










**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](#)







[illegible]

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

2.2	Strategic aims and priorities	<p>2.2.1. Identify strategic aims and priorities for health protection in conjunction with PHE</p> <p>2.2.2 Influence Joint health and Wellbeing Strategy to ensure Health Protection is a priority</p> <p>2.2.3 Influence corporate strategy</p> <p>2.2.4 Progress follow up actions from report to Board 31.08.2011</p>			<p>List of topic areas established e.g. respiratory disease, Port health.</p> <p>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.</p>			 2011-08-31 Health Protection Report to
2.3	Embedding Public Health Protection Outcomes into Council Services Service delivery	<p>2.3.1 Identify the Council's existing statutory powers that are relevant to public health protection</p> <p>2.3.2 map out what role other parts of the Council play in health protection</p> <p>2.3.3 Establish Training and Development plans to support and embed a 'whole council approach' to Health and Health Protection</p> <p>2.3.4 Ensure all Council services embed health protection outcomes into service delivery</p> <p>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</p>			<p>2.3.1 and 2.3.2 Exercise undertaken by Tracey Bettaney in Environment Health highlighting role and links to Public Health Agenda</p>	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	<p>2.5.1 Identify current services in all categories, direct and commissioned</p> <p>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</p> <p>2.5.3 identify current contracts with commissioned providers of health protection services</p>			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	<p>2.7.1 Identify CECPT Health Protection resource needed to achieve outcomes</p> <p>2.7.2 Identify CEC Health Protection resource needed to achieve outcomes</p> <p>2.7.3 identify current staffing structures in CECPT and CE identifying Posts – skills, knowledge, job role, scale /grade</p> <p>2.7.4 Identify vacancies potential shortfalls</p> <p>2.7.5 Identify overlap, relationship, and joint responsibilities with other public health roles</p> <p>2.7.6 Understand current and anticipate future workforce requirements resulting from identified</p>			<p>2010-2011 CECPT Prevention Spend audit completed Sept 2011 identifying CECPT investment in health protection</p> <p>Papers received and passed to respective finance teams</p>	Need to determine what responsibilities we take on and what we require HPA to take on.		






		reform responsibilities						
2.8	Integration	<p>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</p> <p>2.8.2 Undertake an audit of current notification practices and information flows between Cheshire East Borough Council, the PCT and the HPU</p> <p>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</p> <p>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</p> <p>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)</p> <p>2.8.6 test arrangements for the delivery of screening and immunisation services by <b>October 2012</b></p>						
2.9	Emergency Planning	<p>2.9.1 Develop plans and arrangements for emergency planning and resilience</p> <p>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 - <b>by October 2012</b></p>	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	<p>3.1.1 identify current staffing structures in CECPT and CE identifying Posts – skills, knowledge, job role, scale /grade</p> <p>3.1.2 Identify vacancies potential shortfalls</p> <p>3.1.3 Understand current and anticipate future workforce requirements resulting from identified reform responsibilities</p>			<p>3.1.1 – Consultants (JS/GH) placed within emerging CCGs providing public health support and lead in development of commissioning intentions</p> <p>3.1.2 Staffing structures identified within CECPT and Cheshire. Proposed PH Staff structure for CE includes PH Support to NHS Commissioners roles, with identified grades</p>			
3.2	Embedding Improving care Public Health into all aspects of PCT Transition planning	<p>3.2.1 ensure within all public health transition planning</p> <p>3.2.2 ensure public health pillar and associated resources are included in PCT/Cluster transition considerations</p>			<p>3.2.1 completed</p> <p>3.2.2 Public Health representation at PCT cluster board</p> <p>3.2.2 Public Health representation at PCT Transition Board</p>			

3.3	Providing support and advice to partners	<p>3.3.1 provide public health support and advice to developing CCGs</p> <p>3.3.2 support promotion of importance of public health pillar to wider partners</p> <p>3.3.3 provide prioritisation support</p>			<p>3.3.1 – Consultants (JS/GH) placed within emerging CCGs providing public health support and lead in development of commissioning intentions</p> <p>3.3.2 contributing to CHAMPS PH work</p> <p>3.3.2 - Nationally engaged with NHS consultation and engaging with national conferences to influence thinking</p> <p>3.3.3 development of prioritisation process for Eastern Cheshire CCG</p>	<p>Seeking clarity regarding respective roles within PCT/Cluster</p> <p>JS to try and establish capacity within PCT Cluster</p> <p>Review support in light of draft 'core offer' guidance released Feb 2012  <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_132760">http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_132760</a></p>		 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	<p>Need to undertake analysis of current staffing</p> <p>Awaiting Bill to be finalised and national responsibilities / structures to be finalised e.g. Public Health England, NHS CB</p>		
4.2	Public Health Outcomes framework	4.2.1 Develop monitoring system for Public Health Outcomes framework	SD	30/06/12	<p>Performance Monitoring for Cluster established</p> <p>Local monitoring system being discussed</p>			
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	<p>4.4.1 Refresh JSNA dataset</p> <p>4.4.2 enhance the qualitative data used in the JSNA</p> <p>4.4.3 re-establish JSNA steering group</p> <p>4.4.4 ensure JSNA is a standing agenda item at Health &amp; Wellbeing Board meeting</p> <p>4.4.5 identify key emerging priorities from the JSNA to help inform the development of the Joint Health &amp; Wellbeing Strategy</p> <p>4.4.6 develop draft JHWS for Board sign of fin May</p> <p>4.4.7 ensure Cheshire East is linked into regional and national workstreams on JSNA and JHWS development</p> <p>4.4.8 identify additional resources for JSNA and JHWS</p> <p>4.4.9 scope examples of best practice for JSNAs and JHWS</p>	SD/JS	<p>JSNA is ongoing</p> <p>JHWS draft to be completed for May HWBB Board</p>	<p>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.</p> <p>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</p> <p>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</p>			 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





					<p>Programme Manager</p> <p>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)</p> <p>4.4.5 Draft report prepared for CE HWBB board meeting on JHWS development and timeline pressures – being looked at by JSNA Steering Group 03.01.12</p> <p>4.4.6 draft outline of possible JHWS to be discussed at Feb 2012 JSNA Steering Group</p>			
4.5	<b>Data ownership and continuity issues</b>	<p>4.5.1 Explore and resolve data ownership and continuity issues</p> <p>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)</p>	SD/JS		<p>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)</p> <p>4.5.1 - issue being looked at in the Pan-Cheshire Public Health &amp; ICT Integration Steering Group</p> <p>4.5.2 - issue being looked at in the Pan-Cheshire Public Health &amp; ICT Integration Steering Group</p>	If necessary consider proposal to leave SD in NHS with SLA to local authority as interim arrangement.		
4.7	<b>Accountability</b>	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	<b>Support to partners</b>	<p>4.8.1 Develop working relationship with CCGs around data intelligence support</p> <p>4.8.2 continue to provide support to commissioning colleagues and external partners</p>	GH/JS/SD		<p>4.8.1 Meetings with CCG's being established</p> <p>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</p> <p>4.8.2 this continues on a daily basis via the consultants and PH intelligence</p>			 AD Health Inequalities.doc
4.9	<b>Research</b>	<p>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</p> <p>4.9.2 identify current staffing structures in CEPCT and CE identifying Posts – skills, knowledge, job role, scale /grade</p> <p>4.9.3 Identify vacancies potential shortfalls</p>	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


		<p>4.9.4 Identify overlap, relationship, and joint responsibilities with other public health roles</p> <p>4.9.5 Understand current and anticipate future workforce requirements resulting from identified reform responsibilities</p> <p>4.9.6 Identify current research partnerships and agreements e.g. CCG, acute trusts</p> <p>4.9.7 Understand future business requirements and shape the function around those requirements</p> <p>4.9.8 Identify future accountability arrangements</p> <p>4.9.9 Identify resource needed to help achieve outcomes</p>						
5.	Funding for Public Health		Dominic Oakeshott /Alex Mitchell					
5.1	Prevention spend in CECPCT and CEC	<p>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</p> <p>5.1.2 Determine CEC spend on health &amp; well being services / functions / staff as identified as the future responsibilities for LA's</p> <p>5.1.3 Identify Commissioned services from other providers e.g. third sector - NHS &amp; LA and assess which are public health related</p>	DO/AM/MC		<p>5.1.1 - National and NW Public Health spend audit 2010-2011 completed and submitted to DH 19.09.11</p> <p>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</p> <p>5.1.3 List of third sector commissioned services from CEC completed</p> <p>5.1.3 list of commissioned services / grants from CECPCT delivered by third sector agencies completed Dec 2011, shared with EW, LB</p>	<p>Further NW and local analysis to be undertaken to determine LA, NHSCB and PHE split.</p> <p>Shadow allocation and allocation formulae announced in Feb 2012</p>	●	 Public Health Finance CEC&CECPCT Summa  2011.12.28 Third Sector funding by Cl
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	<p>5.3.1 Identify and agree future scope of service spend on PH, Health and Wellbeing by local authority</p> <p>5.3.2 'Ring fence' PH budget from PHE to LA</p>	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	<p>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:</p> <p>6.1.2 Understand Executive / Non Executive</p>	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










		<p>functions and roles</p> <p>6.1.3 Review Member / Officer Delegations as appropriate</p> <p>6.1.4 Amend Constitution including approval by full Council</p>			<p>Report on progress, issues and risks are is regularly done via:</p> <ul style="list-style-type: none"> <li>• DPH 1:1's with local authority CEX, PCT Cluster CEX and Chair</li> <li>• DPH and transition Programme Manager (MC) report back to CE Shadow Health and Wellbeing Board, and Health and Wellbeing Scrutiny</li> <li>• DPH attendance to CEC PCT Transition Board</li> <li>• DPH attendance to / report back to PCT Cluster Board</li> <li>• DPH attendance to regional DPH meetings , report back to regional and NHS North DsPH</li> </ul>			
7.	Communication and engagement (internal and external)		Jo Rozsich, Matthew Cunningham					
7.1	Communication & Engagement Strategy	<p>7.1.1 Establish communication and engagement group, agree membership, schedule of meetings and structure for working together</p> <p>7.1.2 develop and deliver public health service comms &amp; engagement plan/strategy – aligned to cluster and NHS North plans</p> <p>7.1.3 Establish media relations protocol to co-ordinate consistent engagement with local media</p> <p>7.1.4 Engage with Senior Members and Officers to raise awareness and champion the new public health role</p>	MC/JR		<p>7.1.1 Regular communication between MC/JR is ongoing</p> <p>7.1.2 Draft plan has been started</p> <p>7.1.4 member awareness ½ day briefing session on health reforms delivered on 24.11.11</p>	<p>Further meeting arranged with Jo Rozsich, 27.02.12</p> <p>Have linked into cluster work on Comms plan development</p>		 NHS REFORMS FLYER Nov 24th 2011  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	<p>8.1.1 Undertake audits identifying staffing resource, posts, skills, knowledge, gaps</p> <p>8.1.2 Identify overlap, relationship and joint responsibilities with other public health roles</p> <p>8.1.3 Develop personal data sharing protocol to allow information sharing between organisations</p>	JB/SW/GH/PH / JS		<p>8.1.1 - Health improvement audit done but need to now share information and identify overlaps. Health Protection undertaken on a Cheshire &amp; Merseyside footprint (because of link to Health Protection Agency) Audit of posts, roles, skills, grades etc undertaken</p> <p>8.1.3 Contact made with legal. CAF demonstrator protocol available as template.</p>			
8.2	Public Health model for Cheshire East	<p>8.2.1 develop and agree scope of service</p> <p>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.</p> <p>8.2.3 identify skills and personnel required to enable creation and delivery of new model</p> <p>8.2.4 Get sign off by Cabinet and CMT</p> <p>8.2.5 share model/Structure with PCT Cluster, CCG and other partners (other DsPH in Cluster)</p>	<p>HG/EW/PB</p> <p>HG/EW/PB</p> <p>HG/PB</p> <p>EW/HG/PB</p>	January 2012	<p>8.2.1 – 8.2.5</p> <p>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.</p> <p>8.2.5 Model and agreement to be shared with PCT Cluster at March 2012 Board</p>			



8.3	Implementation of new Public Health Service model	<p>8.3.1 Develop guidance / process pack</p> <p>8.3.2 Consult staff and TUs</p> <p>8.3.3 Open targeted VS if required</p> <p>8.3.4 Assimilate relevant staff</p> <p>8.3.5 Appoint to vacant posts under ring fence</p> <p>8.3.6 Advertise / recruit to remaining posts</p> <p>8.3.7 Manage release, redeployment of any remaining displaced staff</p> <p>8.3.8 Deliver corporate induction and orientation support to any new staff and the staff TUPE'd across from the PCT</p>	<p>PB/JW</p> <p>PB</p> <p>PB</p> <p>HG/PB</p> <p>HG/PB</p> <p>PB</p> <p>HG/PB</p> <p>PB</p>		<p><b>8.3.1 and 8.3.2</b> HR Officers from CEC and CECPCT working on guidance pack for staff and will open up a consultation to staff.</p> <p><b>8.3.3</b> VR option is currently available to PCT Cluster staff</p> <p><b>8.3.5 &amp; 8.3.6</b> to be determined upon agreement of structure</p> <p><b>8.3.8</b> 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</p>			
8.4	Physical & Electronic relocation of Public Health into CEC facilities	<p>8.4.1 identify base(s) with sufficient space for Public Health staff relocation</p> <p>8.4.2 Arrange a temporary 'outpost' base for those PH staff working frequently out of Council facilities</p> <p>8.4.3 Agree PH staff relocation base location - DPH to agree with CE CEx location of Public Health Team within Council</p> <p>8.4.4 When base identified, agree transfer timeline. Transfer action plan to be created</p> <p>8.4.5 Assess Public Health Team requirements for: <b>Physical – office space</b> - desks &amp; drawers, computers, telephones, printers, filing cabinets, resources, personnel records</p> <p><b>Electronic</b> - Computer hardware/software - transfer of electronic data - Data storage - internet / web usage</p> <p>- Access to ICT support</p> <p>8.4.6 Audit existing assets that PH Team use and require</p> <p>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</p> <p>8.4.8 Map existing software and systems in CE Council</p>	<p>HG/MC/AP</p> <p>MC/AP/DG</p> <p>HG / EW</p> <p>MC/AP</p> <p>MC/DG</p> <p>MC/VW/IB MC / IB / VW/ AP / DG</p>		<p>8.4.1 - Initial meeting held with AP 05.04.11 to discuss options and requirements</p> <p>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</p> <p>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</p> <p>8.4.6 - Public Health physical asset mapping exercise completed Dec 2011</p> <p>8.4.7 - Mapping of software requirements, database access, licences costs and internet usage underway -see attached. Testing of PH electronic assets being arranged</p> <p>8.4.10 - ICT Costs associated</p>	<p>Arrange a further meeting once clearer on number of staff, funding and function going over to LA. Jan/Feb 2012</p> <p>Further discussion needed with Cheshire East ICT to look at systems compatibility – item for discussion at pan-Cheshire meetings</p> 		 <p>Public Health Intelligence &amp; ICT Wo</p>

		<p>8.4.9 Identify PH hardware requirements, potential costs for software, hardware and licences</p> <p>8.4.10 Identify costs associated with ICT support</p> <p>8.4.11 Form a T&amp;F group to oversee physical and electronic integration of staff and systems into council facilities</p> <p>8.4.12 Assess practicalities of setting up CE accounts and access to CE information for PH staff as new employees of CE Council</p> <p>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)</p> <p>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</p> <p>8.4.15 arrange for Health &amp; Safety Induction process for PH staff when starting in new facilities</p> <p>8.4.16 ensure process are in place for the transfer of Public Health assets to Council premises</p> <p>8.4.17 identify legacy documents/resources that will need to be taken over</p>			<p>with support for Public Health identified in 2010/11 Prevention spend audit</p> <p>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</p> <p>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</p> <p>Process in place to arrange for account set-up once confirmation of base move and location</p> <p>8.4.15 MC met with Bronwyn Macarther-Williams 26.01.12 to discuss H&amp;S requirements – now inked into transition process</p> <p>8.4.16 MC met with Nicola Kent, Primary Care Projects Officer to discuss removal issues, costs etc – now linked into PH transition process. 4.16</p>			
8.5	Workforce development	<p>8.5.1 review the individual development needs of the staff of the service</p> <p>8.5.2 Do gap analysis</p> <p>8.5.3 Produce workforce development plan to reflect needs of the staff</p> <p>8.5.4 Commence delivery of the Workforce development plan</p> <p>8.5.5 Plan interventions. Ensure specialist skills to support specialist functions e.g. public health intelligence, social marketing, comms, research and health protection</p> <p>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</p>	HG/PB			<p>Awaiting final guidance from DoH</p> <p>Paper specifying PH workforce development needs will be drafted for consideration after final guidance received</p>		
8.6	Staff Support	<p>8.7.1 managers to routinely provide 1:1 support to staff to keep them up to date</p> <p>8.7.2 maintain information supply to staff around national and local transitional changes</p>	MC/HG/JW		<p>8.6.1 aspirational interviews completed</p> <p>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</p>	<p>Continue to give support as and when new details are available</p>		

					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 Grimbaldston – 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