



*Southampton City*

# DRAFT PUBLIC HEALTH OPERATIONAL TRANSITION PLAN (Year 2)

**Version 3.0 17 February 2012**

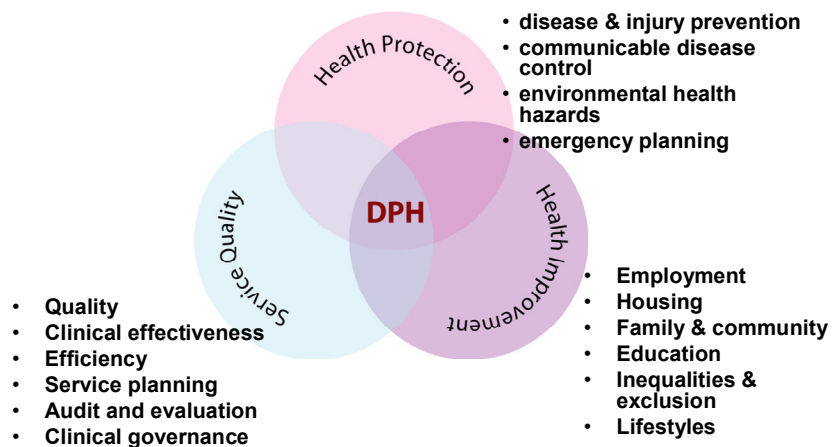
(Note: this plan supersedes Version 1.9, October 2011)

## Version Control

No.	Purpose	Date
1.1	First draft for refinement by PH senior team	16 December 2010
1.2	Second draft for wider discussion and input, including programme continuation plan details	20 December 2010
1.3	Third draft amended in light of further DH guidance, for discussion / agreement with SCC	16 January 2011
1.4	Updated following developments with the action plan	3 March 2011
1.5	Updated following developments on HR work	11 March 2011
1.6	Update with developments in clustering	27 May 2011
1.7	Update after PH SMT meeting	27 June 2011
1.8	Update following Regional Reporting Framework for Public Health	7 July 2011
1.9	Update following meeting with SCC re physical move	14 October 2011
2.0	First working draft of new plan for year 2 transition, following national guidance	18 January 2012
2.1	Second working draft	27 January 2012
2.2	Amendments following team meeting to discussion outcome of consultation	1 February 2012
2.3	Minor amendments	3 February 2012
3.0	Amendments following guidance update, further discussion with the PH team, and City Council comments	17 February 2012

## Future function to transfer to the Local Authority

# Public Health



## Local authority Public Health commissioning functions in the new Public Health system

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- The National Child Measurement programme
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- NHS Health Check assessments
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- The local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

## **Public health and population healthcare advice to local commissioners**

- Supporting clinical commissioning groups to make inputs to the joint strategic needs assessment and to use it in their commissioning plans
- Providing specialist public health input to the development, analysis and interpretation of health related data sets including the determinants of health, monitoring of patterns of disease and mortality
- Support to clinical commissioning groups on interpreting and understanding data on clinical variation in both primary and secondary care. Includes public health support to discussions with primary and secondary care clinicians if requested
- Public health support and advice to clinical commissioning groups on appropriate service and review methodology
- Applying health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence base for the setting of priorities
- Advising clinical commissioning groups on prioritisation processes – governance and best practice
- Work with clinical commissioners to identify areas for disinvestment and enable the relative value of competing demands to be assessed
- Critically appraising the evidence to support development of clinical prioritisation policies for populations and individuals
- Horizon scanning: identifying likely impact of new National Institute for Health and Clinical Excellence guidance, new drugs/technologies in development and other innovations within the local health economy and assist with prioritisation
- Providing public health specialist advice on the effectiveness of interventions, including clinical and cost-effectiveness (for both commissioning and de-commissioning)
- Providing specialist input to the development of evidence based care pathways, service specifications and quality indicators to improve patient outcomes
- Public health advice on modelling the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs

## **Key national guidance (as of 16 February 2012)**

Public Health HR Concordat – Nov 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131186.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131186.pdf)

Public Health in Local Government (factsheets) – December 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131904.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131904.pdf)

Public Health England's Operating Model (factsheets) – December 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131892.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131892.pdf)

Public Health in Local Government: Public health advice to NHS Commissioners - December 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131902.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131902.pdf)

Public Health Transition Planning Support for Primary Care Trusts and Local Authorities – January 2012

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_132179.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132179.pdf)

Public health workforce issues: Local government transition guidance. January 2012

[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=624422f8-5207-457d-9487-19172beb548a&groupId=10161](http://www.local.gov.uk/c/document_library/get_file?uuid=624422f8-5207-457d-9487-19172beb548a&groupId=10161)

Public Health outcomes framework – January 2012

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358)

Baseline spending estimates for the new NHS and Public Health Commissioning Architecture – February 2012

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_132540.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132540.pdf)

## Public Health Transition timetable and checklist: Jan 2012 – April 2013 (based on national guidance as of 16<sup>th</sup> February 2012)

Month	Action	Date	Comments
January 2012	PCT Cluster should have draft transition plans in place for consultation	27 Jan	
	Department of Health (DH) to release first module of 'Sender guidance'. Module 1 will contain the people transition process flow; data requirements; frequently asked questions; guidance on local consultation processes; template role specification profiles.	End of Jan	Not available as at v 3.1 16 February 2012
	PCT Cluster to develop a vision and strategy for new local public health system (linked to health and well being boards)	From January onwards	TBC
	PCT Cluster to start system preparation including new public health commissioning and contracting development, clinical and corporate governance, communications with stakeholders, providers and the public	From January onwards	Ongoing
	PCT Cluster to gain agreement on support functions for public health in new role (HR, IT, estates, finance support)	From January onwards	Informal leads identified in all areas. Process that tests, validates and consults upon ring fenced budget allocations
	PCT Cluster to develop agreement on HR transfers, and financial issues.	From January onwards	Awaiting DH sender guidance
	PCT Cluster to develop and test critical functions including new emergency planning arrangements and response	From January onwards	Clarifying forward programme
	PCT Cluster to develop relationships with new local / national stakeholders, including clinical commissioning groups, health and well being boards, HealthWatch, shadow Public Health England (PHE) and the NHS Commissioning Board	From January onwards	Ongoing
	Building Public Health England People Transition Policy document to be published	January	TBC
February 2012	Pooled budget allocation first cut		
	Baseline spending estimates for the new NHS and Public Health Commissioning Architecture to be released	7 February	
March 2012	PCT Cluster should have an agreed (with local authority) transition plan in place	End of March	
	Strategic Health Authority (SHA) assessment of PH transition plan, ready for feedback in April	March	
	PCT Cluster should have communication and engagement plan, first draft, produced	By March	
	PCT Cluster to develop interface with PHE in shadow form	By end of March	

Month	Action	Date	Comments
April 2012	National deadline for the Cluster transition plan	5 April	
	DH to release Module 2 of sender guidance, it will contain function descriptor template, template job descriptions, staff support – interview skills / CV writing	April	
	Development of interface with PHE in shadow form from April	April	
	<b>Possible</b> release of PHE People Transition Policy including terms and conditions <b>this month</b>	April	
	Expected appointment of Chief Executive designate for PHE	April	
	Public Health Team relocate to Civic Centre Offices	April	
May 2012	DH to release Module 3 of sender guidance, it will contain job matching, HR practitioners' guide on transfers, role of the DH transition resourcing team & selection processes, staff support – redeployment	May	
June 2012	PCT Cluster should agree an approach to the delivery of the local public health vision	By June	
	Full PHE People Transition Policy published with terms and conditions	June	
July 2012			
August 2012			
September 2012	DH to release Module 4 of sender guidance, it will contain staff support – conversation about individual 'choices'; redeployment / exits	September	
	PCT Cluster to agree arrangements on public health information requirements and information governance	By September	
October 2012	DH and / or SHA formal assessment of progress with transfer from PCT to local authority (method to be agreed)	October	
	PCT Cluster to test arrangements for the delivery of specific public health services, in particular screening and immunisation	By October	
	PCT Cluster to test arrangements for the role of public health in emergency planning, in particular the role of the Director of Public Health and local authority based public health	By October	
	PCT Cluster to ensure an early draft of legacy and handover documents is produced	By October	
	NHS Commissioning Board to operate as an independent body	From October	

Month	Action	Date	Comments
November 2012			
December 2012			
January 2013	PCT Cluster to provide a formal governance handover document to local authority	January	
	PCT Cluster to ensure final legacy and handover documents are produced	By January	
February 2013			
March 2013	Midnight 31 March 2013 local authorities to take on new roles and responsibilities for PH	31 March	
April 2013	PCT staff to TUPE to SCC from 1 <sup>st</sup> April 2013	1 April	

**Work programmes:**

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**PUBLIC HEALTH TRANSITION PROGRAMME**

<b>Work stream</b>	<b>1. Transfer of PH systems and services</b>	Lead: PCT & SCC Dr Andrew Mortimore
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**Current position:** Functions and most services currently well defined, and most contracting requirements met  
**Future desired state:** SCC able to fulfil all statutory functions, sustain current portfolio of services that are transferring, with plans for delivering improved PH outcomes in the future

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
1.A	<p><b>Overall transfer programme</b></p> <ul style="list-style-type: none"> <li>• Timetable agreed for all transferring functions, delegated responsibilities, commissioning contracts and staff TUPE</li> <li>• Shadow operating arrangements agreed for 12 months to 31 March 2013</li> <li>• IT and data/databases (<b>see Workstream 3</b>)</li> </ul>	<ul style="list-style-type: none"> <li>• Milestones achieved as per plan</li> <li>• Successful delivery of PH objectives as per business plan in 2012/13</li> </ul>	<p>SCC, CCG, PCT Cluster, PH team RDPH and PHE (shadow)</p> <p>PHIG, SEPHO</p>	<p>Andrew Mortimore April 2012</p>		
1.B	<p><b>Transfers to City Council</b></p> <ul style="list-style-type: none"> <li>• Complete analysis and risk assessment of all existing contracts that are to transfer (in part or full)</li> <li>• In liaison with and support from SCC contracting, agree process and timetable for novating contracts</li> <li>• Develop contract schedules and specs to meet new commissioning requirements in SCC format to agreed schedule (including Equality Duty)</li> <li>• New contracts negotiated and agreed</li> <li>• Specialist PH team transfers to SCC accommodation (relocation) (<b>see Workstream 4</b> for formal transfer of staff employment)</li> </ul>	<p>Contracts signed by required dates</p> <p>Suitable accommodation and IT available Staff consultation completed</p>	<p>SCC Contracting, finance and HR PH providers</p>	<p>Andrew Mortimore May 2012</p> <p>May 2012</p> <p>October 2012</p> <p>March 2013</p> <p>April 2012</p>		

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
1.C	<b>National Commissioning Board (NCB) and Public Health England role</b> <ul style="list-style-type: none"> <li>Agree with PCT Cluster transfer process for services to be commissioned by NCB</li> <li>Agree with SHIP DsPH transfer processes and working arrangements for services commissioned and/or delivered by PHE including specialist Dental Public Health</li> <li>Disaggregate existing contracts and ensure appropriate schedules and specifications for all elements (including Equality Duty)</li> <li>With SHIP DsPH, agree arrangements (and MOU) to provide PH advice and input to NCB ("core offer")</li> </ul>	<ul style="list-style-type: none"> <li>Clear arrangements for forward commissioning and delivery of all PH services inc, screening, immunisation, drugs and alcohol services, infection prevention and control and specialist Dental Public Health</li> <li>No unplanned loss of services</li> </ul>	PCT Cluster RDPH PH providers PHE (Shadow)	Andrew Mortimore May 2012 May 2012  October 2012  April 2012		
1.D	<b>Core PH offer to CCG</b> <ul style="list-style-type: none"> <li>Agree priorities and essential / desirable components of offer</li> <li>Option appraisal of shared arrangements for delivering core offer across SHIP</li> <li>Agreed MUO between PH team and CCG, with SCC support</li> <li>Quarterly reviews and agreement of (revised) MUO for 2012/14 between SCC and CCG</li> </ul>	<ul style="list-style-type: none"> <li>Effective working relationship with CCG</li> <li>PH outcomes a key priority in plans and achievements of CCG</li> </ul>	CCG PCT Cluster / NCB	Bob Coates  April 2012 March 2013		
1.E	<b>Developing future priorities</b> <ul style="list-style-type: none"> <li>Ensure JSNA updating continues and accessible "products" inform priorities of H&amp;WB plan, CCG commissioning plan, SCC plans and other stakeholder plans</li> <li>Work with CCG and Cluster / NCB in developing clinical commissioning priorities</li> <li>Ensure PH priorities are identified in forward plans</li> </ul>	PH priorities are identified in forward plans of all successor organisations	H&WB Board CCG and NCB SVS Police and criminal justice, job centre plus, Clinical networks, Clinical senate	Ongoing Graham Watkinson, Noreen Kickham & Rebecca Wilkinson  Ongoing		Combined Head of intelligence and JSNA manager post appointed  Consolidate leadership role

**PUBLIC HEALTH TRANSITION PROGRAMME**

<b>Work stream</b>	<b>2. PH Programme Continuation</b> (Delivering public health responsibilities during transition year and preparing for 2013/14)	Lead: Dr Andrew Mortimore
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**Current position:** Existing relationship with council in place  
**Future desired state:** Clear vision planned, establish firm links with council to pave way for future stages of transition

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
2.A	<p><b>Clarify the way forward for existing programmes</b></p> <ul style="list-style-type: none"> <li>Complete stock take of all public health "services" and initiatives (national definition)</li> <li>Define and distribute ownership of current and future commissioning responsibility for all elements of existing proposed public health services (inc sexual health, child measurement, health checks, other LA mandated services)</li> <li>Ensure Commissioning leads in Public Health Team have robust specifications (2012/13) in place for all 'currently commissioned' services (including performance monitoring mechanisms)</li> <li>Ensure specialist Dental Public Health is able to continue its role across the SHIP area</li> <li>Agree 2012/13 PH Business Plan and KPIs</li> <li>Monitor and report</li> </ul>	<ul style="list-style-type: none"> <li>CCG, PCT Cluster and DPH have agreement on responsibilities for commissioning and delivering PH programmes</li> <li>Legacy documentation/ handover completed</li> </ul>	SCC and service leads CCG NHS Commissioning Board Provider organisations	Andrew Mortimore & Noreen Kickham March 2012		In progress
2.B	<p><b>Maximise new opportunities in 2012/13</b></p> <ul style="list-style-type: none"> <li>Develop QIPP initiatives in CCG plans and deliver</li> <li>Complete /develop non-recurring PH projects to support PH vision delivery</li> <li>Develop and deliver Southampton Connect Project (Year 1) with partners</li> </ul>		SCC CCG PH and NHS providers Southampton Connect	Andrew Mortimore & Noreen Kickham		In progress

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
2.C	<p><b>Maximise the opportunities of the new system:</b></p> <ul style="list-style-type: none"> <li>Reorganise PH programmes and start to deliver in line with future arrangements. This will involve: <ul style="list-style-type: none"> <li>reviewing generalist and specialist roles within existing teams, and take forward potential collaborative solutions across SHIP</li> <li>Leadership - work with elected members</li> <li>Raise visibility and benefits of the programmes</li> </ul> </li> </ul>	Coherent plans for collaborative PH delivery are developed	PCT PH team SCC community development teams Elected members and SCC senior management teams SHIP DsPH Communications	Andrew Mortimore  April 2012		In progress
2.D	<p><b>Establishment of Health and Well-being Board:</b></p> <ul style="list-style-type: none"> <li>complete transition from “shadow” to statutory H&amp;WB Board</li> <li>Produce board work programme and development plan for 2012/13</li> <li>Identify lessons learned and good practice from experience locally and elsewhere</li> <li>Review and update JSNA</li> <li>Draft, consult on and finalise a joint health and well being strategy as per consultation guidance</li> <li>Develop commissioning framework for delivery of priorities in strategy, and performance and monitoring arrangements.</li> </ul>					Shadow Board established and has met 3 times Independent Chair to be appointed in Feb  Full Council approved JSNA in July 2011
2.E	<p><b>Health protection and emergency planning:</b></p> <ul style="list-style-type: none"> <li>Define EP roles, responsibilities and arrangements under new system</li> <li>Ensure NHS and SCC develop robust plans for major incidents under transition/cluster arrangements, and test through major incident exercises</li> <li>Review and agree MOU with local health Protection Unit</li> </ul>	Transition major incident plans in place	PCT Cluster SCC emergency planning LRF CCG, PH England, NHS CB HPU	Graham Watkinson		EPO transferred into Public Health team reporting to Consultant in PH and working with PCT Cluster and Southampton NHS providers Review of options for Public Health teams in progress

**PUBLIC HEALTH TRANSITION PROGRAMME**

<b>Work stream</b>	<b>3. Evidence and Intelligence</b>	Lead: Dr Graham Watkinson
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**Current position:** Strong but small existing information workforce highly skilled and well utilised and valued  
**Future desired state:** Evidence and intelligence to be at the heart of PH and corporate business to the local authority, using a knowledge based system. Systematic provision of surveillance and evidence based intelligence to inform action, and evaluation of outcomes

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
3.A	<b>PH Information Workforce :</b> <ul style="list-style-type: none"> <li>• Create a local vision for a shared and integrated analytical information structure and “observatory” function</li> <li>• Agree split of local and wider-area delivery</li> <li>• Expand links with CCG</li> <li>• Ensure preservation of what has worked well (reports etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Functional capacity preserved, possibly increased</li> <li>• High-level analytical skills retained locally</li> </ul>	PH analytics team SCC information colleagues SE PH Observatory Information Centre SHIP PHIG	Graham Watkinson		Initial discussions have begun with SCC corporate research and information team.
3.B	<b>HR &amp; Training:</b> <ul style="list-style-type: none"> <li>• Identify and deliver HR and training implications of new service models</li> <li>• Identify training required to fit in with Local government ways of working e.g. SCC software</li> </ul>	A public health workforce with the appropriate evidence and intelligence skills to deliver core outputs	PH analytics team SCC information colleagues	Graham Watkinson		<ul style="list-style-type: none"> <li>• Joint projects around IMD and MOSAIC allow skill sharing opportunities.</li> <li>• Staff learning SQL for SHIP cluster warehouse data</li> </ul>
3.C	<b>Southampton Profile / JSNAs:</b> <ul style="list-style-type: none"> <li>• Ensure more consistent approach is taken to JSNA with core data set and sharing of data across sectors</li> <li>• Implement new JSNA guidance (Jan 2012)</li> </ul>	<ul style="list-style-type: none"> <li>• Populated core data set</li> <li>• Data sharing agreements in place</li> <li>• The ability to manipulate complex data sets and provide analytical intelligence maintained</li> <li>• JSNA website transferred and all other PH reports to a suitable interactive website (current SCC website will not suffice)</li> </ul>	PH analytics team SCC information colleagues CCG  CCG SCC	Graham Watkinson & Rebecca Wilkinson		<ul style="list-style-type: none"> <li>• Completion of second JSNA but ongoing iterative process being managed</li> <li>• Contributing to the SCC Southampton Profile</li> <li>• Some delays in accessing SCC data</li> <li>• Combined Head of intelligence and JSNA manager role developed</li> </ul>

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
3.D	<p><b>Research and Development:</b> Liaise with academics and PH teams to explore potential for strengthening links between PH academia and the new national and local PH services:</p>	<ul style="list-style-type: none"> <li>• Current links are maintained</li> <li>• New opportunities identified</li> <li>• Work commenced on the PH outcomes from analysis of the preinatal database</li> <li>• Research and development work and projects with academia and UHSFT commenced</li> </ul>	<p>Academic PH departments DPH and Public Health Team Academic/research organisations HPA UHSFT</p>	Graham Watkinson		Early work begun on neonatal and child health and nutrition and development.
3.E	<p><b>Legacy Arrangements:</b></p> <ul style="list-style-type: none"> <li>• Identify and agree which PH documents and reports should be safeguarded and accessible for future reference purposes</li> <li>• Develop a PH document library system that can be accessed by all relevant parties</li> <li>• Clear existing PCT drives now to help define which documents needs to be kept</li> </ul>	PH reports and local documents are easily accessible by all parties	<p>PH team SCC team External organisations wishing to access key Public Health documents including strategies and briefing papers</p>	Graham Watkinson & Emma Wynn-Mackenzie		Scoping and project planning has begun. Initial work taken place on existing documentation review. Plans for more comprehensive records management system working in
3.F	<p><b>Continuity of access to NHS information systems:</b></p> <ul style="list-style-type: none"> <li>• N3 connectivity with NHS to be preserved</li> <li>• Bespoke analytical software to continue to be available</li> <li>• Licensing agreements to be</li> <li>• Ensure joint agreements to ensure confidentiality</li> </ul>	Systems in place to continue analytical functions	<p>SCC IT SHIP IT leads</p>	Graham Watkinson & Rebecca Wilkinson		<ul style="list-style-type: none"> <li>• Initial discussions started with NHS SC and LA IT teams.</li> <li>• SCC is approved as an N3 connection site</li> </ul>

**PUBLIC HEALTH TRANSITION PROGRAMME**

<b>Work stream</b>	<b>4. Workforce</b>	PCT Cluster Lead: Ros Jack, supported by Eleanor Parson SCC Lead: Rick Glover
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**Current position:** Major change programme with some significant uncertainties (further guidance and budget allocations awaited)  
**Future desired state:** Successful transfer of PCT staff to SCC to enable the new Local Authority functions to be effectively delivered, avoiding loss and/or ineffective deployment of skilled workforce

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
4.A	<p><b>HR leadership in PH workforce transition:</b></p> <ul style="list-style-type: none"> <li>HR Lead in PCT Cluster and SCC work together to identify OD and HR models and options for transferring PH staff</li> <li>Work with SCC in advance of transfer to understand Terms and Conditions of NHS Staff</li> <li>Advise on or address relevant HR and TUPE implications of transition, complete TUPE process once agreed/signed off</li> <li>Establish joint management-union working group</li> <li>Engage with community, stakeholders and PH England and respond to consultation on PH Workforce Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Consistency of approach that aligns with HR Concordat</li> <li>Workforce risk identified early and mitigated</li> <li>PH staff are transferred appropriately to new posts/employers,</li> <li>PH staff TUPE when appropriate</li> </ul>	<p>PCT Cluster, SCC, SHA, CCG and other organisation's HR leads/directors Faculty of Public Health (FPH)</p>	<p>Sonia Weavers &amp; Ellie Parson</p> <p>Timescales dictated by HR Framework document and further guidance on TUPE</p>		
4.B	<p><b>Staff engagement and support</b></p> <ul style="list-style-type: none"> <li>Establish joint PCT and SCC working group to bring all parties together to support HR transfer process</li> <li>Effectively engage staff throughout transition plan development and review</li> <li>Establish support arrangements for PH staff during the transition through mentoring, coaching and team work</li> <li>Ensure accommodation at Civic Centre is an appropriate work environment</li> <li>Ensure business continuity during change</li> </ul>	<ul style="list-style-type: none"> <li>Transparency, equitability and fairness promoted</li> <li>Equality and diversity standards upheld and Public Sector Equality Duty met</li> </ul>	<p>Public Health Development Lead in Public Health Team DPH, Line managers and staff in PH team and LA SHIP Chief Executive and Deputy Chief Executive SHIP DsPH</p>	<p>Sonia Weavers &amp; Ellie Parson</p>		

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
4.C	<p><b>TUPE transfer process</b></p> <ul style="list-style-type: none"> <li>Discussions on new structure undertaken with NHS and SCC to agree final provision</li> <li>Confirm final structure following review of all LA functions, including grading of posts</li> <li>Agree details of TUPE</li> <li>Determine appointment procedures and local appeal procedure etc</li> <li>All staff appointed to/confirmed in posts in final structure to TUPE to SCC</li> </ul>	<ul style="list-style-type: none"> <li>Minimal loss of PH skills capacity</li> <li>PH staff consulted fully at all stages of the process</li> </ul>	<p>Sender guidance to come from DH Cluster decision makers</p> <p>Public Health Development Lead in Public Health Team</p> <p>Cluster HR lead</p> <p>PH staff including those at Band 7</p>	<p>Sonia Weavers &amp; Ellie Parson</p>		<ul style="list-style-type: none"> <li>Opportunities for discussion on transfer at each team meeting</li> <li>Team brief and Informeet well established in organisation</li> <li>Consultation on relocation to Local Authority run from 15/12/2011 to 18/01/2012</li> <li>All staff had 1:1 with their manager to discuss concerns /anxieties.</li> <li></li> </ul>
4.D	<p><b>Communications strategy</b></p> <ul style="list-style-type: none"> <li>Develop an internal and external communications strategy that:</li> <li>Reaches all relevant NHS and SCC staff and key partners including PH academia</li> <li>Offers opportunities for engagement with PH staff to ask questions, share views and influence direction of PH service</li> <li>Build up list of staff to receive communications</li> <li>Ensures correct governance used in messages</li> </ul>	<ul style="list-style-type: none"> <li>All parties are kept regularly informed about the transition process and outcomes through bulletins, FAQs, events</li> <li>Supportive responses to the PH White Paper</li> </ul>	<p>RDPH, DPH and PH team</p> <p>SCC leads</p> <p>HPA/PHE</p> <p>FPH</p> <p>SCC and PCT cluster Communications Teams</p>	<p>tbc</p> <p>2-3 months</p>		<ul style="list-style-type: none"> <li>Team brief, informeet, SHIP Net and Compass well established in organisation as routes of communication for staff.</li> <li>1:1s and team meetings support these organisational forums of communication.</li> </ul>



**PUBLIC HEALTH TRANSITION PROGRAMME**

<b>Work stream</b>	<b>5. PH Training and Development</b>	Lead: Dr Bob Coates
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**Current position:** Wide range of PH training and leadership programmes that need to be more mainstreamed and commissioner led and involve a wider range of partners  
**Future desired state:** PH training and leadership programmes designed to deliver core and specialist knowledge and skills to support the transition to, and the establishment of, the new Public Health, Clinical Commissioning Group, Local Authority and Voluntary Sector structures and functions and which are suitable for all NHS and SCC staff as well as to voluntary sector staff

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
5.A	<p><b>Training needs analysis:</b></p> <ul style="list-style-type: none"> <li>Review and updating of a Training Needs Analysis for PH/SCC team and CCG leads</li> <li>Creation of an action plan to address training needs, to include training for SCC staff and members as they take on responsibility for health improvement, health protection and for influencing and scrutinising GP commissioning and training arrangements for ensuring that the GPCC understand what the PH service offers and work to ensure PH Staff understand new environment/culture/ways of working</li> <li>Commitment to continue existing training, adapting training if necessary</li> <li>Acknowledgement of importance of CPD/Life long learning to Faculty of Public Health</li> </ul>	<ul style="list-style-type: none"> <li>Training needs assessed and analysed for all key groups of staff and SCC members</li> <li>Robust training programme established and rolled-out</li> <li>Staff complete existing courses</li> <li>All staff's CPD meets regulatory requirements</li> <li>Increased awareness of PH role and agenda across whole of city council</li> </ul>	DPH, PH team, SCC colleagues NESC FPH PCT/SCC/other Learning and development teams GPCC leads School of Public Health	Bob Coates		<ul style="list-style-type: none"> <li>Preliminary work only, reviewing NESC funded Public Health practitioner development arrangements.</li> <li>All staff PDP needs identified through appraisal</li> <li>Plan for member and GPC training through joint initiatives across South Central</li> <li>Creation of Public Health school at the Deanery</li> </ul>
5.B	<p><b>Training transition programme:</b></p> <ul style="list-style-type: none"> <li>Creation of an induction programme for PCT and SCC staff in new roles to understand organisation processes and timescales</li> <li>Scope possibility of joint funded training</li> <li>Encourage, enable and support staff to attend training geared towards delivery of PH functions and programmes</li> <li>Development of PH induction material for wider use</li> </ul>	<ul style="list-style-type: none"> <li>Targeted induction programme to compliment existing support for staff in transition</li> <li>Programmed joint training for future</li> </ul>	PCT/SCC HR lead PH team SCC HR directors	Bob Coates & Sally Denley		Appointment of Public Health Development Lead

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
5.C	<b>Training of specialists and public health practitioners:</b> <ul style="list-style-type: none"> <li>Work with the Deanery and NESC to ensure continuity of specialist training and placements for new entrants to Public Health speciality.</li> <li>Securing appropriate facilities for trainees in new location(s)</li> <li>Negotiating an agreement with NESC and the hosted trainees on the programme</li> <li>Work with the Deanery to gain accreditation of SCC as a training placement</li> <li>Work with SCC and the School of Public Health to agree the rotation of trainees over the five year course</li> </ul>	<ul style="list-style-type: none"> <li>Continuity of current training placements, exam timetables and achievement of learning outcomes for trainees through transition period</li> <li>Training curriculum agreed with education policy makers to continue training opportunities</li> <li>SCC achieves has public health training</li> </ul>	NESC SCC FPH Educational sub-group of FPH Deanery	Bob Coates		<ul style="list-style-type: none"> <li>DH development role enhanced with appointment of band 7 practitioner post.</li> <li>Specialist training to continue with 3 trainees 2012/13</li> <li></li> </ul>
5.D	<b>Training/awareness raising in City Council:</b> <ul style="list-style-type: none"> <li>Engagement across SCC in developing the local approach to improving public health</li> <li>Awareness of all levels of public health needs through briefings and staff induction and development programmes</li> </ul>	Councils role in improving public health embedded in its mission and culture	SCC Members and management team	Andrew Mortimore		<ul style="list-style-type: none"> <li>All staff PDP needs identified through appraisal</li> <li>Plan for member and CCG training through joint initiative across South Central.</li> <li>Through revised council management and performance review meetings Public Health to be built into relevant meeting agendas.</li> </ul>

**PUBLIC HEALTH TRANSITION PROGRAMME**

<b>Work stream</b>	<b>6. P 6. PH finances and enabling infrastructure</b>	Lead: PCT - Dr Andrew Mortimore and Mike Fulford (CFO) SCC – Andy Lowe and Dave Cuerdon
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**Current position:** Two submissions in 2011 to inform national baseline assessment exercise. Shadow budget allocations awaited  
**Future desired state:** A clear baseline of spending on public health across programmes in 2011/12. Agreement of budget for 2012/13 and affordable plan for 2012/13. Forward plan based on future, formula-linked financial forecasts. Plan for future Agreement on how and to which public health outcome indicators a new 'health premium' will be applied.

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
6.A	<p><b>Budget clarification and planning:</b></p> <ul style="list-style-type: none"> <li>Review affordability of plans when 2012/13 allocation announced</li> <li>Map NHS public health financial budgets to SCC proformas and schedules</li> <li>Induct relevant PH staff into budget and financial control procedures at SCC</li> <li>Align public health financial planning and budget setting to SCC processes</li> <li>Ensure income and expenditure balance and opportunities for savings have been identified</li> <li>Plan for and agree budget for 2013/14</li> </ul>	<ul style="list-style-type: none"> <li>Relevant PH staff aware of budgets and are able to programme accordingly</li> <li>All significant financial issues identified and resolved</li> </ul>	PCT Cluster and SCC finance teams	Andrew Mortimore & Mike Fulford  By April 2011		
6.B	<p><b>Support functions for PH in new LA role</b></p> <ul style="list-style-type: none"> <li>Ensure PH has adequate budget for any corporate overheads which Directorates are charged for and that they have access to:</li> <li>appropriate HR support</li> <li>appropriate occupational health services</li> <li>appropriate estates support, and has asset registers in place</li> <li>appropriate finance support</li> <li>Continuity of access to NHS information systems, meeting all IG and business requirements (see Work stream 3)</li> <li>Health and Safety requirements assessed and met</li> <li>Ensure PH funding transfer from NHS includes support for overhead costs</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate resource moved across to SCC with full agreement of support services to be delivered and received</li> <li>All issues in relation to facilities, estates and asset registers resolved</li> </ul>	PCT Cluster and SCC finance teams Capita PCT Cluster and Capita IT teams	Andrew Mortimore and Andy Lowe (TBC)		

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
6.C	<p><b>Wider budget clarification:</b></p> <ul style="list-style-type: none"> <li>Clarify how other parts of Southampton PH budget is allocated, to Cluster/NCB and PHE</li> <li>Clarify other influencable budgets – NHS, SCC and others</li> <li>Ensure commissioning framework for Joint Health and Well-being plan includes accurate and comprehensive analysis of available resources</li> </ul>	Resources are fully utilised to deliver improved health outcomes as identified in Joint Health and Well-being Plan	CCG NCB H&WB Board SVS	TBC		
6.D	<p><b>Day to day financial management handover</b></p> <ul style="list-style-type: none"> <li>Notifying suppliers of new billing address</li> <li>Working towards moving staff pay and non pay expenditure budgets across to SCC budgets and agree management of them</li> </ul>	<ul style="list-style-type: none"> <li>No disruption in billing process for suppliers of products/services</li> <li>Smooth transfer of pay and non pay budget transfer</li> </ul>	Suppliers NHS and SCC finance colleagues			

PUBLIC HEALTH TRANSITION PROGRAMME						
Work stream	7. Governance	Lead: PCT - Dr Andrew Mortimore and Rob Dalton				
<p><b>Current position:</b> Currently following PCT governance until SHIP governance guidelines agreed</p> <p><b>Future desired state:</b> During transition a hybrid governance framework will be in place which ensures we remain within existing guidelines but also have clear and robust measures in place to cover work/processes created whilst working in a different building owned by a different organisation. This will lead to following all Local Authority governance safe working procedures once we transfer to the Local Authority.</p>						
Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
7.A	<p><b>Engagement with PCT Cluster transition approach</b></p> <ul style="list-style-type: none"> <li>LA and PCT Cluster CEOs “steering group” provides strategic coordination</li> <li>DsPH from SHIP work with Cluster CEO to ensure coordinated and effective input to Cluster and future NCB</li> <li>DsPH from ship identify shared programmes of work and shared services, and agree appropriate resourcing arrangements and governance</li> <li>Agree risk-sharing arrangements agreed between PCT cluster and SCC</li> <li>Agree approach to sector-led improvement</li> </ul>	Governance is high on the agenda and recognised as an important part of transition, top level guidance is issued	LA and PCT Cluster CEOs DsPH PH Team LA directorates aligned with PH Team			
7.B	<p><b>Local governance plans</b></p> <ul style="list-style-type: none"> <li>LA and PH Team governance leads work together to agree robust mechanism to ensure all governance is adhered to whilst in transition</li> <li>LA and PH Team governance leads work together to ensure DPH and PH team has access to appropriate support regarding governance during transition</li> <li>Internal accountability and performance monitoring arrangements agreed and established</li> <li>Agree and establish a joint risk register between sender and receiver organisation</li> </ul>	<ul style="list-style-type: none"> <li>Governance plan in place for transition period and completion of TUPE</li> <li>PH Business plans meet SCC governance requirements</li> <li>Business continuity plan in place</li> <li>Risk assessments completed</li> </ul>	LA and PH Team governance leads PH Team	Emma Wynn-Mackenzie  April 2012		<ul style="list-style-type: none"> <li>Link with Angela Sumner, Manager - Assurance, Governance and Risk (Adults) for LA established</li> <li>Meeting booked 22 February with Kathryn Long, Head of Information Governance for SHIP cluster to discuss interim governance arrangements during transition period and in the long term.</li> </ul>

Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
7.C	<p><b>Clinical governance</b></p> <ul style="list-style-type: none"> <li>Identify all future SCC-commissioned services that require clinical governance arrangements</li> <li>Agree commissioning CG arrangements, in partnership with SHIP PH teams, including reporting/management of SUIs, PGDs etc</li> <li>Ensure emergency planning arrangements meet LRF requirements (see 2E)</li> <li>Ensure screening programmes have appropriate care pathways with clinical governance arrangements in place</li> </ul>	<p>Safe systems and services Low levels of SUIs</p>	<p>PCT Cluster SHIP DsPH</p>	<p>(TBC)</p>		

PUBLIC HEALTH TRANSITION PROGRAMME						
Work stream	8. Communication and engagement	Lead: PCT - Dr Andrew Mortimore and Sara Tiller				
<b>Current position:</b> Consistent engagement and communication by PCT cluster, with stakeholders being regularly updated						
<b>Future desired state:</b> SCC, CCG and PCT Cluster / NCB fully informed and engaged in the successful establishment of the new local public health system						
Work stream	Description	Success Measure	Stakeholder Engagement	Date & Lead	Status (RAG)	Progress
8.A	<b>Engagement:</b> <ul style="list-style-type: none"> <li>PCT and SCC to establish firm links with new CCG and PHE and partners</li> <li>Establish an engagement strategy that includes consultation opportunities and links to wider PCT cluster and SCC engagement in health</li> <li>Through CCG Exec Group and Board and SCC directorate meetings, raise awareness of PH change opportunities</li> <li>Convene engagement events for PH partners and produce collective responses to local and national consultations</li> </ul>	CCG and SCC groups, H&WB and other stakeholders understand and are engaged in the transition process going forward	GP CC NPHS groups / RDPH Employers Voluntary sector charities	Andrew Mortimore SCC and PCT Cluster Communications teams  Ongoing – plan to be in place by April 2012		Consultation events commenced
8.B	<b>Visioning:</b> Creating a clear vision of how the new public health arrangements for Southampton will deliver better health and reduce health inequalities with the City Council in a lead role	Well articulated and circulated vision, developed with stakeholder input that all can sign up to	PCT, PH team and SCC directorates, stakeholders, including SVS	Andrew Mortimore June 2012		Commenced through engagement events
8.C	<b>Communication:</b> <ul style="list-style-type: none"> <li>As part of engagement strategy, set out a communications plan to include:</li> <li>A range of specific publications and articles / features in local media</li> <li>Review of web and social marketing approaches</li> </ul>	Well presented information through a range of media and portals	SCC communications team SHIP	Andrew Mortimore and Dawn Buck  SCC and PCT Cluster Communications teams		