT Cluster March Board			
4.4	**Cheshire East JSNA & JHWS**	4.4.1 Refresh JSNA dataset 4.4.2 enhance the qualitative data used in the JSNA 4.4.3 re-establish JSNA steering group 4.4.4 ensure JSNA is a standing agenda item at Health & Wellbeing Board meeting 4.4.5 identify key emerging priorities from the JSNA to help inform the development of the Joint Health & Wellbeing Strategy 4.4.6 develop draft JHWS for Board sign of fin May 4.4.7 ensure Cheshire East is linked into regional and national workstreams on JSNA and JHWS development 4.4.8 identify additional resources for JSNA and JHWS 4.4.9 scope examples of best practice for JSNAs and JHWS	SD/JS	JSNA is ongoing JHWS draft to be completed for May HWBB Board	4.4.1 Refresh of core dataset completed where possible Oct 2011 Where data no longer exists, eg from NI set, alternatives are being sourced. Work on populating JSNA chapters ongoing. 4.4.2 Consultation exercise with key Third Sector agencies initiated December 2011, results due at end of Feb 2012. Meeting occurring with JSNA Programme Manager LAPs and APBs which have been completing asset mapping exercises to view how 4.4.3 JSNA Steering Group re-established Jan 2012. Formal sub-group of Health and Wellbeing Board. Chaired by Dr Andrew Wilson, HWB JSNA Champion. JSNA working group and members to be identified and re-established. Working group to be led by Dr Guy Hayhurst, Consultant in Public Health and supported by Jane Stairmand, Public Health JSNA			2012 01 24 JSNA Paper AW & HG.doc JHWS Position Paper JB.doc CE JSNA update and new format.pdf 23-02-2012 JSNA Business Plan.pdf Microsoft Word - Health and Wellbeing

					Programme Manager 4.4.4 JSNA / JHWS is a standing agenda item on HWBB meetings. Papers have already been presented and discussed at past Board meetings (September/Nov 2011) 4.4.5 Draft report prepared for CE HWBB board meeting on JHWB development and timeline pressures – being looked at by JSNA Steering Group 03.01.12 4.4.6 draft outline of possible JHWS to be discussed at Feb 2012 JSNA Steerign Group			
4.5	**Data ownership and continuity issues**	4.5.1 Explore and resolve data ownership and continuity issues 4.5.2 ensure access to IT systems, databases, sharing of data and access to intelligence is maintained during transition period and risks identified (see 8.4)	SD/JS		4.5.1 - National discussions currently ongoing between ONS and DoH re. how to resolve current legislative restrictions (eg can only share data with NHS employees) 4.5.1 - issue being looked at in the Pan-Cheshire Public Health & ICT Integration Steering Group 4.5.2 - issue being looked at in the Pan-Cheshire Public Health & ICT Integration Steering Group	If necessary consider proposal to leave SD in NHS with SLA to local authority as interim arrangement.		
4.7	**Accountability**	4.7 Establish clear accountabilities for delivery of all key elements of Public Health Intelligence work	SD		Awaiting finalisation of Health and Social Care bill			
4.8	**Support to partners**	4.8.1 Develop working relationship with CCGs around data intelligence support 4.8.2 continue to provide support to commissioning colleagues and external partners	GH/JS/SD		4.8.1 Meetings with CCG's being established 4.8.1 – job responsibilities of vacant consultant post ion clearly outlines support to CCGs. Case of need for recruitment of post has been made to council, cluster and HWBB. Post is identified within draft PH structure within CE 4.8.2 this continues on a daily basis via the consultants and PH intelligence			 AD Health Inequalities.doc
4.9	**Research**	4.9.1 Ensure public health research is embedded in the transition of public health into the LA and the work in relation to CCG 4.9.2 identify current staffing structures in CECPCT and CE identifying Posts – skills, knowledge, job role, scale /grade 4.9.3 Identify vacancies potential shortfalls	**Roger Beech**		4.9.1 Update report identifying key issues provided at Public Health Transition Board meeting 10.08.2011			 2011-08-01 Public Health Research.doc

		4.9.4 Identify overlap, relationship, and joint responsibilities with other public health roles 4.9.5 Understand current and anticipate future workforce requirements resulting from identified reform responsibilities 4.9.6 Identify current research partnerships and agreements e.g. CCG, acute trusts 4.9.7 Understand future business requirements and shape the function around those requirements 4.9.8 Identify future accountability arrangements 4.9.9 Identify resource needed to help achieve outcomes						
5.	**Funding for Public Health**		**Dominic Oakeshott /Alex Mitchell**					
5.1	**Prevention spend in CECPCT and CEC**	5.1.1 Determine the PCT baseline spend on prevention so as to establish the possible future 'shadow' PH ring fenced budget allocation to the local authority 5.1.2 Determine CEC spend on health & well being services / functions / staff as identified as the future responsibilities for LA's 5.1.3 Identify Commissioned services from other providers e.g. third sector - NHS & LA and assess which are public health related	DO/AM/MC		5.1.1 - National and NW Public Health spend audit 2010-2011 completed and submitted to DH 19.09.11 5.1.2 - Initial 'rough cut' audit undertaken to identify CEC Services that contribute to public health. Not yet considered proportion of those Services budgets that might be deemed to be spent on public health 5.1.3 List of third sector commissioned services from CEC completed 5.1.3 list of commissioned services / grants from CECPCT delivered by third sector agencies completed Dec 2011, shared with EW, LB	Further NW and local analysis to be undertaken to determine LA, NHSCB and PHE split. Shadow allocation and allocation formulae announced in Feb 2012		 Public Health Finance CEC&CECPCT Summa  2011.12.28 Third Sector funding by Cli
5.2	**Health Premium**	5.2 Understand the mechanism of the health premium and impact on public health budget allocation	MC, AM			Allocation formula due to be announced later on in 2012 no further news on makeup of health premium formula		
5.3	**Future Public Health Spend**	5.3.1 Identify and agree future scope of service spend on PH, Health and Wellbeing by local authority 5.3.2'Ring fence' PH budget from PHE to LA	AM, DO, MC		5.3.1 part of ongoing discussion between CE/CECPCT and PH transfer			
6.	**Leadership and Governance**		**Caroline Elwood / Heather Grimbaldeston/ Matthew Cunningham**					
6.1	**Governance**	6.1.1 Establish governance arrangements for new public health responsibility ensure clear reporting lines are in place to inform on progress on local Public Health transition: 6.1.2 Understand Executive / Non Executive	HG / MC	**Ongoing – until April 2013**	6.1.1 Public Health Transition Oversight Board in place since September 2010. Attended by senior members of PCT and local authority.			 Cheshire East Public Health Oversight.doc

		functions and roles 6.1.3 Review Member / Officer Delegations as appropriate 6.1.4 Amend Constitution including approval by full Council			Report on progress, issues and risks are is regularly done via: • DPH 1:1's with local authority CEX, PCT Cluster CEX and Chair • DPH and transition Programme Manager (MC) report back to CE Shadow Health and Wellbeing Board, and Health and Wellbeing Scrutiny • DPH attendance to CECPCT Transition Board • DPH attendance to / report back to PCT Cluster Board • DPH attendance to regional DPH meetings , report back to regional and NHS North DsPH			
7.	**Communication and engagement (internal and external)**		**Jo Rozsich, Matthew Cunningham**					
7.1	**Communication & Engagement Strategy**	7.1.1 Establish communication and engagement group, agree membership, schedule of meetings and structure for working together 7.1.2 develop and deliver public health service comms & engagement plan/strategy – aligned to cluster and NHS North plans 7.1.3 Establish media relations protocol to co-ordinate consistent engagement with local media 7.1.4 Engage with Senior Members and Officers to raise awareness and champion the new public health role	**MC/JR**		7.1.1 Regular communication between MC/JR is ongoing 7.1.2 Draft plan has been started 7.1.4 member awareness ½ day briefing session on health reforms delivered on 24.11.11	**Further meeting arranged with Jo Rozsich, 27.02.12** **Have linked into cluster work on Comms plan development**		NHS REFORMS FLYER Nov 24th 201 Microsoft Word - Feb 2012 Cheshire East P
8	**Integration of Workforce, Development of staffing structure and Developing the Workforce**		**Paul Bradshaw, Judy Watson**					
8.1	**Understanding current public health / CEC health improvement / health protection / improving health care Public Health staffing resource**	8.1.1 Undertake audits identifying staffing resource, posts, skills, knowledge, gaps 8.1.2 Identify overlap, relationship and joint responsibilities with other public health roles 8.1.3 Develop personal data sharing protocol to allow information sharing between organisations	JB/SW/GH/PH / JS		8.1.1 - Health improvement audit done but need to now share information and identify overlaps. Health Protection undertaken on a Cheshire & Merseyside footprint (because of link to Health Protection Agency)Audit of posts, roles, skills, grades etc undertaken 8.1.3 Contact made with legal. CAF demonstrator protocol available as template.			
8.2	**Public Health model for Cheshire East**	8.2.1 develop and agree scope of service 8.2.2 define, design and agree new operational structure / model which reflects the new public health agenda and responsibilities which the Council needs to deliver. 8.2.3 identify skills and personnel required to enable creation and delivery of new model 8.2.4 Get sign off by Cabinet and CMT 8.2.5 share model/Structure with PCT Cluster, CCG and other partners (other DsPH in Cluster)	HG/EW/PB HG/EW/PB HG/PB EW/HG/PB	January 2012	8.2.1 – 8.2.5 Draft structure has been agreed in principle. DPH and Senior Officers of the Council and PCT working on producing a paper for Cabinet to get approval for proposed structure. 8.2.5 Model and agreement to be shared with PCT Cluster at March 2012 Board			

8.3	**Implementation of new Public Health Service model**	8.3.1 Develop guidance / process pack 8.3.2 Consult staff and TUs 8.3.3 Open targeted VS if required 8.3.4 Assimilate relevant staff 8.3.5 Appoint to vacant posts under ring fence 8.3.6 Advertise / recruit to remaining posts 8.3.7 Manage release, redeployment of any remaining displaced staff 8.3.8 Deliver corporate induction and orientation support to any new staff and the staff TUPE'd across from the PCT	PB/JW PB PB HG/PB HG/PB PB HG/PB PB		**8.3.1 and 8.3.2** **HR Officers from CEC and CECPCT working on guidance pack for staff and will open up a consultation to staff.** **8.3.3 VR option is currently available to PCT Cluster staff** **8.3.5 & 8.3.6 to be determined upon agreement of structure** **8.3.8 Corporate induction to be arranged upon identification of PH staff move in date. a number of PH staff have already received CE induction HG, MC, DP, GH**			
8.4	**Physical & Electronic relocation of Public Health into CEC facilities**	8.4.1 identify base(s) with sufficient space for Public Health staff relocation 8.4.2 Arrange a temporary 'outpost' base for those PH staff working frequently out of Council facilities 8.4.3 Agree PH staff relocation base location - DPH to agree with CE CEx location of Public Health Team within Council 8.4.4 When base identified, agree transfer timeline. Transfer action plan to be created 8.4.5 Assess Public Health Team requirements for: **Physical – office space** - desks & drawers, computers, telephones, printers, filing cabinets, resources, personnel records **Electronic** - Computer hardware/software - transfer of electronic data - Data storage - internet / web usage - Access to ICT support 8.4.6 Audit existing assets that PH Team use and require 8.4.7 Map what software and systems are currently used, any issues around access to data/information, level of data storage required in CECPCT PH 8.4.8 Map existing software and systems in CE Council	HG/MC/AP MC/AP/DG HG / EW MC/AP MC/DG MC/VW/IB MC / IB / VW/ AP / DG		8.4.1 - Initial meeting held with AP 05.04.11 to discuss options and requirements 8.4.2 Meeting with Denise Griffiths, Corporate Accom Officer, to help identify desk space for PH 'outpost' desks at Westfields, Sandbach 24.10.11. 3 desks secured for PH staff working out of Westfields 18.11.11 8.4.3 meeting with Arthur Pritchard / Denise Griffiths 02.02.12 to discuss accommodation venue and requirements. PH staff number entered into Council planning for movement of staff around council facilities due to take place in May / June 2012. possible venues identified in Macclesfield, Sandbach or Crewe. Suitable space is an issue 8.4.6 - Public Health physical asset mapping exercise completed Dec 2011 8.4.7 - Mapping of software requirements, database access, licences costs and internet usage underway -see attached. Testing of PH electronic assets being arranged 8.4.10 - ICT Costs associated	Arrange a further meeting once clearer on number of staff, funding and function going over to LA. **Jan/Feb 2012** Further discussion needed with Cheshire East ICT to look at systems compatibility – item for discussion at pan-Cheshire meetings		Public Health Intelligence & ICT Wo

		8.4.9 Identify PH hardware requirements, potential costs for software, hardware and licences 8.4.10 Identify costs associated with ICT support 8.4.11 Form a T&F group to oversee physical and electronic integration of staff and systems into council facilities 8.4.12 Assess practicalities of setting up CE accounts and access to CE information for PH staff as new employees of CE Council 8.4.13 Identify process/contact within CE responsible for arranging the set-ups of CE accounts and creation of CE ID badges and building access (Westfields) 8.4.14 Arrange for CE email and phone accounts to be set up for staff working out of Council facilities in advance of formal transfer 8.4.15 arrange for Health & Safety Induction process for PH staff when starting in new facilities 8.4.16 ensure process are in place for the transfer of Public Health assets to Council premises 8.4.17 identify legacy documents/resources that will need to be taken over			with support for Public Health identified in 2010/11 Prevention spend audit 8.4.11 - Initial meeting with Cheshire ICT to discuss future PH requirements 06.12.11 Pan Cheshire Public Health and ICT Integration Steering Group arranged 01.02.12 8.4.12 - done 8.4.13 - done 8.4.14 - Accounts and IDs already set up for: Matthew Cunningham 06.10.11 Heather Grimbaldeston 12.10.11 Guy Hayhurst 20.10.11 Davina Parr 06.10.11 Jane Branson 11. 11.11 Jane Stairmand Jan 2012 Process in place to arrange for account set-up once confirmation of base move and location 8.4.15 MC met with Bronwyn Macarther-Williams 26.01.12 to discuss H&S requirements – now inked into transition process 8.4.16 MC met with Nicola Kent, Primary Care Projects Officer to discuss removal issues, costs etc – now linked into PH transition proces.4.16			
8.5	**Workforce development**	8.5.1 review the individual development needs of the staff of the service 8.5.2 Do gap analysis 8.5.3 Produce workforce development plan to reflect needs of the staff 8.5.4 Commence delivery of the Workforce development plan 8.5.5 Plan interventions. Ensure specialist skills to support specialist functions e.g. public health intelligence, social marketing, comms, research and health protection 8.5.6 Embed public health workforce development into council training so as to ensure that the Council has adequate training programmes for staff to enable the Council to deliver the public health agenda effectively	HG/PB			Awaiting final guidance from DoH Paper specifying PH workforce development needs will be drafted for consideration after final guidance received		
8.6	**Staff Support**	8.7.1 managers to routinely provide 1:1 support to staff to keep them up to date 8.7.2 maintain information supply to staff around national and local transitional changes	MC/HG/JW		8.6.1 aspirational interviews completed 8.6.2 staff in receipt of Public Health News, latest PH System Reform updates, Connect, Cluster Bulletin, attendance at Balcony Briefings, and information supplied via standing agenda item at Team	Continue to give support as and when new details are available		

					Meetings			
9	**Legacy documentation**							
	Document development	9.1 identify relevant documentation, records and materials that are needed to be transfer over as part of a legacy document 9.2 identify key staff within CEC and CECPCT who can assist with creation and control of legacy document 9.3 create first draft of legacy document 9.4 final legacy document produced	MC/SEJ	**March 2012** **October 2012** **Jan 2013**	9.1 exercise underway to identify records, documents and material 9.2 Sonia Ellis-Jones – Information Management Support of CEC identified to support record handover			
10	**Miscellaneous / Additional duties of the DPH**		Various					
10.1	**Death Certification**	10.1.1 Scope implications of proposed death certification/medical examiners reforms and potential responsibilities for Public Health / DPH	HG/JS	**Unknown**	10.1.1. JS met with Brian Reed to discuss issues 08.11.11. JS to attend Cheshire East Medical Examiners Project Group	Waiting for further national publication of guidance and finer detail		 Overview of Death Certification Reforms
10.2	**Child Death Overview Panel**	10.2.1 scope future requirement for PH representation on panel and potential implications 10.2.2. continue to attend thus meeting PH commitment during transitional period	JS/GH	**Unknown**	10.2.2 JS attends each quarterly panel			
10.3	**Individual funding request / appeals panel**	10.3.1 scope future requirement for PH representation on panels and potential implications 10.3.2 continue to attend thus meeting PH commitment during transitional period	JS/GH	**Unknown**	10.3.2 JS/GH continue to attend panels			
10.4	**Pharmacy Public Health**	10.4.1 scope future requirements of and support to the Public Health pharmacy campaigns 10.4.2 identify contracts and SLAs for pharmacy located Public Health Services 10.4.3 Separate out Vale Royal element 10.4.4 Review and develop contracts and SLAs to address future commissioning routes (NHSCB, PHE & LA) and provider arrangements 10.4.5 continue to support pharmacy needs assessments requirements	JB GC	**October 2012**				 Pharmaceutical Public Health Implications A

Staff involved in the planning and delivery of Public Health Transition

Central & Eastern Cheshire Primary Care Trust (CECPCT)
(HG) Heather Grimbaldeston – Director of Public Health
(GH) Guy Hayhurst – Consultant in Public Health
(JS) Julie Sin – Consultant in Public Health
(DP) Davina Parr – Consultant in Public Health
(RB) Roger Beech – Consultant in Public Health

Cheshire East Council (CEC)
(EW) Erika Wenzel – Chief Executive
(LB) Lorraine Butcher – Director of Adults, Children's & Families
(LS) Lucia Scally – Head of Integrated Strategic Commissioning & Safeguarding
(GK Guy Kilminster – Head of Health Improvement
(PH) Peter Hartwell – Head of Community Services

(JB) Jane Branson – Assistant Director of Public Health
(MC) Matthew Cunningham – Assistant Director of Public Health (Acting)
(SD) Sara Deakin – Head of Public Health Intelligence
(JW) Judy Watson – Assoc Director HR and Workforce
(IB) Ian Bradbury – Senior Business Analyst
(AM) Alex Mitchell – Assistant Director of Finance
(JM) Julie Murdy – Senior ICT Portfolio Manager
(BA) Brenda Andrews – Information Governance Manager
(GC) Gaily Curphey - Associate Director Medicines Management & Pharmacy
(NK) Nicola Kent – Primary Care Project Officer
(JS2) Jane Stairmand – Public Health Manager/JSNA Manager
(SW) Sheila Woolstencroft – Health Improvement Manager
(AP) Arthur Pritchard – Assets Manager
(PB) Paul Bradshaw – Head of HR & OD
(VW) Valda Williams – Head of ICT Planning & Commissioning
(CE) Caroline Elwood – Borough Solicitor
(DO) Dominic Oakshott – Adults & Childrens Finance Lead
(DG) Denise Griffiths – Corporate Accommodation Manager
(JR) Jo Rozsich – Head of Communications
(MG) Martin Grime - Lead Emergency Planning Officer
(BR) Brian Reed – Democratic Services Manager
(SEJ) Sonia Ellis-Jones – Information Management Support
(BMW) Bronwen Macarthur-Williams – Corporate Health and Safety Manager