

**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 PH Transition Update, p4.5, Transition PM governance p12,16 p5, 2.7.1	Awaiting further progress Update due Jan 12.			√	Yellow	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 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				√	Yellow	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			√	Yellow	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 platform and 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			√	Yellow	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.		√	Red	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	√			Green		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/Dearcolleagues/letters/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		√	Red	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,				√	Yellow	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	√		Green		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/Dearcolleagues/letters/DH_132760		
	2.1	National Child Measurement Programme,				√	Yellow	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.		
2.1	NHS Health check assessment?		Not referred to in documents provided		√	Red	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 recommissioning aspects of substance misuse and healthcare services in HMP Sneyd. 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. 2.8.6 to test by Oct 12 In PH transition plan		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 Transition 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 CECPC 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).	√			Green			
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?					√	Yellow			
	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,				√	Red	No Plan just an excel spreadsheet provided.	awaiting national guidance		

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		<ul style="list-style-type: none"> 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 LPH 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 refers 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 diminishing PH resource and limited council resource with the knowledge and skill sets required, and competing 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 arrangements 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 ongoing 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 ongoing discussion but is being picked up in the workstream as identified 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