

## Sunderland TPCT/City Council

### RAG rating criteria

	Criteria not met. No actions identified as to how requirement will be met by April 2012./Guidance awaited
	Criteria partially met. Actions identified to fulfill requirement by April 2012.
	Criteria Met/Actions completed

### Public Health Transition Planning Assurance 2011-13

Objective	Ref no.	Requirement	Evidence of Assurance	Is assured		
				YES	NO	Partially
<b>Ensuring a robust transfer of systems and services</b>	1.1	Is there an understood and agreed (PCT cluster/LA) set of arrangements as to how the local public health system will operate during 2012/13 in readiness for the statutory transfer in 2013?	PHTP 1A and Appendix 1 Sunderland Operating Model-SR			<b>X</b>
	1.2	Is there a clear local plan which sets out the main elements of transfer including functions, staff and commissioning contracts for 2013/14 and beyond?	PHTP 1B and Appendices 1-3	<b>X</b>		
	1.3	Are there locally agreed transition milestones for the transition year, 2012/13?	PHTP page 5 and throughout			<b>X</b>
	1.4	Is there a clear local plan for developing the JSNA in order to support the H&WB strategy?	PHTP 1D Sunderland LSP Website and Minutes of H&WB Meeting December, Agenda for EIH&WB February	<b>X</b>		

	1.5	Is there a clearly developed plan for ensuring a smooth transfer of commissioning arrangements for the services described in <i>Healthy Lives</i> , <i>Healthy People</i> that Local Authorities will be responsible for commissioning?	Contract Grids available via Mark Overton at NHS SoTW outlining service review work, PHTP 1E, Appendix 1 & 2			X
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	1.6	Is there a clearly developed plan for ensuring a smooth transfer of those PH functions and commissioning arrangements migrating to NHS CB and PHE?	PHTP 1F		X	
	1.7	Is there local agreement on the delivery of a core offer providing LA based public health advice to Clinical Commissioning Groups?	PHTP 1G		X	
<b>Delivering public health responsibilities during transition and preparing for 2013/14</b>	2.1	<p>Is it clear how future mandated services and steps are to be delivered during transition and in the new local public health services:</p> <p>Appropriate access to sexual health services,</p> <p>Plans in place to protect the health of the population,</p> <p>Public health advice to NHS commissioners,</p> <p>National Child Measurement Programme,</p> <p>NHS Health check assessment?</p>	Limited evidence but under development in PHTP, Appendices 1-4			
			PHTP 2A Contract grids, Minutes of Sexual Health Locality Planning Group, Childrens Trust	X		
			PHTP 2B Appendix 2-3, LRF briefing Note (17th January 2013)		X	
			PHTP 2A but discussions underway which will develop approach		X	
			Limited evidence but under development in PHTP 2A, Appendices 1-4			X
			Contract grids and other Limited evidence but under development in PHTP 2A, Appendices 1-4	X		

	2.2	Is there clarity around the delivery of critical PH services/programmes locally, specifically: screening programmes; immunisation programmes; drugs & alcohol services and infection prevention & control?	Evidence around drugs and alcohol- currently up for recommissioning potentially as a LA procurement exercise but otherwise Limited evidence but under development in PHTP 2B, Appendices 1-4		X	
<b>Workforce</b>	3.1	Has the workforce elements of the plan been developed in accordance with the principles encapsulated within the Public Health Human Resources Concordat?	Work programme to be led by VT/JL in association with the LA HR Leads- expect evidence from JL, PHTP 3Aworkstream evidence in Appendix 2	X		
<b>Governance</b>	4.1	Does the PCT cluster with LA have in place robust internal accountability and performance monitoring arrangements to cover the whole of the transition year, including schemes of delegation agreed as appropriate?	PHTP 4A & Appendix 3 Draft MoU under discussion but currently not agreed			X

	4.2	<p>Are there robust arrangements in place for key public health functions during transition and have they been tested e.g. new emergency planning response to include:</p> <ul style="list-style-type: none"> <li>○ Accountability and governance,</li> <li>○ Details of how the DPH, on behalf of LA, assures themselves about the arrangements in place,</li> </ul>	PHTP 4B and Appendix 2-4 and LRF Briefing (17/01/12) and TC Briefing documents (HPA Consultant for Sunderland)		X
		○ Accountability and governance,	PHTP 4C & Appendix 3- Draft MoU under discussion		X
		○ Details of how the DPH, on behalf of LA, assures themselves about the arrangements in place,	PHTP 4C & Appendix 3 and LRF briefing re emergency planning - Draft MoU under discussion in relation to support for other key PH functions		X

		<ul style="list-style-type: none"><li>○ Lead DPH arrangements for EPRR and how it works across the LRF area?</li></ul>	PHTP and LRF briefing (17/1/12) Tricia Cresswell HPA briefing documents		X
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	4.3	Are there robust plans for clinical governance arrangements during transition including for example arrangements for the reporting of SUIs/incident reporting and Patient Group Directions?	PHTP 4C, Appendix 2-4			X
	4.4	Has the PCT cluster with the LA agreed a risk sharing based approach to transition?	PHTP 4D		X	
	4.5	Is there an agreed approach to sector led improvement?	PHTP 4E, Appendix 1,2	X		
	4.6	Is the local authority engaged with the planning and supportive of the PCT cluster approach to PH transition?	PHTP 4F and Appendices 1-3	X		
<b>Enabling infrastructure</b>	5.1	Has the PCT cluster with LA identified sufficient capability and capacity to ensure delivery of their plan?	PHTP and Appendix 2 and MoU		X	
	5.2	Has the PCT cluster with LA identified and resolved significant financial issues?	PHTP 5B Discussion underway at High level LA/NHS SoTW meeting		X	
	5.3	Has the PCT cluster with LA agreed novation/other arrangements for the handover of all agreed PH contracts?	PHTP 5C		X	
	5.4	Are all clinical and non-clinical risk and indemnity issues identified for contracts?	PHTP 5D, Appendix 2-3, Financial risk outstanding re evidence			X

	5.5	Are there plans in place to ensure access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during transition and beyond transfer?	PHTP 5E -During transition will be an issue for MoU post transition		X	
	5.6	Have all issues in relation to facilities, estates, asset registers been resolved?	Under development and will be found in PHTP and Appendix 2.		X	
	5.7	Is there a plan in place for the development of a legacy handover document during 2012/13?	PHTP 5E and Appendix 2	X		
<b>Communication and engagement</b>	6.1	Is there a robust communications plan? Does it consider relationships with the Health and Well being Board; clinical commissioning groups and NHSCB; Health Watch; local professional networks?	Under development but will be found in PHTP 6A and Appendix 2 and links to the Rachel Chapman led work for Transition Planning			X
	6.2	Is there a robust engagement plan involving stakeholders, patients, public, providers of PH services, contractors and PHE?	Under development but will be found in PHTP6B and Appendix 2 and links to the Rachel Chapman led work for Transition Planning			X



Transition complete?	
Rag rating	Comments
Amber/Red	Agreement in principle and some detail exists for an operating model during transition. LA have agreed high level and detail required around governance and assurance and financial
	PHTP demonstrates high level work and LA developed workstream spreadsheet demonstrates separate work streams and timelines. Will wish to review progress on Significant transition milestones have been agreed e.g. journey through Council
	Work on the refreshed JSNA and embedding it within transformed Council processes has been underway

	<p>Service reviews have been delivered in all key health improvement commissioned programmes. Finance, outcomes and current performance have been identified for the most up to date year available. The</p>
	<p>Commissioning arrangements for health visiting are migrating to NHS CB. Other arrangements for 0-5's include local support for</p>
	<p>There is current a verbal expression of willingness to share capacity and resource to deliver this by the 3 DsPH</p>
	<p>Delivery during transition is less of a problem - not forgetting that NHS SoTW will also be in transition in relation</p>
	<p>Overall there should be no problem during 12/13 and we are continuing our</p>
	<p>The statutory duties of NHS bodies and their boards in relation to emergency</p>
	<p>There is no problem during 12/13 and we are continuing our arrangements. There is</p>
	<p>We expect 2012/13 to be managed as previous years but there are issues for post</p>
	<p>There is no problem during 12/13 and we are continuing our arrangements to secure</p>

	<p>There should be no problem during 12/13 for delivery of the critical PH services/programmes as we are continuing our arrangements. There is still a lack of clarity over some of the critical PH</p>
	<p>The workforce elements have so far been developed in accordance with the PHHRC. However future working requires integrated working across the LA and the One NE HR service and</p>
	<p>Each organisation has robust internal accountability and performance monitoring. We would not anticipate changing these but we do recommend the adoption of an MoU to cover current arrangements even if staff and function are</p>

The statutory duties of NHS bodies and their boards in relation to emergency preparedness, resilience and response remain in place until 31 March 2013.

- Unless review is required for immediate operational reasons, all NHS plans and response arrangements at local level will remain in place. Plans will only be revised once final structures are understood.

- Unless review is required for immediate operational reasons, all HPA plans at local level will remain in place. Plans will only be revised once final structures are understood.

- Exercising of current plans will continue in relation to Olympic assurance.

- From 3 October 2011, the three NHS Strategic Health Authorities (NHS North East, NHS North West and NHS Yorkshire and the Humber) have operated under a single management framework, NHS North of England.

. Work is underway and PCT Cluster Transition Plans and possible development of MoU

. Work is underway and PCT Cluster Transition Plans and possible development of MoU (requested by SCC) will assist in robustness and

Arrangements have been agreed by NHS players in the NHS emergency planning strategic group and

	During transition we do not anticipate changes to clinical governance arrangements and delivery of the MoU would provide transparency and robustness to verbal <del>agreements but this is an on</del>
	This is an ongoing area for discussion. There are a series of LA Transition Meetings to <del>discuss PCT Transition issues</del>
	The Sunderland Way of Working and Operating Model implies that this will not be a 'drag and drop' of PH capacity <del>into the Council but an</del>
	The Assistant Chief Executive and Director of Health Housing and Adult Services have been given the <del>Corporate responsibility for</del>
	Staff in both the LA and TPCT are managing planning without additional capacity at this time. The LA may be able to <del>provide additional capacity via</del>
	Without additional information on the ringfenced budget and the implications going forward, this is difficult to
	There is an ongoing discussion over contracts and commissioning which may well require legal opinions to <del>resolve. One view is that</del>
	This work has been underway clinical risk as currently known is managed by the routine PCT arrangements.

Arrangements during 2012/13 should maintain as current (to potential be agreed in the MoU with LA and SLA with CSS) but arrangements for 2013 are less clear and require changes in the H&SC

There are limited issues around facilities and estates and asset registers for PH

There is a plan in place for the development of a legacy handover document and this is

The detailed communication plan has not yet been completed but there is currently communication with NHS SoTW Directors, Sunderland CCG, Sunderland EIH&WBB, Sunderland CC

The detailed engagement plan has not yet been completed but there is currently engagement with a range of stakeholders. plan required