Sunderland City Council

Item No. 5

CABINET MEETING – 13th February 2013

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:
Transition of Public Health to the Council

Author:
Chief Executive

Purpose of Report:
Following on from the passage of the Health and Social Care Act 2012, this report seeks Cabinet's agreement to the transition arrangements for those elements of the public health system which are transferring into the local authority's responsibility at midnight on the 31st March 2013. It further seeks approval to delegate the final arrangements to the Assistant Chief Executive in consultation with the Leader and Portfolio Holder during the remainder of February and March 2013.

Description of Decision:
Cabinet is recommended to:

a) Agree to the transition arrangements for public health into the local authority
b) To approve the delegation of final arrangements to the Assistant Chief Executive in consultation with the Leader and Portfolio Holder during the remainder of February and March 2013

Is the decision consistent with the Budget/Policy Framework? *Yes

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:
To comply with the requirements of the Health and Social Care Act 2012 and subsequent statutory guidance. These include the establishment of formal Transfer Orders resulting from the reorganisation of the NHS, with wide ranging changes including the disestablishment of Primary Care Trusts(the "Sender" organisations) and transfer of functions to other statutory bodies ("Receiver" organisations) which include local authorities.

Impacts considered and documented:

Equality	Y	**Privacy**	Y	**Sustainability**	Y	**Crime and Disorder**	N

Is this a "Key Decision" as defined in the Constitution? Yes **Is it included in the 28 day Notice of Decisions? Yes**	**Scrutiny Committee**

CABINET **13th February 2013**

TRANSITION OF PUBLIC HEALTH TO THE COUNCIL

REPORT OF THE CHIEF EXECUTIVE, DIRECTOR OF PUBLIC HEALTH, ASSISTANT CHIEF EXECUTIVE, DIRECTOR OF HEALTH, HOUSING AND ADULTS AND DIRECTOR OF CHILDREN'S SERVICES

1.0 PURPOSE OF THE REPORT

1.1 The report seeks Cabinet's agreement to the transition arrangements for public health into the local authority in order to comply with the statutory transfer date of 01 April 2013 and to delegate the final arrangements to the Assistant Chief Executive in consultation with the Leader and Portfolio Holder during the remainder of February and March 2013.

2.0 DESCRIPTION OF THE DECISION (RECOMMENDATIONS)

2.1 Cabinet is recommended to:

a) Agree to the transition arrangements for public health into the local authority
b) To agree to the delegation of final arrangements to the Assistant Chief Executive in consultation with the Leader and Portfolio Holder during the remainder of February and March 2013.

3.0 BACKGROUND

3.1 National picture on health

The Government believe the Health and Social Care Act 2012 has huge opportunities to improve health and wellbeing in England. People living in the poorest areas die on average seven years earlier than people living in richer areas; and have higher rates of mental illness; cancer, heart and lung disease and experience of disability. They also suffer largely preventable harm from smoking, excessive alcohol consumption and drugs, and increasing levels of obesity.

Locally a similar picture has been identified in the Joint Strategic Needs Assessment (JSNA). There is an equally stark gap of over 10 years difference in life expectancy between the most deprived and least deprived communities in our area. In Sunderland people:

- Feel that they have poorer health and well being than the rest of England;
- Are admitted to hospital more often;
- Die earlier than people elsewhere in England.

Cancer, heart and lung disease are the main killers and many of these avoidable deaths are caused by higher than average levels of smoking, harmful drinking and obesity.

3.2 The New Public Health System

The government's intention to radically reform the public health system was announced in November 2010 in *Healthy Lives, Healthy People.* The biggest changes in the reforms are:

- Clearly established priorities through a stronger focus on health outcomes, as defined in the Public Health Outcomes Framework
- New roles and responsibilities for local authorities around leadership of health improvement, protection and supporting commissioning of quality population healthcare alongside allocated ringfenced resources
- A new body, Public Health England (PHE), is being set-up from an amalgam of predecessor bodies such as the Health Protection Agency, cancer registries and public health observatories amongst others. PHE will have a very significant coordination and delivery role in terms of health protection.
- Some public health services will continue to be provided centrally, and there will be commissioning relationships and flows between national and local bodies. For example, the NHS Commissioning Board will commission screening and immunisation services from the NHS with input from Public Health England. It will also have responsibility for offender health and the public health of children under the age of 5 (although responsibility for the latter will transfer to local authorities in 2015).

The reforms simultaneously devolve more responsibility for public health to local authorities and bring some functions (those delivered by PHE) closer to ministers. All upper tier local authorities are also expected to have established a Health and Wellbeing Board (HWB) in shadow form by 1st April 2012 and the Boards should be fully operational by 1st April 2013 with their Joint Health and Wellbeing Strategies in place.

3.2 What do the new responsibilities for Sunderland City Council cover?

Local authorities will:

- become the employer of the Director of Public Health;
- have a new enhanced duty to promote the improved health of their population;
- be responsible for ensuring plans are in place to protect the health of the public from disease outbreaks and local health emergencies, working with Public Health England and its local centres;

- be responsible for commissioning of a range of health improvement services and for providing population public health advice to NHS commissioners.

While local authorities will be largely free to determine their own health improvement priorities and services to be commissioned based on the description of local need within the Joint Strategic Needs Assessment and the need to deliver on the Public Health Outcomes Framework, they will also be required to commission or otherwise ensure delivery of a number of mandatory services:

- Sexual health services (excluding termination services)
- NHS Health Checks- a cardiovascular disease check
- National Child Measurement Programme- around obesity in Year 1 and Year 6 children
- Providing population public health advice to NHS Commissioners, and
- Being assured that plans are in place across local partners to protect the health of the public

The following is a summary of current functions and responsibilities to be transferred to Sunderland City Council: With regards to health improvement commissioning it is worth noting that the range of interventions and services commissioned to support improvements in the health of the population may change over time based on an agreed set of commissioning intentions.

- Strategic Leadership and Co-ordination of the local public health agenda

- Health Improvement Commissioning

    - Public health services for children 0-5 (some post 2015)
    - Public health services for Children and young people 5-19
    - The National Child Measurement Programme
    - Interventions to tackle obesity (community lifestyle and weight management services)
    - Locally led nutrition initiatives
    - Increasing levels of physical activity in the local population
    - NHS Health Checks assessments
    - Public Mental Health Services
    - Dental public health services
    - Accidental injury prevention
    - Population level interventions to reduce 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 immunisations and screening
    - 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
    - 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
    - Wider determinants, education, housing, police, transport, planning
    - Tobacco Control and smoking cessation services
    - Alcohol and drug services

- Public Health Intelligence e.g. research & knowledge partnerships, input into JSNAs and other needs assessments, data collection and management, monitoring activity
- Assurance of Emergency Planning Risk and Resilience arrangements
- Marketing & communication
- Public Health communication and campaigns
- Community development and engagement
- Performance
- Public Health performance improvement/networks

The Public Health Outcomes Framework defines in 5 domains the health outcomes the new Public Health System will be expected to deliver- in large part the responsibility of local authorities. These are:

- Healthy life expectancy and preventable mortality-preventing people from dying prematurely and health inequalities
- Health protection and resilience-protect the population's health from major emergencies and remain resilient to harm
- Tackling wider determinants of health-tackling factors which affect health and wellbeing and health inequalities
- Health improvement-helping people to live healthy lifestyles, make healthy choices and reduce health inequalities

- Prevention of ill health-reducing the number of people living with preventable ill health and reduce inequalities

3.4 Interface with Sunderland NHS Clinical Commissioning Group, NHS Commissioning Board (NHSCB) and Local Area Team (LAT), North of England Commissioning Support Service

The NHS will continue to play an important role in delivering health improvement and addressing inequalities through the work of Sunderland NHS CCG and their role in assuring quality of provision of health services and ensuring fair access.

The Health and Social Care Act also introduces new duties on inequalities -

- on the NHS Commissioning Board and Clinical Commissioning Groups to "have regard to the need to reduce inequalities in access to, and the outcomes of, healthcare";

- The Secretary of State will have a wider duty, to have regard to the need to reduce inequalities relating to the health service (including both NHS and public health);

The NHSCB will commission some services on behalf of Secretary of State:

- public health services for children aged 0-5, including health visiting and family nurse partnerships
- immunisation and screening programme
- public health services for those in prison or custody
- sexual assault referral services
- Child Health Information Systems (CHIS).

3.5 Sector organisation – sender and receiver organisations

This reorganisation has been described as the largest in the NHS's history since 1948. Sunderland Teaching Primary Care Trust, one of three such organisations under the umbrella of NHS South of Tyne and Wear is defined as the 'sender organisation' from which staff, functions, budgets and other assets will be transferred to one of 6 receiver organisations, one of which is Sunderland City Council. The other organisations include Sunderland NHS Clinical Commissioning Group, Public Health England, the NHS Commissioning Board and its local arm, the Area Team; the North of England Commissioning Support Service, the NHS Property Company (Prop Co)

3.8 Local Transition Process

The Director of Public Health and Executive Directors' of Health, Housing and Adult Services and Childrens Services along with the

Assistant Chief Executive have sponsored detailed work over the last year to ensure a smooth transition at the end of March 2013. Governance has been provided through a Sunderland PH Transition Board, The Health and Wellbeing Board and Cabinet as well as through the Strategic Health Authority and NHS SoTW /Local Authorities Transition Group

To further assist receiver organisations the Department of Health published a HR Framework which provided generic guidance covering the employment and HR processes throughout the transition, as well as setting out specific requirements for the individual receiver organisations. Sunderland City Council HR staff are in close liaison with NHS SoTW HR staff over the detailed processes involved in transfer of staff.

4.0 INTEGRATED PUBLIC HEALTH ARRANGEMENTS IN SUNDERLAND MOVING FORWARDS

4.1 Current provision and how it works

There are currently 24 whole time equivalent staff (alongside some existing staff vacancies) in the Sunderland Public Health Team who deliver strategic and commissioning functions around the three elements of the public health agenda (improvement, protection, quality). The majority of these staff are already working closely with directorate and service teams within the Council, e.g. Childrens, HHAS, and Democratic Services.

These are supported by additional staff in other parts of NHS SoTW (eg finance, procurement, HR, Business strategy, ICT, Information amongst others).

In order to maximise effectiveness and efficiency, in the past some strategic functions have been delivered on a strategic level across the three PCT /Council patches in the NHS South of Tyne and Wear area e.g. development of the NHDS Health Checks Programme, the approach to commissioning services around the alcohol agenda, commissioning of screening programmes (cancer and non cancer).

Other functions have been delivered purely on a Sunderland footprint, e.g. the development and implementation of the Sunderland Health Champions Programme. Delivery of the functions transferring to Sunderland City Council has been underpinned by a budget of approximately £19m with approximately £17.5m spent directly on service commissioning. There are approximately 311 contracts within the overall sum, although a number of these eg smoking, sexual health service are delivered through locally enhanced service arrangements with the GP or pharmacy practices- each LES then has 54 contracts (GPs), or 58 (Pharmacies) associated. The other two major contracts are with the Community Services arm of South Tyneside NHS

Foundation Trust who took on the PCT provider arm as part of Transforming Community Services during 2010 and a range of Sunderland City Council services e.g. the Wellness Service. A significant number of contracts are held with the voluntary and community and independent sector (eg around drugs and alcohol) with a very small number of private business contracts (eg weight watchers, slimming world, Rosemary Connolly)

4.2 Shared services (including non clinical assets such as software with Gateshead and Sunderland and also regionally shared services such as Balance and Fresh)

In addition to the staff resource identified above, which will be provided by the Sunderland Public Health Team, there are three services shared across Gateshead, South Tyneside and Sunderland Public Health teams. The PH Primary Care Support (21 staff, 1WTE) covers a number of functions including Public Health performance improvement/networks. The PH Improvement Resources Team (5WTE) provides a support mechanism through engaging the public through health communication and campaigns. A dedicated Information and Intelligence team (2WTE) supports the Public Health Intelligence function.

The FRESH and BALANCE contracts are currently commissioned by NHS Durham and Darlington and were established to provide a presence in the region to engage with the public on the dangers of alcohol and tobacco and the associated health risks.

The FRESH contract has been in place since 2005 and the BALANCE contract since 2007. As part of the Public Health transition this service is part of the contract portfolio that will be transferred from the PCT to Local Authority control on 01 April 2013. The lead organisation for the contracts will change from NHS Durham, to Durham County Council who will manage the contract on behalf of the 12 regional authorities.

As the contracts end on 31 March 2013 Durham County Council has issued a collaborative agreement for each of the twelve local authorities to opt into the service for a further year until 31 March 2014. This will allow a further consolidation period where local authorities can establish local needs and determine how they will commission the service in the future.

4.3 How will services be integrated – the functions, processes and ways of working moving forwards

The Shadow Health and Wellbeing Board has identified integrated service delivery as being fundamental to transforming health and wellbeing in the City. The Integrated Wellness Model that is currently being developed for the City is based on a model of community resilience, developing and maximising the potential of local assets. Rather than having multiple services operating in silos, focussing on

individual issues, the Integrated Wellness Model seeks to provide a holistic approach to an individual's health and wellbeing needs, addressing the causes of unhealthy lifestyle choices and with a core service available to all but more intensive support will be available as wrap around for those with greatest need.

Work is progressing between the Council and PH to further analyse existing PH spend which will be used to inform current commitments, which will be compared to actual funding allocations for 13/14 now final funding allocations have been made available from the DoH.

Proposed commissioning intentions have now been formulated and once finalised will provide a timetable for a review of all commissioned services over the next two years. This will incorporate work already underway such as the Integrated Wellness Model. Work is also underway to design appropriate arrangements for the governance of future commissioning for public health. This is running in parallel with work looking at commissioning support arrangements for Adult Social Care and Children's Services and also the interface with the Clinical Commissioning Group around jointly commissioned services.

Sunderland LA are in discussion with the PCT and LA insurers and brokers regarding the degree to which LA existing liability insurance needs to be extended to cover the additional duties and responsibilities. Medical and clinical risks are not insurable under the standard council policy, so additional medical malpractice insurance is being explored.

4.4 Delivering the mandatory functions

Robust arrangements are in place to ensure delivery of mandatory functions during transition. A Memorandum of Understanding between the CCG & LA has been developed which details the delivery of public health advice to commissioners. The public health structure has been developed to ensure that mandatory functions can transition seamlessly as part of the process. Consideration is been given to ensure sufficient capacity is available to support the function and this is being considered within the operating model.

4.5 Delivering emergency planning and resilience

Draft regulations associated with the Health and Social Care Act have been laid which give Local Authorities and the Director of Public Health a series of responsibilities in respect of health protection, on behalf of Public Health England. It is yet to be seen how the new structures can work seamlessly together to deliver a robust response.

4.6 Human Resource Issues

The position of the Public Health function within the overall operating structure of the authority is clear and well-understood across the organisation and by the public health staff transferring to the local authority.

The PH Function structure has been developed to align with Sunderland's Business Operating Model (BOM). The development of the structure has gone through a significant consultation period with senior managers in PH, LA and Politicians. This structure has now been agreed with the Chief Executive of Sunderland PCT and the Local Authority and this will now be shared with relevant staff. As part of the communication work stream plan there has been ongoing consultation with PH staff, via Managers Briefings and HWB updates.

A series of workshops detailed the operating model and explained how it functions in the LA and what this means for PH staff and functions transferring across. The communication plan also includes a schedule for consultation with transitioning staff; LA staff; politicians, and the HWBB, to ensure the operating structure is understood by all.

The processes to ensure the appropriate transfer of staff have progressed appropriately. The transfer process will be managed in accordance with the Statutory Order

Work is also commencing on an induction programme for the employees who are to transfer.

4.7 Information governance and ICT

A specific area of the public health function relates to the sharing of information and intelligence for health improvement- this is more significant than access to raw data but is about its conversion into meaningful and useful information.

5.0 TRANSFER AND IMPLEMENTATION ARRANGEMENTS

5.1 Assets and liabilities

As part of the transition and closedown process for the PCTs within NHS South of Tyne and Wear, a Transfer Scheme has been developed by the Department of Health to identify and confirm all assets and liabilities to be transferred to receiver organisations.

Receiver organisations are to hold a meeting to confirm their understanding of the transfer of assets and liabilities under the relevant legal documents which will have been prepared by the Department of Health on the basis of the PCTs' Transfer Instructions.

There are some very limited Assets transferring with PH staff (ie desk top computers for all 24 fte who will transfer to the Civic Centre. The Intelligence and Information support staff will be based with the North of England Commissioning Support Unit.

There are very limited financial liabilities (< 3k) principally relating to software licences for operating the Lodex database (relating to reported emotional health and wellbeing).

5.2 Quality transfer handover arrangements

The SoTW appointed a Transition Project Manager who has co-ordinated responsibility for legacy document & the quality handover document. The quality handover document is being reviewed by the monthly PH Transition Board in line with progress and the final document is planned for 2013.

Handover and legacy is an essential component of Public Health transition and important in ensuring quality and minimising risks. The Quality Handover Document provides details of the key quality issues for the attention of the receiver organisation (SCC) and covers all aspects of quality (safety, effectiveness and patient experience), including a risk profile based on analysis and triangulation of all available quantitative and qualitative data.

5.3 Transition arrangements during 2013

There are significant opportunities and challenges in the public health reforms, and the context in which they are happening of broader NHS and public service reform, tight public spending and a flat economy. Significant issues that need to be considered include:

- How to demonstrate a truly “health in all policies” approach. Making the most of the potential of traditional local authority services such as planning, housing and transport and leisure so that they are actively designed to improve health and wellbeing, contribute to the local JHWBS and public health outcomes framework.

- Ensuring the coordination of public health roles and functions between the NHS and local authorities as responsibilities diverge. This is particularly so for local authority health improvement services which need to be coordinated with other services commissioned by the NHS Commissioning Board.

- Developing a stronger case for commissioning and developing services across traditional boundaries and pooling commissioning budgets between Health and Wellbeing Board members where appropriate.

- Moving beyond purely service-based public health commissioning. The need to be clearer about how actions and services lead to outputs and outcomes, including those in the JHWBS and the public health outcomes framework.

- Developing a shared time horizon for public health strategy and vision that looks beyond immediate financial planning cycles, to ensure that small, quick wins don’t always crowd out larger and more significant longer term ones.

- Evaluating success on how cost-effective and equitable different service options are as well as how effective they are.

6 Potential Risks

From April 2013, local government in England takes on new public health responsibilities and so Sunderland City Council (SCC) will take on responsibility for a large proportion of public health contracts currently held by the Primary Care Trust (PCT). In preparation for this transfer, there has been a national process to determine a new funding formula which will determine the public health budget allocations to local authorities. The new formula places a reduced emphasis on deprivation, and is therefore likely over time to lead to a significant decrease in funding to Sunderland. This means that it is no longer possible to sustain the number and value of contracts currently held, and a new approach to commissioning of services and other developments will be required.

Local authorities will have responsibility to deliver against the two overarching aims set out in *Healthy Lives, Healthy People*; to improve health and to reduce inequalities alongside a range of other supporting outcomes. Progress will be monitored against indicators in the Public Health Outcomes Framework and, through the Health Premium, public health funding to local authorities will be determined to some extent by their achievements against these indicators. A lack of sustained progress may lead to not receiving the health premium which in itself could be a further financial risk going forward.

6.0 FINANCIAL POSITION

6.1 Budget

The government had estimated about £5.2bn will be spent on public health in 2012-13, between local authorities, the NHS Commissioning Board and Public Health England and the Department of Health.

The Department of Health announced the first estimates for public health funding under the new NHS structure. The announcement, made on 8th January 2013 by health secretary Andrew Lansley, will see councils receive a total of £2.66bn for public health for 2013/4 and almost £2.8bn for the following financial year. Sunderland will receive £20.656m in 2013/14 and £21.234m in 2014/15. The funding allocations are intended to support the Government's vision of helping people live longer, healthier and more fulfilling lives and tackling inequalities in health.

6.2 Contract arrangements

Current contracts covering commissioning responsibilities that are coming to the Local Authority will be novated across via a statutory transfer order. The existing terms and conditions of those contracts will

continue to apply for the lifetime of the contract. This includes notice periods for contracts, payments terms and activity volumes.

A contract prioritisation audit has been undertaken which involved reviewing every public health contract that will transfer to the Local Authority in 2013. Each contract was measured across six domains.

- Mandated/non-mandated
- Widening Access and tackling inequality
- Value for money
- Evidence base
- Delivery on specified contractual measures
- Links to Public Health Outcome Framework

This has been used to inform the future commissioning priorities for public health.

7.0 REASON FOR THE DECISION

In view of the significant workstreams around transition which have been underway for over fifteen months, Sunderland City Council is well placed to deliver a transformational approach to its public health responsibilities moving forwards. There are a small number of outstanding issues (eg physical location of staff, consultation, etc) which have yet to be finally sorted and even with the work undertaken there are some areas which still must be considered to be of medium or high risk. However in these areas such action as can currently be taken to mitigate the risk has been taken. In some areas we need to see how arrangements work post 1st April before we consider what else might be needed moving forwards. The strategic direction is clearly established.

8.0 ALTERNATIVE OPTIONS

8.1 **Do Nothing**: As the Health and Social Care Act 2012 and its enabling legislation establish the legal framework for the transfer, the timetable is fixed in statute.

8.2 **Refuse to delegate authority:** Papers on the direction of travel have been received by Cabinet over the last year. There is no new or additional information expected beyond what is already available to the system. The work of the next six weeks will be about detailed management of the transfer and about transactional issues relating to assets rather than strategy.

9.0 IMPACT ANALYSIS

i) **Equalities –** In consultation with the Director of HR&OD the Council complied with its equalities duties in respect of employment by adhering to TUPE regulations for the transfer of staff.

ii) The PH Transition Project was included in the Council's Corporate Equality Action Plan to ensure that equality and diversity impacts were analysed and considered through commissioning decisions. A joint PCT and LA process is being developed around commissioning/decommissioning services and equality analysis forms part of this process. Following the transfer of PH there will also be a review of the effectiveness of services responsibilities and an equality analysis will be carried out on any proposed changes.

iii) **Privacy –** The project adhered to protecting the identity of the PCT staff transferring to the LA at the request of the PCT. The Data Protection Act was applied to prevent the processing of personal data to protect the privacy of those directly involved.

iv) **Sustainability** – N/A

10.0 RELEVANT CONSIDERATIONS/CONSULTATIONS

i) **Financial Implications / Sunderland Way of Working -** The Head of Financial Resources has been consulted on all reports with financial implications including this report and is also an active member of the Project Board overseeing progress.

ii) **Risk Analysis -** A risk register has been produced for the project in conjunction with Council's Programme & Project Office and the Risk and Assurance Team. The Regional Risk Register is proportionate with the complexity of risks associated with the project and details the assurance to be provided to manage the risks to an acceptable level.

iii) **Employee Implications -** The Director of HR&OD was consulted on reports with employee implications including the TUPE transfer of staff from the PCT to LA and ensuring the staff structure was compliant with the SWOW. The Director also facilitated Trade Union consultation as part of PCT staff consultation on the structure which was approved.

iv) **Legal Implications -** The Assistant Head of Law and Governance is a member on a specific task group looking at all legal implications across the whole project, especially Information Governance and in relation to the transfer of insurance and liability from the PCT to LA including an option appraisal for clinical & non clinical indemnity.

v) Policy Implications - N/A

vi) Health & Safety Considerations - N/A

vii) Property Implications - Location changes for PCT staff has implications on LA office accommodation. The Senior Building Surveyor, on behalf of the Deputy Chief Executive, has been consulted to ensure location implications are properly assessed in terms of the Asset Management plan.

viii) **Implications for Other Services –** All services in the LA affected by the transition have been included within the Project and relevant updates have been provided to ensure members of the Executive Management Team and Heads of Service were appropriately consulted.

ix) **The Public –** Key public messages are currently being developed by Communications to explain the changes/accountability from April.

x) **Compatibility with European Convention on Human Rights** – N/A

xi) **Project Management Methodology** - The Council standard project management methodology has been followed and will continue until April 2013.

xii) **Children's Services** – N/A

xiii) **Procurement** – Corporate Procurement have been involved in the Project in relation to contracts novating to the LA and re-procurement of Drug and Alcohol services.

11. Background Papers

11.1 The following background papers have informed the production of this report:

- Health and Social Care Act 2012
- Healthy Lives, Healthy People, 2010
- NHS SoTW Quality Handover action plan, 2012
- JSNA – Sunderland City Council
- SOTW Corporate Risk Register
- Transition & Change Programme Risk Register
- Memorandum of Understanding between the CCG & LA
- Sunderland's Business Operating Model (BOM)
- Announcement, on 8/1/13 by Health Secretary Andrew Lansley
- TUPE regulations