

NHS North Central London Transition Update Report Report to the Joint Overview and Scrutiny Committee

27 February 2012

1. Executive Summary

In 2011 members of the Joint Health Overview and Scrutiny Committee indicated their interest in the emerging organisations within the new healthcare system and how NHS North Central London (NHS NCL) is working to ensure the smooth transition of functions from PCTs to these new organisations.

In January, the Committee was updated on the Transition Programme mobilised by NHS NCL and provided with specific information about the delegation of responsibilities to Clinical Commissioning Groups (CCGs) as well as trajectories for delegation to each emerging CCG in North Central London. Members were given the opportunity to reflect on how this could impact on their role in scrutiny.

NHS NCL committed to providing a second transition paper to the Committee in February, focusing on further key elements of transition. This second transition paper gives members an overview of three new 'receiving' organisations within transition: the NHS Commissioning Board (NHS CB), Public Health England (and Local Authorities) and the Commissioning Support Service (CSS) for North Central and North East London.

2. Transition programme milestones

As you will be aware, the Health and Social Care Bill proposes significant changes within the NHS that will focus on improving quality of care, more choice and improved outcomes for patients, as well as long-term financial savings for the NHS, which will be available for reinvestment to improve care.

There has been on-going development of guidance from the Department of Health about this change programme. The guidance released in January and February has refreshed the high level view of national transition activity - attached at Appendix A.

Our current expectation of key transition milestones relating to the three receiving organisations discussed below is as follows:

April 2012

- CSS outline business case developed and organisation set up in shadow form and governance arrangements in place
- Interim CSS leadership and senior teams in place
- NHS CB functions and design agreed and National Directors appointed
- NHS CB recruitment underway
- Public Health England (PHE) established in shadow form and transition plans developed and assessed
- PHE/LA Communications and Engagement Plan produced and Joint Working Groups established

- Local level transition plans for Public Health developed and in place
- October 2012**
- CSSs have finalised their Full Business Plans
 - CSSs and CCGs have service level agreements for provision of commissioning support
 - NHS CB fully operational and able to authorise CCGs
 - NHS CB operating model operational and accountable for 2013/14 contracting of its directly commissioned services
 - NHS CB has made final decision on which Commissioning Support Services to host
 - Early draft legacy and handover documents produced for PHE
 - Arrangements for Public Health information requirements and governance agreed
- April 2013**
- CSSs migrate to hosting arrangements with the NHS Commissioning Board
 - NHS CB becomes a statutory entity and holds CCGs to account
 - PHE becomes a full statutory body

3. NHS Commissioning Board

The NHS CB, operating as a Special Health Authority has identified its proposed operating model. The Board will work in partnership with the Cluster, clinical commissioning group leaders, GPs and the Department of Health to agree the method for establishing, authorising and running CCGs. Focus will also be on creating the infrastructure and organising the resources to allow the NHS CB to operate successfully as an independent body from October 2012.

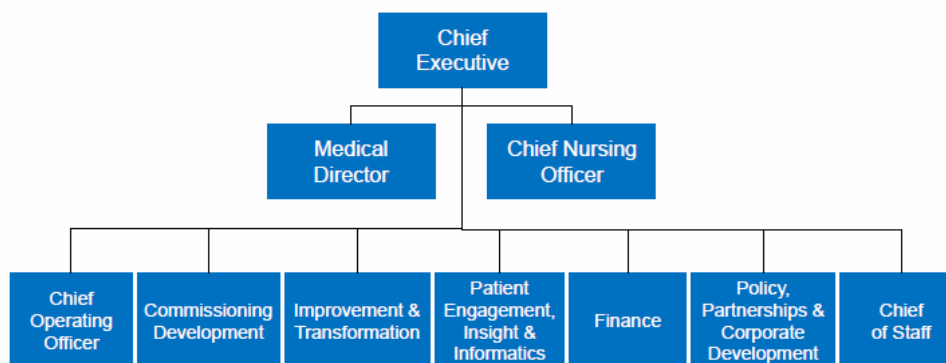
The NHS CB will take on responsibility for a significant number of contracts currently held by the Cluster, Boroughs and Local Authorities. To ensure safe migration of contracts to the NHS CB and to CCGs by April 2013, a programme of 'stocktake' activity has been conducted to assess and novate all NHS funded contracts, including:

- Primary Care
- Pharmacists
- Dental
- Ophthalmic
- Mental Health
- Acute
- Community Services

The NHS CB is also likely to take responsibility for highly specialised commissioning services. The definition of highly specialised services is due to be significantly extended. Work is underway to calculate the increase in activity and cost which will be removed from mainstream contracts and transferred to the NHS CB.

The NHS CB recently released proposals for the design of its new organisation. The organisation has been designed above all to support the NHS CB in its overarching role to improve health outcomes.

The announcement helps us understand more about the future landscape of the NHS, describing how the NHS CB will cut across the national, pan-London, sector and local commissioning level, and how it will interact with other emerging organisations such as CCGs and CSSs.



NB: Directorate names will be reviewed following National Director appointments

Known milestones around NHS CB development have been included earlier in this paper. Detailed planning for the safe transfer of the relevant functions to the NHS CB will take place following further guidance from the Department of Health on staff appointments, and detailed mapping activity of staff in existing NHS NCL functions, using the People Transition Tracker.

The three remaining posts of Chief Nursing Officer, National Director of Finance and National Director of Patient and Public Engagement, Insight and Informatics are expected to be appointed shortly.

Within the NHS NCL Transition Team, the NHS CB destination work stream is being led by the Associate Director for Primary Care. Known high level timeframes of activities in the transition towards assumption of full statutory responsibility in April 2013 have been considered in programme planning.

4. Public Health

The Governments' vision that local authorities will take on a key leadership role for public health locally is driven by the objective of improving their populations' health and wellbeing, co-ordinating local efforts to protect the public's health and ensure health services effectively promote population health. A key method of delivering this objective will be the commissioning of public health services, and working in partnership with CCGs and others to integrate services.

Recently published fact sheets from the Department of Health, as well as the Public Health Outcomes Framework outline the public health services that local

authorities will be responsible for and performance indicators to which they will operate. Public health transition plans will need to be developed by local authorities and consulted on with staff and trade unions.

Proposals are of course subject to the passage of the Health and Social Care Bill, which contains the legislative provisions necessary to confer these new functions on local authorities.

Discussions have taken place with Local Authority Chief Executives to consider how the Local Authorities want to work in partnership with the Cluster and with each other, and to agree a consistent way forward across all five boroughs.

5. Commissioning Support Service (CSS)

As members were informed at the previous meeting, the three PCT clusters of East London and the City (ELC), Outer North East London (ONEL) and NCL, have been working together to examine opportunities for greater collaboration in order to strengthen the offer to CCGs. This builds on London diagnostic work completed over the summer of 2011. This has culminated in the development of a draft prospectus, outline operating model and an outline transition plan, all of which were submitted to NHS London on 23 December 2011 as part of the Gateway review process. A copy of the prospectus was previously circulated to members.

Following positive feedback from NHS London, we have now moved to the next stage of development of the CSS, focusing on:

- Detailed engagement with CCGs to understand their requirements for commissioning support and to agree outline SLAs;
- Developing an outline business plan (this would include identifying local need and mapping the scope and scale of services in conjunction with CCGs);
- Further development of the transition plan;
- Continuing engagement with local authorities to ensure their involvement in the development of the CSS and specifically joint commissioning arrangements;
- Develop detailed Job Descriptions and person specifications, staff consultation document and Organisational Development plan;
- Commercial modelling of income, expenditure and market share analysis;
- Conduct further engagement and consultation events; and
- Prepare for migration to a shadow CSS from April 2012.

A further detailed financial model will be developed as part of this phase of the CSS programme. The financial model which was completed as part of phase one of the programme made the assumption that CCG costs would not exceed £10 per head and that the core CSS offer would be priced at £15 per head with optional extra services above this. This now needs testing on an individual CCG basis.

The key driver of the CSS programme is to ensure that the system is both affordable and effective.

During February the programme team will be detailing the immediate work required. This is expected to focus largely on the migration to shadow form of the new CCG. Staff workshops on developing commissioning support were held on 20 and 21 February look at how we realise the vision of local, responsive and innovative commissioning support services.

6. Recommendations

The Joint Health Overview and Scrutiny Committee is asked to:

- 1 Note the contents of this report and consider the implications of what this might mean for the overview and scrutiny function in the future,
- 2 Note the latest development status of the Commissioning Support Service in North East and North Central London, Public Health England (and Local Authorities) and the NHS Commissioning Board.

Useful documentation

In addition to the documents referenced below, please find attached at Appendix B factsheets on the NHS Commissioning Board, Commissioning Support Services and Public Health.

Developing the NHS Commissioning Board' - published in July 2011

<http://www.commissioningboard.nhs.uk/commissioningboard/files/2011/10/Developing-the-commissioning-board.pdf>

Phase 1 of the 'NHS CB People Transition Policy' (PTP) - also published in July 2011.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129337.pdf

Further current detail on the proposed organisation of the NHS Commissioning Board can be found at:

<http://www.dh.gov.uk/health/search/?searchTerms=nhs+commissioning+board>

'Healthy Lives, Healthy People: Update and way forward' published July 2011.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120

'Public Health Transition Planning Support for Primary Care Trusts and Local Authorities', published in January 2012

<http://www.dh.gov.uk/health/2012/01/transition-planning/>

'Local government transition guidance on public health workforce issues' in January 2012

<http://www.dh.gov.uk/health/2012/01/public-health-workforce/>

Final guidance 'Towards Service Excellence' was published in February 2012:

http://www.hsj.co.uk/Journals/2011/11/09/t/q/p/Towards-Service-Excellence_021111-FINAL.pdf