



**DARLINGTON BOROUGH COUNCIL
PUBLIC HEALTH TRANSITION PLAN
2012 – 2013**

12th October 2012

1. Introduction

- 1.1 The Public Health White Paper: Healthy People, Healthy Lives, Strategy for Public Health England (November 2010) sets out a vision for the future of public health and also the role of the Director of Public Health (DPH) in local authorities (LA).
- 1.2 The “Update and Way Forward” paper published in July 2011 provides further clarity on the public health responsibilities for LAs and the role of the Director of Public Health.
- 1.3 The update was followed by the publication of “Public Health in Local Government” and a further document “Public Health England’s Operating Model” in December 2011. Public Health England is a new national public health executive arm of the Department of Health, due to be statutorily established on 1 April 2013.
- 1.4 “Public Health in Local Government” confirms the statutory transfer of some public health functions to local authorities from 1 April 2013, clarifies the role and responsibilities of the Director of Public Health in a local authority and details public health services that will be mandatory for local authorities to commission from 2013. All these changes are subject to detail in the Health & Social Bill, due for Royal Assent in 2012.
- 1.5 The process to transfer public health functions currently led by NHS County Durham & Darlington and the commissioned PH services for residents of County Durham and Darlington is complex and 2012 is designated as the transition year when much of the planning between Durham County Council, Darlington Borough Council and NHS County Durham & Darlington must take place.
- 1.6 The County Durham & Darlington Public Health Transition Steering Group has been established to lead the transfer of public health staff and public health functions to the two local authorities and PH England. The Steering Group includes senior managers from both Durham County Council and Darlington Borough Council and NHS County Durham & Darlington and is led by the DPH, County Durham and the DPH, Darlington. The Steering Group is supported by nine workstreams, all with representatives from Durham County Council, Darlington Borough Council, NHS County Durham & Darlington and others with the specialist skills and knowledge required to progress the transfer.
- 1.7 The County Durham & Darlington Public Health Transition Steering Group reports to NHS County Durham & Darlington Transition Board, Durham County Council White Paper Transformation Board and Darlington Borough Council Transformation Board. These

governance and accountability arrangements are detailed in the Steering Group terms of reference.

- 1.8 Darlington Borough Council has established the Public Health Reference Group which will act as a receiver group.
- 1.9 This document is the Darlington element of the joint PH Transition Plan which has been separated out from the joint plan for the assessment by NHS North East on the 16th March. Within the Darlington element there is still some reference to joint work streams for example HR, with Durham. It is anticipated that as both authorities develop their receiver plans, that work streams will become separate over time, with receiver plans subsuming many of the functions of the Joint Plan. This is being monitored at this time. This plan identifies tasks which need to be undertaken and lead officers responsible for ensuring delivery and implementation by agreed timescales. This is essential to ensure transition issues are progressed to enable Darlington to deliver their new public health responsibilities from 1 April 2013.
- 1.10 The draft transition plan was approved and signed off by the North of England Director of Public Health on 20 December 2012. Details from the County Durham & Darlington Public Health Transition Plan will be submitted to NHS County Durham & Darlington Cluster Board on 14th February 2012, Darlington Borough Council Cabinet on the 6th March and Durham County Council Cabinet on 7th March prior to assessment by the North of England Director of Public Health. Feedback on the plan and progress will be provided by the Department of Health by the end of April 2012.
- 1.11 A formal assessment of progress will be undertaken by the Department of Health in October 2012.

Miriam Davidson
Director of Public Health, Darlington
March 2012

PH TRANSITION STEERING GROUP ACTION PLAN – JANUARY 2012						
Task	Actions	Timescales	RAG	Leads	Comments	Leads updates
a. Establish Steering Group	<p>Terms of Reference. Schedule of meetings. Identify named senior reps from DCC & DBC.</p> <p>Agree governance for steering group between NHS CD&D, DCC and DBC.</p>	First meeting 18 January 2012.	Green	Anna Lynch & Miriam Davidson	<p>Links to NE PH Local Transition Planning Group. Joint Group until a decision is made to move these plans to respective Council receiver Boards.</p> <p>DBC have draft PID outlining their receiver plans</p>	Terms of reference updated produced and agreed. Governance agreed, schedule of dates developed
b. Implement work streams	Establish work streams and hold to account for delivery of project plans and achievement of milestones.	Work streams to have first meeting by March 2012.	Green	Work stream leads	All work streams have dates for meetings	Terms of reference produced for all work streams. All work streams scheduled to meet in February/March
c. Transfer date	Agree transfer date between CEOs of NHS CD&D and DBC.	Transfer date agreed by 31.3.12 (full responsibilities)	Green		Discussions have taken place with AB and YC. The agreed transfer date is 1 st April 2013. DBC wish to transfer staff with MOU by October, this excludes risk and liabilities	

d. Develop the PH model and vision for DBC (with Tees Valley LAs) including national guidance – eg healthy lives, healthy people and the PHOF	Agree PH models with DBC.	PH models agreed June 2012.	Amber	Miriam Davidson DBC - Chris Sivers	<ul style="list-style-type: none"> • Awaiting ring fenced PH budget allocation which will determine staffing complement. • Links to HR workstream. • Links to NE PH Transition LTP group for shared functions. • Darlington plan will factor into discussions around shared service model 	Paper developed and shared “Public Health Transition to Darlington Borough Council 2012 to 2013 and Ways of Working from April 2013: Transition to Transformation”
e. Produce PH transition plan	Agree work stream tasks. Monitoring schedule to be agreed.	Draft plan by 20.1.12. Final plan signed off by 31.3.12.	Green	Miriam Davidson DBC – Chris Sivers	Links to NE PH LTP group Plan requires sign off and assessment by North cluster by 26.03.12. Assurance assessment on the 16.03.12 DBC	Transition plan produced and amended to include answers to assurance checklist (February session)
f. Sign off process	Sign-off final joint plan by DBC cabinet and NHS CDD Joint Board.	DBC cabinet 6.3.12	Green	DBC – Chris Sivers	Darlington element of joint plan will become receiver plan. Timescale to be confirmed	

g. Risk register	Develop risk register for transition	Risk register by 31.1.12	Green	Graeme Greig Melanie Brown	SMT needs an issue and risk log for TP reviews. Next full SMT plan review 11.04.12	Risk register produced and amended regularly
h. Clinical governance	Confirm clinical governance arrangements during transition i.e., reporting of SUIs / incident reporting	Confirm clinical governance arrangements during transition by 31.3.12	Green	Miriam Davidson	Arrangements need to be scrutinised again by June 2012 to ensure approach is effective	Discussed at SMT away day on 9 th February. Current clinical governance in place and effective. Workshop scheduled for 31 st October 3 attendees to represent Darlington. Standard NHS contract being reviewed for relevant sections.
i. SNA/HWBS	Ensure the SNA is updated to inform joint health & wellbeing strategy of DBC Health & Wellbeing Board	SNA complete DBC 31.3.12	Green	Ken Ross DBC- Chris Sivers	Key strategic element of the development of Health and Well Being Strategies and arrangements in new system	SNA completed H&W Strategy and health and social care delivery plan being consulted upon
j. Draft Legacy handover	Compile document utilising current PH	Draft by 31 October 2012	Amber	Miriam Davidson	Current documents available as basis for	Work will begin on the


document	Business Plan, contracts details, HR details etc.	Final version by 31 March 2013		Graeme Greig	legacy document	document in April 2012 and will be informed by PCT legacy process.
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WORKSTREAM 1 – HUMAN RESOURCES				
Aim: Develop a detailed Human Resources plan for the transfer of PH staff to Durham County Council, Darlington Borough Council and Public Health England.				
Work stream Members: Lead: <u>Claire Sullivan</u> , Sherryll Davison- one North East, DCC – Lorraine Anderson, Kim Jobson, Elsa Cleasby DBC - Corina Dias				
Support: Julie Young (finance) and Linda Khalil (Admin)				
Tasks	Timescales	RAG Rating	Comments/publications	Leads Updates
Preparation				
a. Establish HR work stream	Establish monthly meetings for HR work stream group 31.1.2012 (First meeting 7.2.12, second meeting 9.3.12)	Green	Link to NE HR group leads – Janine Lutz and Celia Weldon leads.	Established joint group and first three meetings taken place. Sherryll Davidson will link to the regional meeting and ensure local plan is informed by the regional plan (See Appendix 1)
b. Receive national guidance and assess implementation	on-going	Green	<ul style="list-style-type: none"> • PH Concordat published November 2011. • PH Transition Planning Support for PCTs & LAs published January 2012 • Local Government Transition Guidance on Workforce issues published January 2012 • Building a People Transition Policy for PHE published February 2012 • Healthy Lives, Healthy 	Publications circulated to HR group. Still awaiting: <ul style="list-style-type: none"> • HR Transition Policy for PH England- expected in the summer. • Sender guidance being published on a modular basis • Welcome guide and working in local government • Shadow working arrangements guidance

			People: Towards a workforce strategy for the public health system	
Functions and receiver organisations				
c. Develop HR Plan with DCC & DBC and Once NE HR Team complying with principles in HR concordant and regional plan	Draft HR plan by 30.4.12 Complete timeline by July 2012 Sender plans to be developed	Amber	Local HR work stream plan developed will need to be continually update from regional plans TUPE transfer date 1/4/13	Based on regional framework and national guidance from DH
d. Functions and people map for SHA workforce returns on people tracker.	Staff mapping and SHA return as per DH timescales.	Green	HR function letters distributed 31.1.2012	One to one's held with all staff. Functions and people map submitted for February return
		Green	Considerable variation in staff categories on Feb return DH HR return submitted 17.2.12	Still awaiting clarification on some receiver functions
	Identify any DBC PH staff	Green	DsPH undertaking work	
e. Collate all current job descriptions.	Collate current job descriptions by May 2012.	Green	Complete	Complete

f. Map staff with lease cars	Complete mapping by 31.3.12	Green	Complete	HR Leads in LAs to identify this as risk and seek clarity for future
g. Identify staff with professional revalidation/registration		Green		
h. Confirm if PH staff are required to undertake on-call arrangements in LA		Amber		To be confirmed by DBC staff
i. PCT to Draft a local transfer list	From June 2012	Amber		Awaiting revised guidance
j. Application of TUPE criteria or equivalent	From June 2012	Amber		Awaiting revised guidance
TUPE consultation with staff and Unions				
k. Undertake staff consultation and involvement (formal and informal)	A local timeline and briefing section to be developed	Amber		Revised guidance due which will impact on arrangements and timelines
l. Development of a regional joint TUPE Consultation Plan		Amber		Revised guidance due which will impact on arrangements and timelines

m. Engage staff side/Unions via regional arrangements on TUPE process	Once North East will lead consultation process. Staff communications and briefings to be developed. Need to coordinate with other communications briefings across region	Amber	Once North East but locally with staff side rep May 2012	Letter drafted by the regional group. Staff consultation begins 3 August. Awaiting revised guidance
n. Receive special measures from receiver organisations		Amber	Revised guidance due which will impact on arrangements and timelines	
o. Produce FAQs sheets for staff (local and regional)	FAQs to be confirmed by Once North East HR team	Green	on-going	Completed to be distributed to all staff on 15.2.12. Will continue to collect questions.
p. Explore issues of NHS Honorary Contracts for Senior Public Health staff to access NHS data	Honorary contracts by 1/12/12	Amber		Identified SD to raise at regional meeting end of March. SD to provide examples to LA HR Leads. Examples of Honorary contracts have been shared with LAs
q. Consider issues relating to PH trainees	Identified in policy document	Amber	TBC	Request Deanery to undertake briefing for LAs – SD to raise at regional meeting in March and AL to raise at Regional Transition Board
r. Close of consultation and confirm to staff	Led by Regional HR group	Amber	Q4 2013	

that transfer will take place				
s. National guidance on Clinical Excellence Awards		Amber	TBC	
t. NHS Pensions		Green	Decision on pensions provision for staff at point of transfer provided as PH staff can now access NHS Pensions	 Reforming the NHS Pension Scheme Mar
TUPE application				
u. Due diligence	TBC	Amber	TBC	Awaiting draft due diligence template
v. Collate HR policies for TUPE transfer	TBC	Amber	All relevant policies need to be collated and a list to be shared with staff.	Share with local authority HR leads in March 12
w. Employee liability information	TBC	Amber	Led by region HR Transition Group	
Post Transfer				
x. Comprehensive induction programme for staff transferring	April 2013	Amber		Key areas to be included in staff induction programme being identified. Engagement with DBC officers to develop list and draft induction programme

WORKSTREAM 2 – PUBLIC HEALTH CONTRACTS				
Aim: Transfer of public health contracts				
Workstream Members: Lead: <u>Lynn Wilson</u> , Graeme Greig, Catherine Parker, Mike Lavender, Katrina Bage, Kaeti Seth, Sarah Burns, DBC Elaine O' Brien				
Tasks	Timescales	RAG Rating	Comments	Leads Updates
a. Stocktake of PH contracts aligned to the PH and PCT activity and budgets. b. Identify destination for public health contracts (includes drug treatment) NHS CB, LA and PH England	Stocktake by January 2012. Monthly commissioning meetings between PH and CSU	Green	Mandated services are priority. These are identified in PH in Local Government (published Dec 2011) together with discretionary services. Awaiting confirmation of ring fenced PH budget allocation to DCC & DBC.	Exercise has been undertaken to identify the destination of all PH contracts. A database has been developed to capture all PH contracts. Meetings have been held with the CSU to develop a MOU for the transition year
c. Complete contract risk assessments for DH return.	Risk assessment by 20.1.12	Green	Links to the NE work stream.	Risk assessment completed and returned by 31/1/12 DH return reconciled with finance completed monthly from July 2012
d. Undertake risk analysis on all contracts linked to potential disaggregation of contracts for DBC	This work is to be done by 17.2.12	Green	Public Health risk analysis undertaken on all contracts by end of February 2012	Work shared and discussed with DBC and DCC on 24 th February. Any disaggregations are now a decision for the LA Receiver and Reference Boards

e. Identify joint contracts and agree a plan for how contracts that are identified as high risk will be managed in DCC and DBC	Meetings with DCC & DBC by 20.2.12 and 31.3.12.	Amber	DCC and DBC need to agree an approach by the end of April on high risk contracts in 2013/14	DBC management decision to retain primary commissioner role for all Darlington Public Health contracts. MOU being drafted to provide framework for partnership arrangements with DCC. Draft due to Reference Group Sept 2012
f. Informing providers of the changes taking place in the NHS and the potential impact on contract of change 2013/14.	Send out letters to providers by 1.4.12	Green	Discussed and agreed at Darlington Reference Group	DBC participating in Provider engagement process in partnership with DCC and NHS CD+D.
g. Identify clinical and non-clinical risk and indemnity issues for PH contracts.	Risk analysis complete by 1/03/12	Amber	Need further clarity on indemnity issues given local authority not covered by NHS litigation authority	For further guidance and review by DBC legal.
h. Stabilisation phase of contracting	Stabilisation commences 31.3.12.	Amber	All service specs for transfer to LA to be complete by 20 June 2012. Specs transfer to CSU no later than 30 June 2012. Complete stabilisation September 2012	Transfer of contracts on new template under way. Stabilisation of contracts to other statutory bodies commences July 2012 and due for completion Sept/Oct 2012 NHS legal contract template shared with DBC legal for review.
i. Prioritisation of PH commissioned services based on SNA and PH outcomes framework and	Prioritisation first cut by April 2012	Amber	Will take into account the emerging SNA and Health and Well Being Strategy, PH outcomes framework and	Prioritisation complete. Next steps to be agreed with the contract workstream group May 12 and report prepared

mandated services: 1. Access to sexual health services; 2. NCM programme; 3. NHS Health Checks	Final draft by September 2012		mandated commissioned services	for July 12 Aug 2012 - Darlington report received and implications will be considered in a public health/LA joint finance and contracting group
j. Novation of PH contracts	Novation by 31.3.13.	Amber	Remains a risk due to uncertainty about ring fence grant. <u>However, there is no indication that the baseline will change.</u>	Joint Finance and Contracting Group now established with DBC representation. Formal TOR being drafted, proposal for group to be a formal sub group of transition reference group. Paper being drafted to outline potential service review timescales and implications for council procurement regulations in advance of April 13. <u>All contracts have been categorised by procurement risk.</u>
k. Clarify drugs treatment commissioning in North East prisons post 2013	Review and clarify arrangements – 1/09/12	Amber	Currently commissioned North East Offender Health Unit which is expected to transfer to NE CB.	Preliminary discussions have commenced awaiting clarification To confirm drugs budget for 2013. Aug 2012 - confirmed to transfer to NCB
l. Clarify arrangements for medical examiner role which becomes a local authority responsibility	TBC	Amber	National consultation regarding this duty ongoing	Discussion regarding future joint commissioning arrangements underway regionally.

m. Explore joint commissioning arrangements with other NE local authorities	Recommendations following the review by 30/9/12 for Fresh and Balance	Amber	Work progressing at local level	Following regional consultation provisional decision to decommission specific regionally activity. Ongoing discussion regarding FRESH and BALANCE following review.
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WORKSTREAM 3 – COMMUNICATION, SUPPORT AND DEVELOPMENT				
Aim: Develop a plan to communicate, support, and develop staff through transition NB separate Darlington only plan being developed				
Workstream Members: Lead: <u>Nick Springham</u> , Mary Bewley, Miriam Davidson, Catherine Parker DBC – Joanne Machers, Cassandra Ferguson, PHE tbc Support: Chris Woodcock				
Tasks	Timescales	RAG Rating	Comments	Leads Updates
a. Scope and assess support and development needs for PH staff.	Staff needs assessment by 1.3.12	Green	Links to PCT communications. Links to NE PH Transition work stream. Links to ANEC Programme.	1:1s complete with all staff to assess needs which will inform plan
b. Develop PH transition communication and engagement plan.	Communication and Engagement plan by 31.3.12 Draft Plan by 09.03.12	Green	Staff engagement identified as key aspects in LGA and NHS guidance.	Draft Plan completed. This will link NE work streams Aug 2012 - being scheduled as part of members training
c. Deliver seminars to DBC officers and elected members.	Seminars for officers and elected members June-December 2012	Amber	Engage with DBC	Members induction sessions scheduled for October and February. 2x Sessions have been delivered
d. Orientation programme for PH, re workings of Local Government	Staff Orientation programme Feb – December 12.	Amber	To start with PH staff from the general to the specific	First seminar taken place for PH staff on Local Government induction through ANEC 29 march 2012 – other seminars have been planned
e. Keep PH Staff in PCT fully informed of progress	Monthly meetings, weekly briefings, directorate	Green	In line with Comms plan	On-going – plans for 'T' time drop ins and Walk the wall

and process	meetings			underway.
f. Develop a structured briefing	First briefing to start 1/04/12	Amber	Links to NE communication work stream.	First meeting taken place to look at stakeholder briefings
g. Offer free public health training from local education and training board to local authority first contacts for the public	TBC			Information circulated by emails to staff

WORKSTREAM 4 – INFORMATION GOVERNANCE AND IM&T				
Aim: Develop information governance and IT plan to enable transfer of Public Health functions.				
Work stream Members: Lead: <u>Ken Ross</u> , DBC – Brian James, Juliet Beer, Andrew Todd NHS – Paul Stamper, Rob Milner Support: Michael Fleming,				
Tasks	Timescales	RAG Rating	Comments	Leads Updates
a. Establish protocols for continued access to NHS data during and after transfer.	Agree arrangements of PH information requirements and information governance by 30.9.12. 1 st Meeting – 22 nd March Next meeting scheduled 24 th April	Amber	Links to NE workstream. Links to Commissioning Support Unit. Links to support from PHE. Links to Core Offer. National guidance still required	<ul style="list-style-type: none"> Local interim solution in discussion using remote access to NHS system agreed with Xentrall during transition 'honorary contracts' to enable Core Offer to be provided to CCGs, CSU Current sources, uses and flows of current data are being mapped. Future source, uses and flows of 'health' data to be mapped and specific solutions identified to maintain appropriate access if required in line with new local authority Mandated and Discretionary public health services.
b. Establish Information Governance actions for transfer	Meeting with PCT Information Governance lead – 31.1.12	Amber	Actions in (d) (e) and (f) link to this Task.	<ul style="list-style-type: none"> First discussion has taken place with information governance lead at the PCT to clarify risks and issues

				<ul style="list-style-type: none"> • All Information assets/owners have been identified and register produced. • Plan in place to maintain register for handover to receiver organisations.
c. Identify compliance with specific policies and protocols.	Policy requirement by 30.9.12	Amber	This is to ensure current NHS policies and protocols are applied during transition and relevant local authority policies are fit for purpose when the functions legally transfer	<ul style="list-style-type: none"> • Comparison of existing DBC IG policies and procedures for NHS Caldicott compliance • mapping of existing DBC policies and procedures re information governance against new Public Health responsibilities
d. Identify and develop information sharing protocols.	Information protocols 30.9.12 Secure email solution identified and agreed – 30.9.12	Amber	This will require a lot of current data flows to be examined and the impact of moving outside the NHS system on sharing information examined. Links to (a) above as the secure transfer of information and data in the new organisations will be required	<ul style="list-style-type: none"> • Internal data flows mapped • External data flows to be mapped across team • Secure email is linked to (a) • Emerging data flows will be shared with Governance leads at 1st Workstream meeting • It was agreed that

				<p>Local Authorities have a secure email system which would be provided to Public Health staff for the secure transfer of sensitive information post transfer. Public Health staff will have a '.gov. email address allocated. There will be a requirement for individuals and teams to update local, regional or national distribution lists with the new email address. Data flows will be shared with both local authorities.</p> <ul style="list-style-type: none"> • Will await any national decisions regarding any continued access to NHS mail system. • Mapping of access and use of current NHS systems and databases will be shared with both local authority teams with view to identify any specific issues which may arise around access from local authorities.
e. Establish archiving requirements	Archiving requirement by 30.9.12	Amber	This is linked to future legacy organisations and transfer of liability both organisationally and individually	<ul style="list-style-type: none"> • Discussion with PCT lead around key principles relating to wider transition. • Public Health archives

				<p>will follow the PCTs archiving policy and process.</p> <ul style="list-style-type: none"> • Meeting arranged with archiving lead to discuss processes to identify and shift public health archives. • Any legacy implications for local authorities to be identified and shared • It was agreed that the Public Health team will follow the PCTs agreed archiving policy and process.
f. Establish IT systems compliance and implications of data transfer and transfer of equipment (e.g software licences, server capacity etc)	Implications by 30.9.12 Meeting with IMT leads	Amber	<p>This is to ensure that any computers and software will still continue to work in the local authority</p> <p>Interdependencies with (g) (H) and (i) below</p> <p>Also interdependencies with Finance Work stream</p>	<ul style="list-style-type: none"> • PCT IM+T lead to share appropriate technical information with local authority IM+T leads • Staff list shared with PCT IM+T lead who will identify server usage and data storage requirements • PCT IM+T lead to scope current IT support provision including helpdesk etc. and share with other IMP+T leads. • Technical specification of existing 'desk top' equipment shared • . Issues related to the processes involved in

				<p>physically making equipment ready to be received by local authority IT depts. to be considered by each local authority with respect to compatibility with Local Authority system.</p> <ul style="list-style-type: none"> • future procurement of IT equipment for Public Health teams to be identified • All IT support requirements including historical usage shared with local authority teams. • It was agreed to share File structures with Local Authority IT teams. • It was agreed to undertake a 'test' download of a sample of current data and file structures from PCT server to both local authority servers in early summer to enable testing and troubleshooting prior to full transfer. •
g. Identify physical assets -contractual arrangements e.g., phones, 3 G etc.	Identify assets by 30.6.12 All Assets identified and list shared with both local authorities.	Green		<ul style="list-style-type: none"> • Staff list shared with PCT IM+T lead who has identified equipment currently in use • All staff equipment lists

				<p>of equipment including licences/contract shared with local authority IT teams.</p> <ul style="list-style-type: none"> • No obvious issues highlighted. Most software is Microsoft based and compatible with Local Authority IT systems. • •
<p>h. Agree transfer of physical assets</p>	<p>Any equipment transfer agreed 30.9.12</p>	<p>Amber</p>	<p>This will require DoF(s) to make a decision whether to 'write off' PCT owned equipment that is being transferred to Local Authorities. Local Authorities will need to agree to take on this equipment and if not Task (i) will apply</p>	<ul style="list-style-type: none"> • To be scoped and discussion with PCT DoF once value is known. Issues related to the processes involved in physically making equipment ready to be received by local authority IT depts. were discussed. These will be considered by each local authority with view to making a decision about future procurement of IT equipment for Public Health teams. <p>It was agreed that PCT IM+T team will prepare any equipment for transfer.</p>

i. Agree procurement strategy	Agree procurement 30.9.12	Amber	Interdependencies with (g) and (h).	<ul style="list-style-type: none">• Relatively early decision required in (g) and (h) to enable receiver organisations to integrate new equipment requirements into their IT procurement strategy.• This will depend on the outcome of internal local authority discussions.•
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WORKSTREAM 5 – ESTATES AND ASSET MANAGEMENT				
Aim: Identify implications for estates and asset management/transfer to receiver organisations.				
Workstream Members: Lead: Ken Ross, Jamie Mitchell. DBC – Guy Metclafe				
Support: TBC				
Tasks	Timescales	RAG Rating	Comments	Leads Updates
a. Identify physical space/accommodation requirement for transferred staff.	Identify accommodation 30.6.12 Group met 12 March	Green	Interdependencies with Finance work stream re overheads and cost envelope will have a bearing on the identification and selection of accommodation.	<ul style="list-style-type: none"> Estimated staff numbers for transfer has been shared with local authorities' estates leads. DBC estate leads assessing potential accommodation within current estate. Estates specification shared with local authority DBC lead will now identify suitable office space within context of existing Town Hall accommodation review and liaise with PCT estates lead.
b. Establish working group for transfer	Working Group by 31.1.12 Group established	Green		<ul style="list-style-type: none"> Group has met following identification and allocation of specific of office space within Town

				Hall, Estates group will project manage staff move.
c. Define any procurement implications with respect to office furniture and other related equipment	Agree procurement 30.9.12 To review following identification of office accommodation within local authority buildings.	Amber	Interdependencies with Finance work stream re overheads and cost envelope	Relatively early decision required in (g) and (h) to enable receiver organisations to integrate any new equipment requirements into their estates procurement strategy No specific issues identified regarding furniture transfer. Current surplus in both local authorities due to recent LGR and restructuring. Estates specification shared with both local authorities. Individual decisions will be made regarding any specific need for transfer of specific furniture or storage.

WORKSTREAM 6 – PH WORKFORCE				
Aim: Ensure PH workforce issues are addressed during and after transfers				
Workstream Members: Lead: <u>David Landes</u> , DBC reps TBC				
Support: PH Trainee				
Tasks	Timescales	RAG Rating	Comments	Leads Updates
a. Identify training needs required post transfer.	Identify training needs by 30.9.12	Amber	Workforce strategy from PHE.	This document has been published in consultation form and a local engagement event is being discussed
b. Prepare DBC as training location	Training location by 1.4.13	Amber	Training locations are as PH moves to local authorities	All DPHs have been written to advising them that their trainees should transfer with their current trainers to Local Authority locations. Trainee accommodation has been identified in the transition plan.
c. Explore implications of PH workforce strategy	Training strategy by 30.12.12	Amber	DL leading a consultation on strategy	Consultation with staff took place on 24 th May. A consultation report has been sent to DoH

WORKSTREAM 7 – FINANCE AND BUDGET				
Aim: Understand financial issues related to transfer of PH staff and functions.				
Workstream Members: Lead: <u>Claire Sullivan</u> , Anthea Thompson, Brian James(TBC?), Brett Neilson, Diane Dawson, Elizabeth Davison DBC				
Support:				
Tasks	Timescales	RAG Rating	Comments	Leads Updates
a. Complete quarterly and end of year financial returns to DH	Quarterly returns submitted in Jan 2012 and April 2012	Green	Links to the prioritisation of commissioning and contracts. Links to HR and PH model.	January return completed and sent. Further return submitted in Summer 2012
b. Cross reference the PH financial return submitted in September 2011 and January 2012 against the indicative PH baseline budget. Feedback to SHA /DH if appropriate	DBC allocation will not be received until later in 2012 probably December 2012.	Green	Baseline guidance issued indicating that PH close to the numbers included in PH returns. Split between LA, NHSCB and PHE now looks different. Awaiting clarity as to what is included in each line and what element/functions have moved	Cross reference problematic due to presentation of information in latest guidance however on initial assessment has been made and shared with Elizabeth Davison. Have now identified the areas for clarification with DoH and draft letter sent to DBC
c. Cross reference 2011/12 outturn with baseline allocation	June 2012	Green	Complete	Paper prepared regarding latest PH outturn position 2011/12 highlighting specific changes or redefinitions. To be presented to August Reference group. Further finance paper presented October 12 outlining

				outstanding areas of risk and uncertainty and providing detailed financial commitments and scenario planning against estimated public health grant. Plans are in place to mitigate risk of worst case scenario through contract negotiations in advance of transfer and ceasing low risk contracts. Members have also been briefed.
d. Ensure link with prioritisation of commissioned PH activity.	Prioritisation process Stage one: May 2012 Stage two: September 2012	Amber	Prioritisation required to meet demands of new public health outcomes framework and potential uncertainty around ring fence grant	Prioritisation tool has been developed that uses a systematic approach to scoring, ranking and weighting priorities
e. Use the baseline allocation to match against potential 2013/14 position in order to identify gaps. (including contracts staffing, oncosts and budgets)	July 2012 (ongoing)	Amber	Work underway and progressing	<ul style="list-style-type: none"> • Detailed work has been undertaken to demonstrate financial balance within existing allocated resources. • On-going work between DBC and PCT finance officers to continue to revise on-going financial position throughout year prior to official financial allocation November 2012 • On-going work around

				<p>risk management approach to potential future financial allocations</p> <ul style="list-style-type: none"> • DBC legal service reviewing potential contractual implications that arise from risk management approach around potential future financial allocations <p>.- see also section c. re: financial scenario planning and risk mitigation</p>
f. Respond to ACRA on the proposed future funding formula		Green	Submitted on 14 th August	No feedback has been received

WORKSTREAM 8 – INTERFACE WITH CLINICAL COMMISSIONING GROUPS (CCGS) AND COMMISSIONING SUPPORT UNIT (CSU)				
Aim: To ensure PH specialist support and advice to CCGs during and after transfer and understand role and interface of CSU with PH				
Workstream Members: Lead: <u>Mike Lavender</u> , David Landes, Claire Sullivan, Nick Springham, Lynn Wilson, Graeme Greig, Ken Ross				
Support: TBC				
Tasks	Timescales	RAG Rating	Comments	Leads Updates
<p>a. Agree model for providing mandated PH advice to NHS commissioners.</p> <p>Explore shared model across NE</p>	<p>Model to be agreed by 30.9.12</p> <p>.</p>	Amber	<p>Core offer published December 2012. Links to NE work stream. Links to CSU.</p> <p>Links to HR and functions and local capacity in PH teams.</p>	<p>PH specialists have mapped the elements of the core offer to either CCG, CSU or in some case the support to both. For the specialist PH support for the CSU, there is already an informal working group working across the NE. The focus for the group is prioritisation; the group has completed a task set by the NE Advisory Group for CCGs and has a work plan for the coming year. Acute Quality Legacy Project Plan approved by Project Board</p>

b. Alignment of consultants/specialist to CCGs and CSU	Alignment by 1.1.12	Green	Core offer is one of five mandated services that DBC must provide.	Consultants and specialists aligned to CCGs and CSU
c. Agree work plan with commissioners (CCG, CSU) for 2012/13	Work plan by 31.3.12	Amber	Capacity to deliver this is scarce across north east.	MOU currently being drafted
d. CCG Workplan		Amber		PH specialists working with CCGs will agree their workplans by 31/3/12 PH support for CSU will be set out in the MOU (8f) CCG and NECS MOU and work plan for all specialists 2012/13 to be completed
e. CSU Workplan		Green		Workplan for CSU support for 2012/13 agreed
f. Prepare locality profiles for CCGs Provide advice on commissioning intentions. NHS Operating Framework Joint Commissioning with DBC and PH	Advice on-going Profiles updated by 31.1.12	Amber	Key work to inform core offer and commissioning by CCGs	Locality profiles produced in draft and circulated to CCGs for comments
g. Secure existing support – Independent Funding Request/Exceptional Cases Committee	Independent Funding Request/Exceptional Cases Committee arrangement by 31.6.12	Green		NE policies completed and ready for inclusion in acute contracts. Work plan agreed with CCGs and NECS

h. Develop MOU with CSU	MOU by 30.4.12	Amber		Agreed in principle with CSU on the 9 th February 2012. Draft paper setting out the elements of the core offer including a MOU with CCGs. Aug 2012 - final core offer MOU to be tabled September
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WORKSTREAM 9 – EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE AND HEALTH PROTECTION				
Aim: To ensure continuation of EPRR and health protection responsibilities during transition and post transfer.				
Workstream Members: Lead: <u>Anna Lynch</u> , Miriam Davidson, Nick Springham, David Landes, Lynn Wilson, Ken Ross				
Support: Deb Wilson, HPA, Michael Wilson DBC – Bill Westland				
Tasks	Timescales	RAG Rating		Leads Updates
a. Emergency preparedness, resilience and response– ensure plans in place to protect health of population.	On-going	Green	Links to PHE and current HPU NE. Emergency Planning guidance due in 2012 from DH Home Office. Links to NE transition work stream.	Current robust plans in place to ensure continuation of NHS statutory duties during 2012/13
b. Local Health Resilience Partnership to be established as sub group of LRF.	Establish health sub group by June 2012. Paper drafted for LRF by 1/04/12	Amber	Awaiting further national guidance relating to command and control	Agreed that regional pilot should be in Teesside to test out approach Although this will be taken forward formally after pilot there will be informal arrangements locally. Likely LHRP to operate across CDD & Tees awaiting future guidance. Aug 2012 - MOU drafted for LRF
c. Test arrangements for PH role in emergency planning, specifically role of DPH in LA.	Test arrangement for EPRR by 31.10.12	Amber	Will be tested in light of guidance	Awaiting further guidance. Local exercise to be planned for 2012. Lead DPH, consultant and EP officer identified

<p>d. Health Protection. This includes immunisation plans, screening plans and healthcare acquired infections.</p> <p>Test arrangements for delivery of screening programmes and immunisation programmes.</p>	<p>Test arrangements for screening and immunisation programmes and emergency preparedness by 31.10.12.</p> <p>Secure specialist advice on HCAI's via MOU with CSU 29.2.12</p>	Amber	Screening programme architecture still to be confirmed	Awaiting further guidance Imms and vaccs lead is linked to national group on this
<p>e. Explore running North East STAC rota post 2013</p>	<p>Agreement reached 1/10/12</p>	Amber	<p>May need reviewing in light of further guidance. Will need to be agreement by 12 LAs</p>	<p>Awaiting further guidance. Current rota in place for 2012/13</p>
<p>f. DBC lead DPH for EPRR</p>	<p>Agreement reached 1/10/12</p>	Amber	<p>May need reviewing post 2012/13</p>	<p>Awaiting further guidance. Need to formalise post 2013 arrangements between two local authorities prior to testing the new model</p>
<p>g. Clarify proposal to use a regulation making power in the Bill to require local authorities to take steps to ensure plans are in place to protect the local population</p>	<p>Agreement reached 1/10/12</p>	Amber	<p>National Command and Control document to be published.</p>	<p>Awaiting further guidance</p>

h. Clarify the role and responsibilities of the LA/DPH in relation to emergency planning and emergency response post 2013	Agreement reached 1/10/12	Amber	Liaise with NE emergency planning leads group.	Awaiting further guidance
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Risk register: Darlington		DRAFT FOR REFERENCE GROUP COMMENTS	
Risk:	R-A-G Rating	Mitigation controls:	Owner:
	PCT Cluster		
Failure to identify the correct receiver organisation for staff whose functions/skills should more appropriately transfer to PHE or NHSCB (i.e immunisations, screening).	G	The People and Functions mapping exercise undertaken in February 2012 should clarify any outstanding issues in relation to future destinations for staff. All staff have had 'one to one' meetings to discuss their future destinations.	Miriam Davidson Claire Sullivan
Potential redundancies and loss of skilled workforce due the size of the ring-fenced grant that may not match staff currently in post.	A	Maintain overview of functions mapping to identify all staff and engage HR advice at an early stage. However, the current guidance on the baseline budget does not indicate a reduction in budget at this stage. NE may consider possibility of at risk pool in the event the budget is reduced	Miriam Davidson
The local authority may be unable to meet their new PH duties including delivery of the core offer, due to small LA based teams and inequitable transfer of staff from shared PCT cluster functions.	A	Explore sharing staff either via SLAs or virtual teams across several LA areas in Teesside and pooling resources. Discussions taking place between Darlington and Tees PCTs and local authorities	Miriam Davidson DBC - Chris Sivers
There is uncertainty about how serious untoward incidents (SUIs) would be handled in the future. In particular, identifying successor organisation in the event of SUIs that may occur at the point of transition.	A	PHNE to engage the SHA Patient Safety Team to establish if there is any clarity or guidance that is expected on this.	Miriam Davidson Chris Sivers
There is a potential risk associated SUIs and the loss of organisational memory and staff relating to PH programmes such as screening and immunisations.	A	Maintain close overview of staff working in high-risk functions and ensure legacy arrangements are put in place to mitigate risk.	Miriam Davidson

On-going assurance of governance arrangements during transition i.e., reporting of SUIs / incident reporting need to be tested and maintained	G	<p>Confirm clinical governance arrangements during transition by 31.3.12 and again by 29th June and September.</p> <p>A regional position paper is being developed to ensure key messages and emerging thinking from DH is available to DsPH. Working groups also to be established to share models and pilot approaches to enable safe transfer of functions.</p>	Miriam Davidson PCT governance lead
The ring fenced public health allocation may not be adequate to match all current contract expenditure.	A	<p>Baseline guidance issued indicating that baseline for 2012/2013 is close to the numbers included in PH returns.</p> <p>The PCT have now identified the areas for clarification with Department of Health Plans are in place to ensure service are within budget for 2013/14 based on worst case scenario allocation</p>	Miriam Davidson Claire Sullivan
Public health contracts may not be affordable or appropriate for local authorities in the future	A	<p>Risk analysis has been undertaken against all public health contracts as part of the stabilisation.</p> <p>An additional element of work to analyse the risks associated with the disaggregation of high risk contracts has been completed and shared with both local authorities. The stabilisation and shift stage of current contract work for the new system should mitigate this risk Plans are in place to ensure service are within budget for 2013/14 based on worst case scenario allocation</p>	Miriam Davidson Lynn Wilson Elaine O'Brien

Changes to how services are commissioned and uncertainty about the ring fence grant may lead to instability in current services	A	Discussions have been undertaken with local authorities about the risks associated with issuing 'notice to quit' and the legal status of these letters. Agreement has been reached that NTQ letters will not be issued. Letters will be sent to all providers to explain how the proposed changes will affect them in the future and briefing sessions will be organised.	
Further guidance and clarity is waited in respect of the role of the DPH and local authority in emergency preparedness and the health response.	R	Will be tested in light of guidance Command and control paper is expected	Miriam Davidson
Clarify drugs treatment commissioning in North East prisons post 2013	A	Currently commissioned North East Offender Health Unit which is expected to transfer to NE CB. Meeting with relevant DPH and DAAT managers April 12 To confirm drugs budget for 2013. NRT	Miriam Davidson
Unprecedented changes for the NHS and transfer of public health to local authorities. This places additional risks on business continuity and managing risks	A	Local authorities and PCTs will need to pool resources and collaborate through their joint transition arrangements to ensure that business continuity is maintained.	Miriam Davidson Chris Sivers
Local authorities and the NHS may find difficulties in retention suitable qualified staff during and after the transition, which may impact adversely local authorities ability to deliver the core and discretionary functions	A	Local authorities will need to plan for how they retain experience and suitably qualified staff as public health returns to local government	Miriam Davidson DBC HR lead
Information governance arrangements need to enable the transfer of public health functions to local authorities during and once the transition is completed. There is a potential risk to	A	Work stream 4 information governance and IMT has a detailed plan for taking forward the critical issues around IMT	Miriam Davidson Ken Ross Rob Milner Ian Miles

business continuity during and after transition			
0-5s commissioning transferring to NHS CB to be clarified	A	Currently only refers to HV specification and there are other service pathways associated with 0-5	Miriam Davidson Ken Ross
Transfer of public health staff to DBC by October	A	A decision will be needed with DPH and Darlington Public Health reference group for this will be formally managed through an agreed process with HR and staff side	Miriam Davison Claire Sullivan Joanne Marchers
Need to ensure a broad range of internal and external stakeholders receive appropriate levels of information. Need to ensure consistency and timeliness of communications across LAs in the PCT cluster.	G	A communication plan is being developed with an agreed deadline of the 31.03.12	Miriam Davidson Nick Springham
Process for legal novation of contracts	A	Remains high risk due to uncertainty about ring fence grant. The process remains unclear and legal action will be needed. DBC legal has now had a standard NHS contract template. DBC legal service has identified some implications related to novation of contracts to local authority. Timeline being produced to address these issues.	Miriam Davidson Ian Makinson Elaine O' Brien
Public Health Trainees	A	Issues relating to trainees are already being considered by the work stream 6. Work force 6 lead is linking into regional arrangements	Miriam Davidson David Landes Joanne Machers, Carina Dias
The local authority will require a clear receiver plan necessary steps to transfer public health staff and functions	A	Darlington have established a reference group chaired by the CE and will develop a receiver plan	Miriam Davidson Chris Sivers Graeme Greig

