

NHS NORTH CENTRAL LONDON	BOROUGHS: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
REPORT TITLE: Transition Programme Progress Update – September 2012	
REPORT OF: Alison Pointu Director of Quality and Safety and Executive Lead for Transition NHS North Central London	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	MEETING DATE: 10 September 2012
EXECUTIVE SUMMARY OF REPORT: <p>Members of the Joint Health Overview and Scrutiny Committee have received regular Transition Programme updates throughout the Transition period.</p> <p>We are now entering the next phase of Transition from 1 October 2012, where we will see a shift from the current system to the new, with the new 'receiving' organisations leading in planning and preparing for 2013/14. They will also take on much of the delivery agenda for 2012/13 and the PCT cluster will hold the new system to account for the operational delivery of 2012/13 priorities.</p> <p>The purpose of this report is to provide an overview of recent developments in the system and describe the implications for NHS North Central London and the new 'receiving' organisations that will replace it.</p> <p>Amy Bray Transition Programme Manager NHS North Central London</p>	
RECOMMENDATIONS: <p>The Committee is asked to comment on the contents of this report and consider the implications of what this might mean for the overview and scrutiny function in the future.</p> <p>The Committee is also asked to note the latest development status of the NHS Commissioning Board Authority, Public Health transition, Clinical Commissioning Groups and North Central and East London Commissioning Support Unit.</p> <p>Attachments include: No attachments.</p>	
Alison Pointu Director of Quality and Safety and Executive Lead for Transition DATE: 30 August 2012	

TRANSITION PROGRAMME PROGRESS UPDATE – SEPTEMBER 2012

Introduction

From 1 October 2012 there will be a shift from the current system to the new, with the new organisations leading in planning and preparing for 2013/14. They will also take on much of the delivery agenda for 2012/13 and the PCT cluster will hold the new system to account for the operational delivery of 2012/13 priorities.

This approach is intended to minimise the risk of a 'big bang' transition of functions and staff on 1 April 2013 and provide resilience for delivery, as well as providing receiving organisations with the opportunity to build teams in parallel with taking on responsibility for functions, with support from 'sending' organisations.

During the transition period there will remain a core cluster team supporting statutory PCT functions and governance arrangements until 31 March 2013.

As we prepare for handover of functions from existing 'sending' organisations to new 'receiving' organisations, it is critical that clear, consistent handover plans are in place to enable the smooth migration of functions. The core Cluster Transition Team is working with each Directorate across the organisation to ensure functions are packaged appropriately for handover to the relevant receiver(s).

The Transition Programme and its composite Legacy, Handover and Closedown Programme and enabler workstreams will be on-going throughout the transition period (to April 2013). Progress will be reported to the North Central London Senior Leadership Team weekly and overall Cluster migration status will be reported monthly to the pan-London System Transition Group (STG). Strong links will be maintained with the STG to ensure the Cluster is sighted on and prepared for developments in transition as they occur.

NHS Commissioning Board Authority (NHS CBA)

From 1 October 2012, the NHS Commissioning Board will become a Non-Departmental Public Body, assuming its full statutory functions and acting as a host to other new receiving organisation that continue to emerge including the Commissioning Support Units (formerly Commissioning Support Services) and Clinical Commissioning Groups.

With the appointment of Anne Rainsberry as Regional Director of the NHS Commissioning Board London (NHS CBL), work is underway on its design so that it can begin operating from October and take on its full range of responsibilities from April 2013.

Appointments have now been made to the senior leadership team at the NHS Commissioning Board Authority (NHS CBA). Each Director now in post is working closely with their emerging teams to ensure the Board Authority is ready for its launch in October.

At the time of writing, finalised structures for the Board were due to be released by the end of August 2012 following a period of engagement, review and refinements to reflect feedback. Cluster representatives were involved in Design Groups to shape these structures, specifically in the areas of Primary Care and Direct Commissioning.

From 1 October, the NHS Commissioning Board London will report to the accountable officers within Sending organisations (i.e. PCT Cluster Chief Executives) for the in-year delivery of specific functions. The NHS CBA will also be responsible for planning for 2012-13-14.

Public Health

It is understood that the majority of Public Health functions will transfer from the Cluster to Local Authorities, Public Health England (PHE) and the NHS Commissioning Board in April 2013. It is likely that specific functions such as screening and immunisation will transfer at an earlier stage.

Nationally, a joint operating model between Public Health England and the NHS Commissioning Board is currently being developed as part of the design process for the commissioning of screening and immunisation. Outstanding issues are currently being worked through with national colleagues, including differences in views about the role of Public Health and variances in the NHS Commissioning Board Local Area Team or Public Health England structure as elsewhere.

Transition plans have been developed by each of the local Public Health teams across North Central London, and used to develop an understanding of key local issues and input emerging intelligence on national timescales. Implementation of these plans will depend on the resolution of any issues during the transition period, and to a degree on the readiness of Local Authorities and Public Health England to receive public health functions in advance of April 2013.

Local planning is also dependent upon the timely receipt of national guidance – specifically in relation to the legal basis for people transition (TUPE or Transfer Orders), Shift phase guidance for the novation of contracts, and the financial allocations for Public Health.

Local teams are being encouraged to prepare contingency plans in the event that the guidance produced is not sufficiently prescriptive, and we are working closely with NHS London to keep abreast of any developments.

NCL has an established dialogue with NHS London through weekly London Public Health transition meetings which provide an opportunity to escalate issues that require a regional and/or national solution and also to share best practice across London.

Each local team is close to completing a register of all Public Health contracts which they currently commission. This has been supported by work within the cluster contracts and finance teams to provide a breakdown of the Public Health service lines of the block contracts.

Work is on-going with the NCL Cluster HR team to ensure local Public Health teams are receiving the necessary support and clarity they require on emerging people transition issues. There are regular briefings with local teams, and where necessary, any issues arising have been escalated.

Finance and HR are working together to establish the 'overhead allocations' – which maps the future destination of NCL cluster staff who have a Public Health element to their work but may not necessarily face the Local Authorities. It is essential that we have a clear understanding of which functions are currently provided, where the funding will flow, where the role of the individual will be mapped to, and the future destination of the individual themselves in order to ensure that local councils are clear on which services they may need to acquire in the future through arrangements with organisations such as the CSU, PHE, CCG and NHSCB.

Where Public Health functions are merging (in Barnet and Harrow and in Camden and Islington) joint Transition Group arrangements are now in place for the duration of the transition period. The swift appointment of a single Director of Public Health in each of these areas is critical to driving the local transition forward.

Commissioning Support Units (CSUs)

Following confirmation that all 23 NHS Commissioning Support Units will progress to be hosted by the NHS Commissioning Board from 1 October 2012, the NHS Commissioning Board Authority is now using the term 'commissioning support unit' (CSU), rather than the previously used term 'commissioning support service' (CSS) so it can begin to distinguish these NHS organisations from others in the wider commissioning support services market.

From 1 October 2012 the North Central and East London Commissioning Support Unit (NCEL CSU) will be hosted by the NHS Commissioning Board, as it becomes responsible for delivering agreed functions on behalf of 12 Clinical Commissioning Groups. The NHS CBA is currently developing these hosting arrangements through a series of working groups focusing on key areas such as HR, informatics, intellectual property and estates.

The outcome of the business review and assurance process for the majority of commissioning support services to be provided at scale has been agreed. The Board Authority has named the CSUs that will offer business intelligence, clinical healthcare procurement and business support services.

The outcome of the 'Checkpoint 3' business review process will be a provisional licence to operate. These outcomes for each CSU have now been discussed with Managing Directors. The Full Business Plan for the NCEL CSU was prepared and shared as part of the Checkpoint 3 timeframes in August 2012. Future checkpoints are expected in December 2012 and in Spring 2013. Site visits of each CSU will be undertaken by the NHS CB and NHS London as well as independent business experts in October. Each CSU submitted proposals for its future name and brand identity as part of the Full Business Plan which, subject to agreement, will form an integral element of the license to operate arrangements.

Draft guidance on HR and recruitment has been shared with CSUs. The governing body of a CSU cannot be a 'Board' or have Non-Executive Directors. Appointments have now been made to all Director-level posts within the NCEL CSU, and job matching is underway to ensure staff are appointed to all tiers of the organisation.

Clinical Commissioning Groups (CCGs)

From 1 April 2013, England must have complete coverage by established Clinical Commissioning Groups (CCGs) to ensure the whole population is appropriately served. In order for CCGs to take on the full range of their statutory duties they must be authorised to do so by the NHS Commissioning Board (NHSCB). First applications by CCGs to the NHS Commissioning Board Authority to become authorised were submitted on 2 July; site visits undertaken in September; and decisions made in October. Final decisions on authorisation are expected in January 2012.

Islington CCG successfully submitted its authorisation application in wave one in July. A subsequent mock site visit by the NHS Commissioning Board proved to be a valuable learning experience, and the feedback from NHS London is now being used to help prepare the CCG's governing body for the site visit with the NHS CBA on 18 September.

Preparations are underway by Haringey, Camden and Barnet CCGs ahead of their application submissions in wave three.

Each of the five emerging CCGs in North Central London is in the process of recruiting and appointing the members of their governing bodies and leadership teams.

To reflect the changing nature of the system from October, new contractual arrangements are being developed between the CSU and CCGs in the form of Service Level Agreements. A 'Learning by doing' event has been scheduled for early October to enable a simulation of how CCGs, the NHS Commissioning Board and CSU will operate within the new health system to commission effectively from providers. The event will test the architecture of the organisations, as well as identifying what enablers and blockers are likely to support and challenge commissioning.

Meetings have taken place across the Cluster team to discuss collaborative working and the support CCGs may require in helping to decide which collaborative working options they would like to take forward in the future. As part of this discussion, risk-sharing proposals have been developed, seeking to encourage CCGs to prepare for the future by adopting an agreed approach to risk sharing during the shadow-operating period.

Enfield CCG continues to work on their application for the delegation of all remaining eligible budgets. An informal review is taking place with some members of the Cluster team on 29 August, and a second review will be scheduled prior to the NCL Director Panel review on 26 September. The final sign off of Enfield CCG's application for delegated responsibility is scheduled with the sub-group of the joint boards on 3 October, prior to the submission of their wave 4 application for authorisation on 1 November.

In addition, the new working arrangements for the Clinical Commissioning Council have now been agreed. New terms of reference were agreed at the Council meeting in July, transforming the Council into a collaborative organisation for the 32 London CCGs. The working arrangements for the Council have been developed in a series of meetings with designate Chief Officers/Chief Clinical Officers. Howard Freeman has been appointed as chair for two years.

If residents of your boroughs have any questions about Transition at NHS North Central London or would like to receive further information or information in another format, please contact: Amy Bray, Transition Programme Manager, Amy.Bray@nclondon.nhs.uk