

NHS NORTH CENTRAL LONDON	BOROUGHES: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
REPORT TITLE: Transition Programme Progress Update – January 2013	
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 and Scrutiny Committee	MEETING DATE: 17 January 2013
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>The NHS North Central London (NHS NCL) Transition Programme has now commenced the phased handover of functions from NHS North Central London to the new ‘receiving’ organisations that will manage and commission healthcare services from 1 April 2013. This handover follows months of comprehensive planning and preparation, and is underpinned by robust assurance processes and governance structures.</p> <p>The purpose of this report is to articulate the changes to the healthcare system relevant to this final phase of transition, outline the key activities underway to support functional handover and manage risk, and to highlight the implications for NHS North Central London.</p> <p>Sile Ryan Transition Programme Manager NHS North Central London</p>	
RECOMMENDATIONS: <p>The North Central London Joint Health Overview and Scrutiny Committee is asked to note this report.</p> <p>Attachments include: Report.</p>	
Alison Pointu Director of Quality and Safety and Executive Lead for Transition DATE: 10 January 2013	

TRANSITION PROGRAMME PROGRESS UPDATE – January 2013

Introduction

The NHS North Central London (NHS NCL) Transition Programme has now commenced the phased handover of functions from NHS NCL to the new 'receiving' organisations that will manage and commission healthcare services in the future. This handover follows months of comprehensive planning and preparation, and is underpinned by robust assurance processes and governance structures.

To enable a smooth transition to the new system, the Interim Operating Model (IOM) is in place to minimise disruption and avoid confusion. This is aiding the embedding of the new organisations but, as previously reported, there will be no formal transfer of statutory functions, accountability, budgets or employment of staff ahead of April 2013.

The approach to assuring safe functional handover

As the programme enters the final stage of transition, sender and receiver organisations are focussed on completing all handover activities in advance of 31 March 2013.

The accountability for delivery within NCL remains with NHS North Central London until April 2013, even as new healthcare organisations shift from operating in shadow form to managing delivery. Robust assurance is therefore critical to both successful delivery of the Transition Programme for NHS North Central London and ensuring that the system remains stable and safe during this period of extensive change.

NHS North Central London uses a risk-based approach to delivery and assurance in partnership with receiving organisations. At the core of this approach is the imperative to ensure the safety and stability of the overall system is maintained and the requirement to achieve safe transfer of assets and liabilities from the old to new system.

To this end, detailed 'take-on' plans have been developed, which set out the tasks, sequence, timeframes and owners associated with the transfer of each individual function. The handover of functions from 'sending' to 'receiving' organisations involves meetings of functional leads and operational teams to review and agree comprehensive documentation, including operating models, readiness assessments, handover certificates and legal transfer schemes setting out assets and liabilities. These functional meetings are complemented by Director level meetings to sign-off readiness for transfer and the interim operating model, and to agree governance and assurance to April 2013.

The design of the assurance process has been done on a pan-London basis where possible and sensible, to ensure consistency, efficiency and sharing of good practice. 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.

During the final transition period there remains a core cluster team at NHS North Central London supporting the delivery of statutory PCT functions including quality and safety, finance and contracting. The team also supports local governance arrangements until 31 March 2013. The Transition and Legacy, Handover and Closedown Programmes continues to enable the smooth transition of functions and staff to the new receiving organisations.

Cluster governance arrangements have been refined to mirror this approach locally, providing clear routes for escalation and streamlined reporting. Local progress on transition is reported to the Core Cluster Executive Team and Cluster Wider Leadership Team (WLT), as well as

being escalated to the Transition Committee and existing Joint Boards of NHS North Central London.

Existing Committee terms of reference have been updated to reflect a greater role in assuring the local system. The Local Delivery Director for the NHS Commissioning Board is a non-voting member of the Joint Boards of NHS North Central London, as an integral mechanism for assuring both the sending and receiving systems.

Supporting and informing our staff during this transition is a key priority. The North Central London communications team continues to work closely with Human Resources and members of the North Central London Transition Programme Board to ensure that key messages are shared through managers, the intranet and newsletters. Internal communications has been strengthened to ensure that there are face-to-face staff briefings held (at least two per month) which are led by the CEO, as well as the weekly staff e-newsletter and the intranet. This communications team is also ensuring that “business as usual” communications and engagement continues at pace during the transition and closedown period.

NHS Commissioning Board (NHS CB)

As previously reported, the NHS Commissioning Board (NHS CB) was formally established as an independent body, at arm’s length to the Government, on 1 October 2012. It is carrying forward the preparatory work begun as the NHS Commissioning Board Authority on reforming the healthcare commissioning landscape, while taking on initial statutory responsibilities. These responsibilities include the authorisation of clinical commissioning groups (CCGs) which are the drivers of the new, clinically-led commissioning system introduced by the Health and Social Care Act.

The NHS CB has published a series of guidance and strategies to shape and support commissioning and service delivery in a range of areas. These include: a three-year vision and strategy for nursing, midwifery and care staff that aims to build the culture of compassionate care in all areas of practice and was launched on 4 December 2012; a new operating model for commissioning specialised services, setting out a shift from a regional to a national approach; and a new operating model for GP IT services to ensure IT supports the new clinical commissioning arrangements.

Locally, NHS NCL has been working in close partnership with the NHS Commissioning Board London (NHS CBL) in preparation for the initial transfer of statutory responsibilities, which commences this month. A detailed plan for ‘take-on’ of functions has been developed and agreed. The handover of delivery items from ‘sending’ to ‘receiving’ organisations will involve detailed functional meetings supported by comprehensive documentation, including operating models, readiness assessments, handover certificates and legal transfer schemes. These functional meetings will be complemented by Director level meetings to sign-off readiness for transfer and the interim operating model, and to agree governance and assurance to April 2013.

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 governance arrangements designed to ensure the healthcare system remains safe as the new system begins to take on greater responsibility.

NHS Trust Development Authority (NHS TDA)

The NHS Trust Development Authority (NHS TDA) launched on 1 October 2012 and aims to provide leadership and support to the remaining NHS (non-Foundation) Trusts to deliver high quality, sustainable services in the communities they serve. Following the abolition of Strategic Health Authorities (SHAs), the NHS TDA will be responsible for overseeing the performance management and governance of NHS Trusts, including clinical quality, and managing their progress towards foundation trust status.

The NHS TDA executive team have been meeting with Finance Directors, Directors of Nursing and Medical Directors across the health system consulting on ways of working and how best to support NHS trusts. At the end of 2012, the NHS TDS published 'Toward High Quality, Sustainable Services: Planning Guidance for NHS Trust Boards for 2013/14', which sets out the expectations for what NHS Trusts will deliver in the coming year and how the NHS TDA will support them to achieve high quality and sustainable care for the patient and communities they serve. The guidance clarifies how the NHS TDA will operate and what new structures will be put in place to support NHS Trust Boards and their teams. In addition, the NHS TDS has provided trusts with technical guidance to support activities such as the development of operating plans.

In October 2012, the NHS TDA took on responsibility for non-executive appointments to NHS Trusts and for overseeing the 2013/14 planning round. It will be fully operational by April 2013. Prior to 1 April 2013, responsibility for the foundation trust pipeline, performance management of NHS Trusts and appointments of non-executive members to NHS Trusts and NHS Charities remains with the Department of Health and Strategic Health Authorities.

Public Health

NHS North Central London is working closely with Local Authorities and Public Health England (PHE) to plan and manage the transition of public health services.

The announcement of the public health budget allocations for Local Authorities by Department of Health has been postponed from 19 December 2012 until a yet to be confirmed date in January 2013. This announcement will provide local government with definitive allocations for 2013/14 and 2014/15.

All local staff consultations have now been completed and the majority of staff have been matched to roles in the new structures. Julie Billett was successfully appointed as the Joint Director of Public Health for the shared Camden and Islington Public Health service – this appointment will take effect from 1 February 2013. There are now substantive appointments for all Directors of Public Health (DsPH) within North Central London.

Haringey Public Health team presented their transition paper, including details on contracts, and plans for the service, to their Cabinet in December 2012. This paper was approved, thus confirming the political support for the transition arrangements in Haringey. The remaining four boroughs are planning to take similar papers to their respective Cabinets during February and early March 2013, and are working closely with NHS transition colleagues to align timescales with the NHS transition process.

All contracts have been identified and included in the transfer scheme submissions. Provisional breakdown of the contract values have been shared with all involved parties and will inform contract negotiations for 2013/14. In each borough, local teams (comprised of Councils and Clinical Commissioning Groups) have met with representatives from NHS North Central London and North and East London Commissioning Support Unit to discuss approaches to contract management in the future.

The pan-London sexual health contracts will not be extended in their current form due to reluctance of Local Authorities to commit to these contracts before the allocations have been announced. NHS London Sexual Health Programme is working with various stakeholders to determine whether a smaller programme could be established involving willing councils only.

A meeting at Chief Executive level between NHS North Central London and Local Authorities is planned to take place on 11 January 2013. As part of that meeting, NHS North Central London will be setting out the process by which the operational transfer of responsibilities will take place, in addition to providing an update on the legal process required by the Department of Health.

Commissioning Support Units (CSUs)

As Members are aware, the new clinical commissioning landscape will allow Clinical Commissioning Groups to choose whether they appoint internal commissioning staff, source support from the independent or voluntary sectors, or engage new NHS commissioning support units (CSUs).

As previously reported, the NHS Commissioning Board (NHS CB) will host the emerging CSUs with the NHS Business Services Authority (NHS BSA) acting as employment partner. This arrangement will continue to 2016, positioning the NHS CB to provide oversight and direction to CSUs, whilst allowing a degree of autonomy and independence for CSUs as they move along the path to externalisation over the next three years. The NHS CB is currently developing their strategy and approach to enabling externalisation in consultation with health system stakeholders.

Locally, the North and East London Commissioning Support Unit (NEL CSU) successfully underwent a detailed review and risk assessment of its business plans and strategies by NHS CB last year, known as 'Checkpoint 3'. This month, NEL CSU will commence 'Checkpoint 4', a self-assessment, which will further assure their business plans in terms of scale, staffing and financial due diligence. These checkpoints are key steps toward securing a formal 'licence to operate' by the NHS CB in April 2013.

NEL CSU has appointed staff to over 70% of positions within the organisation and is aiming to complete recruitment by 28 February 2013. NEL CSU and the NHS North Central London are working collaboratively to ensure a smooth transition of staff and functions for those staff joining the CSU from roles with the PCT Cluster.

The NEL CSU is an end-to-end service offer that will provide an extensive range of commissioning support to the twelve CCGs of North Central and East London

Clinical Commissioning Groups (CCGs)

All Clinical Commissioning Groups (CCGs) in NHS North Central London have now successfully submitted authorisation applications to the NHS Commissioning Board Authority.

Islington CCG is the first of our CCGs to achieve authorisation. Authorisation was awarded by the NHS Commissioning Board Sub-Committee Decision Panel for all Wave One applications on 5 December. One remaining condition is attached to the authorisation, namely the need to establish written agreements detailing the scope of collaboration with other CCGs. The NCL Collaboration Agreement is currently in draft and will be finalised over the next two months. This agreement will address the outstanding condition.

Haringey, Camden and Barnet CCGs submitted their applications in Wave Three. Site visits by NHS CB took place during November 2012. These CCGs will be subject to Moderation and Conditions Panels this month, following which they will have a 10 day opportunity to submit additional evidence or provide comment regarding identified risks or issues. The NHS CB Sub-Committee Decision Panel for Wave 3 applications will be held on 15 February 2013 and the CCGs will receive their decision letter shortly after this date.

Enfield CCG was our final CCG to submit its authorisation application, as part of Wave 4. The NHS CB undertook a site visit on 7 January 2013. Following the Moderation Panel and Conditions Panel, Wave Four CCGs will have their NHS CB Sub-Committee Decision Panel meeting on 6 March 2013 and will receive their decision letter stating their authorisation status shortly after this date.

Each of the five emerging CCGs in North Central London are in the process of recruiting and appointing the final members of their governing bodies and leadership teams. The majority of appointments to senior leadership posts (Chair, Chief Officer and Chief Financial Officer) in all

five CCGs in North Central London have been made, and work is continuing to secure appointees to a few key outstanding posts.

Table 1: Senior Leadership of CCGs of North Central London

Clinical Commissioning Group	Chair	Chief Officer	Chief Financial Officer
Barnet CCG	Sue Sumners	John Morton	Simon Jones (Interim)
Camden CCG	Caroline Sayer	David Cryer	Ian Winning (Interim)
Enfield CCG	Alpesh Patel	Liz Wise	Richard Quinton
Haringey CCG	Helen Pelendrides	Sarah Price	David Maloney
Islington CCG	Gillian Greenhough	Alison Blair	Ahmet Koray

NHS Property Services Limited

As outlined in the previous report, NHS Property Services Ltd is being established as a government owned limited company to take ownership of all PCT estate that will not transfer to provider NHS trusts in April 2013 when PCTS are abolished.

Significant planning is underway to ensure the successful launch of NHS Property Services in April 2013. Most of the leadership team has been in place since September 2012, and they are working with colleagues in the Department of Health and locally in London to agree the transfer of staff and assets. Tony Griffiths, Regional Director, London is responsible for the London estate portfolio and related transfers and has attended JHOSC previously to report to Members on progress.

The NHS North Central London Estates Department have mapped in detail the PCT-owned estate, associated estates staff and relevant property service contracts, which may need to be terminated or novated. They have worked in partnership with organisations in the health system to develop appropriate transfer strategies and plans.

Properties identified for transfer 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 estates transfer mapping exercise identified all estates and facilities staff with substantive or fixed term contracts that run past 31 March 2013 and which are aligned to NHS Property Services. These staff have been issued with offer letters for their future roles. The Programme is working with NHS Provider Trusts and other relevant organisations to finalise the transfer for staff that will not transfer to NHS Property Services.

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: Sile Ryan, Transition Programme Manager, Sile.Ryan@nclondon.nhs.uk.