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

- Improving the health of the public
 Health Protection & Emergency Planning
 Public Health support to NHS Commissioners
 Research and Public Health Intelligence
 Funding for Public Health

- Leadership and Governance

- Communications & Engagement
 Workforce development and Integration
- 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	JB/SW	31/03/13	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.		
		1.2b.1 review Service specification 1.2b.2 monitor progress and process of NCMP collection and delivery			1.2a.3 Working with NHS Western Cheshire to review commissioning arrangements and separation of Vale Royal responsibility.		
		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			1.2b.1 Service specification is part of block contract in place with provider (East Cheshire NHS trust).1.2b.2 Regular monitoring of	1.2b.1 Service Specification in place. Regular monitoring shows process and progress of Programme giving good outcomes	
		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		29.02.12 08.03.12	process and progress taking place. 1.2b.3 Action Plan to move commissioning to LA to be completed by end of year.		
		services for senior members of local authority 1.2c.3 oversee continuation of existing services	DP	31.3.12	2012/13. 1.2b.4 Working with NHS		
		for 2012/13 period 1.2c.4 Research into service user experiences of termination services to inform future care pathways		31.3.12	Western Cheshire to review commissioning arrangements and separation of Vale Royal responsibility		
		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		May 2012 cycle of meetings	1.2c.1 - Service review of all sexual health services underway. Contracts and costs identified, performance monitoring arrangements ratified.		
		1.2c.6 arrange efficiency and effectiveness, evidence of good practice Visits to providers to review positive aspects of services / areas for review.		Feb – May 2012	1.2c.2 Workshop for Cheshire East Council staff and Members		
		1.2c.7 Refresh local Sexual Health Strategy in line with national Strategy to be published.		Following publication of national sexual health strategy	on sexual health services organised by Cheshire and Merseyside Sexual Health		

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					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	1.3a.1 Services commissioned with specialist	DP	.Feb 2012	1.3a.1 Current alcohol services		
	services	public health advice			being reviewed and retendered with public health input.		
	1.3a Drug & Alcohol services	1.3a.2 support of minimum unit pricing		Ongoing through the work of the Cheshire and	Review of Cheshire Drug and		
				Merseyside Task and	Alcohol Team underway		
				Finish Group	1.3a.2 Cheshire East Council leading on work at sub regional	1.3a.2 Cheshire East Council & Cheshire West has agreed to support	
					level to lobby for and introduce minimum unit pricing on alcohol.	minimum unit pricing for alcohol.	
1.4	Public health Outcomes	1.4.1 Include in scoping exercise, assess against	JB/SW	30/06/12	The state of the s		
		current outcomes and develop plan to achieve outcomes.					
1.5	Health Improvement Contracts and Service Level Agreements	1.5.1 Identify contracts and SLAs for Health Improvement Services	JB/DP	30/06/12	1.5.1 SLAs in place for many services		
	Service Level Agreements						
		1.5.2 Separate out Vale Royal element		30/09/12	1.5.2 Working with NHS Western Cheshire on Vale Royal		
		1.5.3 Review and develop contracts and SLAs to address future commissioning (NHS CB, PHE &					
1.6	Embedding Public Health Improvement	LA) and provider arrangements 1.6.1 develop a systematic approach across	JB/SW	ongoing	1.6.1 – role/person identified to	Embedding Public Health needs to be	
1.0	Outcomes into Council Services Service	Council services to improving health outcomes.	JD/ 34V	Oligoliig	lead on this (GK) with outline	built into budget setting /Service	
	delivery	1.6.2 Raise awareness of the Council's public			goals agreed	planning guidance for 2012/2013.	
		health responsibilities			1.6.2 - Councillor Clowes leading discussions with Directorates.		
					Places and C&F engaged.		
2	Health Protection & Emergency Planning		Guy Hayhurst Peter Hartwell				
2.1	Assess current activities outcomes /	2.1.1 Identify gaps	- Ctcl-Haltwell				
	indicators against those outlined within Public Health Outcomes Framework	2.1.2 Identify duplication					
		2.1.3 Identify areas to be					
		commissioned/decommissioned/ recommissioned					
		recommissioned					
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2.2	Strategic aims and priorities	2.2.1. Identify strategic aims and priorities for	List of topic areas established		w 🖹
		health protection in conjunction with PHE	e.g. respiratory disease, Port		
			health.		2011-08-31 Health
		2.2.2 Influence Joint health and Wellbeing			Protection Report to
		Strategy to ensure Health Protection is a priority	2.2.1 Report to Public Health		Troccedion report to
		γ το τη	Transition Board 31.08.11		
		2.2.3 Influence corporate strategy	identifying which areas we are		
		2.2.3 milderice corporate strategy	locally interested in delivering		
		2.2.4 Duaguage fallous up actions from manage to			
		2.2.4 Progress follow up actions from report to	and those HPA could/should		
		Board 31.08.2011	undertake.		
2.3	Embedding Public Health Protection	2.3.1 Identify the Council's existing statutory	2.3.1 and 23.2	Needs to be considered as part of	POF
	Outcomes into Council Services Service	powers that are relevant to public health	Exercise undertaken by Tracey	budget setting/service planning for	Mohe
	delivery	protection	Bettaney in Environment Health	2012-2013	Microsoft Word -
			highlighting role and links to		Public Health Protecti
		2.3.2 map out what role other parts of the	Public Health Agenda		T ablic Ficalcit Frocecti
		Council play in health protection			
		Council play in ricultii protection			
		2.2.2 Fetablish Tusining, and Davislands of plans			
		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			
2.4	Partnerships	2.4.1 Influence and establish working	Legal responsibility likely to be		
		relationships with other partners	placed upon CCG to work with		
			Council.		
2.5	Provision and Commissioning of Health	2.5.1 Identify current services in all categories,	2.5.1 - GH prepared for PCT. PH		
	Protection Services	direct and commissioned	initiated		
			acca		
		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			
2.6	Accountability	2.6.1 Establish clear accountabilities for delivery		White paper awaited. Will probably	
	•	of all key elements of HP work		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	2010-2011 CECPCT Prevention	Need to determine what	
2.7	nesources	· ·			
		needed to achieve outcomes	Spend audit completed Sept	responsibilities we take on and what	
			2011 identifying CECPCT	we require HPA to take on.	
		2.7.2 Identify CEC Health Protection resource	investment in health protection		
		needed to achieve outcomes			
			Papers received and passed to		
		2.7.3 identify current staffing structures in	respective finance teams		
		CECPCT and CE identifying Posts – skills,			
		knowledge, job role, scale /grade			
		3 , , , , , , , , , , , , , , , , , , ,			
		2.7.4 Identify vacancies potential shortfalls			
		2.7.14 racinary vacanicies potential shortians			
		2.75 Identify overlan relationship and init			
		2.7.5 Identify overlap, relationship, and joint			
		responsibilities with other public health roles			
		2.7.6 Understand current and anticipate future			
1		workforce requirements resulting from identified			

		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	/HG / Martin mes	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	Julie Scall	e Sin / Lucia			
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		

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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	offer' guidance released Feb 2012 http://www.dh.gov.uk/en/Publications andstatistics/Lettersandcirculars/Dear	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 reestablished 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

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				A.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				
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	Mitchell 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 Clir
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				
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 coordinate consistent engagement with local media 7.1.4 Engage with Senior Members and Officers to raise awareness and champion the new public health role	Cunningham 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		Paul Bradshaw, Judy Watson				
8.1	Workforce 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	8.3.1 Develop guidance / process pack	PB/JW	8.3.1 and 8.3.2		
0.5	Service model	6.5.1 Develop guidance / process pack	1 5/300	HR Officers from CEC and		
	Service model	8.3.2 Consult staff and TUs	РВ	CECPCT working on guidance		
		8.3.3 Open targeted VS if required		pack for staff and will open up a consultation to staff.		
			PB			
		8.3.4 Assimilate relevant staff	HG/PB	8.3.3 VR option is currently available to PCT Cluster staff		
		8.3.5 Appoint to vacant posts under ring fence	HG/PB	8.3.5 & 8.3.6 to be determined		
		8.3.6 Advertise / recruit to remaining posts	РВ	upon agreement of structure		
		8.3.7 Manage release, redeployment of any remaining displaced staff		8.3.8 Corporate induction to be arranged upon identification of		
			HG/PB	PH staff move in date. a number of PH staff have already		
		8.3.8 Deliver corporate induction and orientation support to any new staff and the staff TUPE'd		received CE induction HG, MC,		
		across from the PCT	PB	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	HG/MC/AP	8.4.1 - Initial meeting held with AP 05.04.11 to discuss options	Arrange a further meeting once clearer on number of staff, funding and	W
	Treatmines decidentes			and requirements	function going over to LA. Jan/Feb	Public Health
		8.4.2 Arrange a temporary 'outpost' base for	MC/AP/DG	0.4.2 Mastins with Danies	2012	Intelligence & ICT Wo
		those PH staff working frequently out of Council		8.4.2 Meeting with Denise		
		facilities		Griffiths, Corporate Accom Officer, to help identify desk	Further discussion needed with	
		8.4.3 Agree PH staff relocation base location -	HG / EW	space for PH 'outpost' desks at	Cheshire East ICT to look at systems	
		DPH to agree with CE CEx location of Public	I TIGY EW	Westfields, Sandbach 24.10.11. 3	•	
		Health Team within Council		desks secured for PH staff	compatibility – item for discussion at	
				working out of Westfields	pan-Cheshire meetings	
		8.4.4 When base identified, agree transfer		18.11.11		
		timeline. Transfer action plan to be created		8.4.3 meeting with Arthur		
		8.4.5 Assess Public Health Team requirements	MC/AP	Pritchard / Denise Griffiths		
		for:	MC/DC	02.02.12 to discuss		
		Physical – office space - desks & drawers, computers, telephones,	MC/DG	accommodation venue and requirements. PH staff number		
		printers, filing cabinets, resources, personnel		entered into Council planning for		
		records		movement of staff around		
				council facilities due to take		
		Electronic		place in May / June 2012.		
		- Computer hardware/software		possible venues identified in		
		- transfer of electronic data	MC/VW/IB MC / IB / VW/ AP	Macclesfield, Sandbach or		
		- Data storage - internet / web usage	/ DG	Crewe. Suitable space is an issue		
				8.4.6 - Public Health physical		
		- Access to ICT support		asset mapping exercise		
		8.4.6 Audit existing assets that PH Team use and require		completed Dec 2011		
				8.4.7 - Mapping of software		
		8.4.7 Map what software and systems are		requirements, database access,		
		currently used, any issues around access to		licences costs and internet usage		
		data/information, level of data storage required		underway -see attached. Testing		
		in CECPCT PH		of PH electronic assets being		
		8.4.8 Map existing software and systems in CE		arranged		
		Council		8.4.10 - ICT Costs associated		
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particular side of many learness and formation of the company of t					with support for Public Health		
particular control products products and control products of the Control of the C			8.4.9 Identify PH hardware requirements,		identified in 2010/11 Prevention		
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sections (large parks) of cell and systems late control for files and control files and control for files and control fil					requirements 06.12.11 Pan		
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			1	Τ	NA ations		
0					Meetings		
9	Legacy documentation		NAC/CEL				
	Document development	9.1 identify relevant documentation, records and	MC/SEJ		9.1 exercise underway to		
		materials that are needed to be transfer over as			identify records, documents and		
		part of a legacy document			material		
		9.2 identify key staff within CEC and CECPCT who		March 2012	9.2 Sonia Ellis-Jones –		
		can assist with creation and control of legacy			Information Management		
		document			Support of CEC identified to		
					support record handover		
		9.3 create first draft of legacy document		October 2012			
		<i>3</i> ,					
		9.4 final legacy document produced		Jan 2013			
10	Miscellaneous / Additional duties of the		Various				
	DPH						
10.1	Death Certification	10.1.1 Scope implications of proposed death	HG/JS	Unknown	10.1.1. JS met with Brian Reed to	Waiting for further national	PIDE
10.1	Death Certification	certification/medical examiners reforms and	1.0/35	CIRCIOWII	discuss issues 08.11.11. JS to	publication of guidance and finer	POF
							Nobe
		potential responsibilities for Public Health / DPH			attend Cheshire East Medical	detail	Overview of Death
					Examiners Project Group		Certification Reforms
10.2	Child Death Overview Panel	10.2.1 scope future requirement for PH	JS/GH	Unknown	10.2.2 JS attends each quarterly		
	child beath overview rane.	representation on panel and potential		Onknown	panel		
		implications			parier		
		Implications					
		10.2.2. continue to attend thus meeting PH					
		_					
		commitment during transitional period					
			10/01				
10.3	Individual funding request / appeals	10.3.1 scope future requirement for PH	JS/GH	Unknown	10.3.2 JS/GH continue to attend		
	panel	representation on panels and potential			panels		
		implications					
		10.3.2 continue to attend thus meeting PH					
		commitment during transitional period					
10.4	Pharmacy Public Health	10.4.1 scope future requirements of and support	JB	October 2012			W
		to the Public Health pharmacy campaigns	GC				
							Pharmaceutical Public
		10.4.2 identify contracts and SLAs for pharmacy					Health Implications A
		located Public Health Services					Trouble Transportation
		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					
		The a Lay and provider distallgements					
		10.4.5 continue to support pharmacy needs					
		assessments requirements	1				1

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 (LI)

(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