

NHS NORTH CENTRAL LONDON TRANSITION PROGRAMME PROGRESS UPDATE

Introduction

The 01 October 2012 heralded a 'shift' within the way the healthcare system is organised, with the launch of a number of new organisations that will manage and commission healthcare services in the future.

Organisations that had been operating in shadow form until October launched earlier this month and are rapidly mobilising to ensure they are able to take on much of the delivery agenda for 2012-13. These organisations will also take the lead in planning and preparing for 2013-14.

To enable a smooth transition to the new system, an Interim Operating Model (IOM) has been put in place to minimise disruption and avoid confusion for staff by building new working relationships across the system. This will aid in embedding the new organisations but there will be no formal transfer of statutory functions, accountability, budgets or employment of staff ahead of April 2013.

What does the 'shift' mean for NHS North Central London?

The PCT cluster will remain accountable for delivery until April 2013 and will therefore seek assurance from the new organisations until that time.

To ensure the safety and stability of the overall system, new organisations will not take on functions and staff until they are ready to do so, therefore it is likely that this migration will be staggered over the coming months to ensure they can simultaneously establish teams to deliver these functions. To enable consistent migration of functions, the PCT cluster has developed handover plans, to be shared with and agreed by the relevant receiving organisation(s) at the appropriate time.

During the final transition period there will remain a core cluster team supporting the delivery of statutory PCT functions including quality and safety, finance and contracting. The team will also support local governance arrangements until 31 March 2013. The Transition and Legacy, Handover and Closedown Programmes will continue to enable the smooth transition of functions and staff to the new receiving organisations.

Governance and accountability mechanisms will need to be clear in relation to which decisions can be taken by which organisation. Pan-London governance arrangements have been refreshed to reflect changing lines of assurance in the system during this final phase of transition, including the establishment of new Committees to focus on sending activity and receiving activity.

Cluster governance arrangements are being refined to mirror this approach locally, providing clear routes for escalation and streamlined reporting. Local progress on transition will be reported to the Core Cluster Executive Team and Cluster Wider Leadership Team (WLT), as well as being escalated to the proposed Transition and Closure Committee and existing Joint PCT Boards. Existing Committee terms of reference will be updated to reflect a greater role in assuring the local system. The Local Delivery Director for the NHS Commissioning Board will become a non-voting member of the Joint PCT Boards, as an integral mechanism for assuring both the sending and receiving systems.

NHS Commissioning Board (NHS CB)

Until 1 October 2012, the NHS Commissioning Board Authority had been operating in shadow form as a Special Health Authority. On 1 October 2012 the NHS Commissioning Board became an independent body at arms' length from government. Over the coming months the

NHS CB will continue and build on existing work. A key responsibility which the NHS CB will be involved with is the authorisation of clinical commissioning groups (CCGs).

Regional Director of the NHS Commissioning Board London, Anne Rainsberry, has been working closely with her senior leadership team to design the London regional organisation structures in readiness for taking on full functionality. These emerging structures were shared in September, and recruitment is now underway to ensure teams are in place. In August and September Anne Rainsberry and Director of NHS Operations and Delivery (London region), Simon Weldon, have visited NHS North Central London to discuss the work of the Commissioning Board and elements of the structures.

Going forward during the final phase of transition, the NHS Commissioning Board London will assure the new and existing systems for in-year delivery, through a complex set of governance arrangements designed to ensure the healthcare system remains safe as the new system begins to take on greater responsibility.

More information about the NHS Commissioning Board can be found on their website at [//www.commissioningboard.nhs.uk](http://www.commissioningboard.nhs.uk).

NHS Trust Development Authority (NTDA)

The NHS Trust Development Authority (NTDA) launched on 1 October 2012 and aims to provide leadership and support to the remaining 103 NHS (non-Foundation) Trusts to deliver high quality, sustainable services in the communities they serve.

Services provided by Trusts vary from hospital-based to community-based services, ambulance services and mental health services, and the NTDA will play a key role in ensuring the quality of these services is consistent across the country. This is the first time a dedicated organisation of this nature has been created.

Chief Executive of the NTDA, David Flory, is working closely with his senior leadership team to complete recruitment to remaining posts within the organisation's structure. A relatively small NHS organisation, the NTDA will have approximately 230 members of staff. Delivery and Development Directors will lead on the relationships with NHS Trusts around the country, covering a portfolio of Trusts that may not be limited to a single geography. Alwen Williams, currently Chief Executive of NHS North East London and the City, is leading this work for London.

The central office of the NTDA is in London, with further offices in Taunton, Manchester and Leeds.

The website of the NHS Trust Development Authority can be found here: <http://www.ntda.nhs.uk>.

Public Health

Local planning across North Central London continues to be dependent upon the timely receipt of national guidance – specifically in relation to 'Shift' phase guidance for the novation of contracts and the financial allocations for Public Health. The pace of development of new organisations such as NHSCB and Public Health England (PHE) poses questions for how functions such as emergency planning, infection control and screening and immunisation will be managed in the future.

NHS North Central London 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 public health team is working with its local authority and the NCL cluster teams to establish a register of the current public health contracts and commissioning arrangements. They are also reviewing and agreeing preferred options for transferring these contracts from NHS NCL to the local authorities. The Department of Health (DH) has made additional transition funding available to each council to support the transition process.

A joint Director of Public Health has been appointed for Barnet and Harrow, and staff engagement on the new staff structure began in early October. Camden and Islington are in the process of advertising for a joint Director of Public Health, and have made interim arrangements until the appointment is made. On-going staff engagement in both areas has been prioritised to provide reassurance and support.

Haringey have confirmed that they will operate as a standalone Directorate of Public Health within the council. Enfield have committed to sharing their proposed staffing structure with NHS North Central London by 19th October.

Commissioning Support Units (CSUs)

Nationally, the NHS Commissioning Board and NHS Business Services Authority (NHS BSA) have agreed that the NHS BSA will provide an employment partnership service for commissioning support unit (CSU) staff during the hosting period up to 2016. This means the NHS CB will provide oversight and direction to CSUs, while the NHS BSA will be the legal employer of CSU staff. The aim of this approach is to ensure relative independence for CSUs as they take the journey to externalization.

An extensive piece of work is now underway by the NHS Commissioning Board which will enable the externalisation of CSUs by 2016. Formal decisions or announcements will not be made until the NHS CB have developed the strategic policy approach, however stakeholders will be engaged in the development of the work as it progresses over the coming months. The NHS CB is encouraging and working with CSUs to start to explore and develop partnership agreements, while ensuring CSUs are compliant with the legislative framework. Following Checkpoint 3, CSUs will start to be granted greater autonomy, and the NHS CB will begin to adopt a risk-based approach to assurance (known as the 'licence to operate'). A 'balanced scorecard' approach will be trialed from November, providing a route for CSUs to report progress across four assurance domains (customer, business, delivery, and staff) on a monthly basis to the NHS CB.

The NHS CB is currently carrying out a review and risk assessment of CSUs full business plans in order to provide further feedback on their development. Locally, the North and East London Commissioning Support Unit (NEL CSU) successfully submitted its Full Business Plan in August and has received informal feedback to inform further development. Checkpoint 4 in November will involve a review and assessment of CSUs' financial risk.

Final senior appointments are underway to the NEL CSU, and matching continues with staff across North Central London and North East London clusters.

The NEL CSU participated in the recent 'Learning by Doing' event held in early October, where scenarios outlining the future relationships between CCGs, CSU's and the NHS CB were simulated.

Clinical Commissioning Groups (CCGs)

As outlined in the previous report, Islington CCG successfully submitted its authorisation application in July as part of the first wave of CCGs seeking authorisation. A mock site visit by the NHS Commissioning Board provided a number of lessons learned which have now been shared with CCG colleagues more widely to benefit wider authorisation experience. Formal

feedback on wave one CCG site visits, including Islington CCG is expected later in October. The site visit itself took place in September, with positive feedback received.

Authorisation applications were successfully submitted for Barnet, Camden and Haringey CCGs in early October as part of the wave three application process. A successful mock site visit was held with Camden CCG earlier this month, and further mock site visits are planned shortly for Haringey CCG and Barnet CCG.

Enfield CCG secured confirmation of delegation of all remaining eligible budgets earlier this month, and is now undertaking preparations for submission of their authorisation application documents on 1 November as part of wave four.

As previously reported, 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. Chairs and Chief Officers are in place for all five CCGs.

New contractual arrangements are being developed between the CSU and CCGs in the form of Service Level Agreements. These are now in place for two of the five CCGs across North Central London, with discussions underway to finalise the remaining three agreements.

A 'Learning by Doing' event was held on 5 October, simulating how CCGs across North Central and East London would interact with the NHS Commissioning Board and Commissioning Support Service. Feedback indicates it was a valuable experience, with key lessons emerging which will feed into a report to be released in early November.

NHS Property Services Limited

Under the Health and Social Care Act, PCTs will be abolished from April 2013. At this point, all PCT-owned estate will need to be transferred to new owners. Some of the PCTs' estate will transfer to provider NHS trusts (including Foundation Trusts).

The intention to establish NHS Property Services Ltd (or 'PropCo') was announced by former Secretary of State Andrew Lansley in January 2012 as a government-owned limited company to take ownership and manage that part of the PCT estate not transferring to NHS providers.

Properties will include some operational estate, estate with multiple occupiers, office and administration spaces, and surplus estate. Existing contractual arrangements with service providers that deliver and maintain NHS properties will remain in place to support the needs of these properties.

The transfer of property will also include transfer of the associated estates staff and termination or novation of the relevant property service contracts. The staff, contracts and PCT-owned estate for NHS North Central London are currently being mapped by the cluster's estates department to determine precise numbers and the appropriate transfer strategy.

NHS Property Services has appointed to its Management Team and four Regional Directors who will oversee regional areas coterminous with the NHS Commissioning Boards four sub-national areas. Regional Directors will provide leadership, co-ordination and manage business development. Tony Griffiths will be responsible for the London estate portfolio on behalf of NHS Property Services Limited.

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